



AUTOMATE ND APPLICATION
 NORTH DAKOTA DEPARTMENT OF COMMERCE
 SFN 62494 (04-2024)

Applicant Information

Applicant Name (Company)		Federal Tax ID Number/Social Security Number	
Primary Contact		Title	Telephone Number
Address		City	State ZIP Code
Email Address	Website (if applicable)	Date of Application	Date Business Established
Legal Structure <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Sub Chapter S Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other			<input type="checkbox"/> New Business <input type="checkbox"/> Existing Business <input type="checkbox"/> Purchase Existing Business
Purpose of Request			
Current number of total employees globally (including partner companies, dba, etc.)		Current Average Wage	Projected Average Wage within 24 Months

References

	Name	Title	Email	Phone
1.				
2.				
3.				

Applicants must submit the following information to complete their application:

1. Proof of registration and good standing with the ND Secretary of State's Office.
2. Proof of Primary Sector Certification.
3. documentation identifying equipment to be purchased and the associated payment schedule.
4. Documentation showing the businesses current number of employees (e.g., payroll records).
5. Historical financial documents (Balance sheet, income statement, statement of cash flows, and three years of tax returns).
6. Five years of detailed financial projections, including balance sheet, profit and loss statement, and cash flow statement (with footnotes detailing pricing structure, projected sales volume/subscribers/etc.).
7. Detailed budget proposal including sources and use of funds. (Please include matching funds).
8. Documentation of potential impact of investment on current jobs and associated wages and benefits.
9. Proposed timeline for implementation.
10. Feasibility study performed by an approved provider which addresses the scoring metrics outlined in the grant guidelines.

NOTE: THE FOLLOWING EXHIBITS MUST BE COMPLETED WHERE APPLICABLE. ALL QUESTIONS ANSWERED BECOME PART OF THE APPLICATION.

1.	Are you buying/leasing machinery or equipment with the proceeds? If yes, you must include a list of equipment and cost as quoted by the seller and a purchase invoice. Label as Exhibit A .	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you, or has any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details. Label as Exhibit B .	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you, or is your business involved in any pending lawsuits? If yes, please provide details. Label as Exhibit C .	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Please provide the names and percentage ownership of all individuals or entities with a 20% or greater ownership stake in your company. Additionally, list any other businesses these individuals or entities have a 20% or greater ownership stake in. Please include the business names and their relationship to the business. If the reviewers identify substantially similar ownership structures, additional information may be requested. Label as Exhibit D .	
5.	Do you buy from, sell to or use the services of any concern in which someone in your company has a significant financial interest? If yes, provide details on a separate page. Label as Exhibit E .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Attach a copy of funding commitments from each source of funding. Label as Exhibit F .	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are any current business loans delinquent? If yes, describe on separate page. Label as Exhibit G .	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are any of the company's principals related to or doing business with any NDDF staff or Board member? If yes, describe on separate page. Label as Exhibit H .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are there any judgments against you? If yes, list separately. Label as Exhibit I .	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

The undersigned specifically acknowledge(s) that: (1) verification or re-verification of any information contained in the application may be made at any time by the Grantor, its agents, successors, and assigns; either directly or through a credit reporting agency from any source named in this application and the original copy of this application will be retained by the Grantor, even if the request is not approved; (2) the Grantor, its agents, successors and assigns will rely on the information contained in the application and I/We have a continuing obligation to amend and/or supplement the information provided in this application, if any of the material facts which I/We have represented herein should change prior to award.

I/We authorize the North Dakota Development Fund, Inc. to make all inquiries deemed necessary to verify the accuracy of the information contained herein.

I/We certify that the information provided in this application is true and correct as of this date and that I/We understand the conditions set forth in this application.

Applicant Name (please print)	Title
Authorized Signature	Date

PRIVACY ACT STATEMENT

Your social security number is requested to enable the North Dakota Development Fund, Inc. (NDDF) to conduct a proper credit check pursuant to N.D.C.C 10-30.5-13 for determining whether the applicant is eligible for NDDF funding. In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national racing database to determine eligibility for licensure and detect violations of law or racing regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed. Disclosure of your social security number is voluntary. However, if you do not provide your social security number, the NDDF may be unable to conduct a credit check and may decline to process the NDDF application.

Instructions for Applicant:

Submit the supporting documentation and the completed application to: NDEDF@nd.gov

For more information on the Automate ND program please visit: <https://www.commerce.nd.gov/economic-development-finance/development-fund/automate-nd-grant-program>

If you have any questions...

Call: Dave Lehman
701-328-5378

Write to:
North Dakota Development Fund, Inc.
1600 E. Century Ave, Suite 6
Bismarck, ND 58503

Visit: <https://www.commerce.nd.gov/economic-development-finance/development-fund>