

## **Instructions for Preliminary Review Application for Economic Development Program**

The information requested below is used by the Department to determine the potential for financing a project with CDBG funds. The information provided allows the Department to determine (1) if the applicant and business are eligible, (2) if the project activities are eligible, (3) if the applicant has unresolved audit findings, (4) if the applicant or the business have any legal actions underway that could impact the project, and (5) if the project relocates a business from one community to another.

1. Enter the name of the person preparing the application who will work with the business, community and DED on the proposed project. Include the address and telephone number.
2. Enter the company name, address, telephone number, and DUNS number. A DUNS number may be obtained by calling 1-866-705-5711, or applying online at the following website: <https://eupdate.dnb.com/requestoptions.html>. Please allow 30 days for Dun and Bradstreet to respond to any online request. The contact person for the company should be an individual who will be able to provide additional information on the proposed project.
3. Enter the name, address, and telephone number for the local government submitting the application.
4. Indicate the appropriate type of business. If the project is a Speculative Building or Entrepreneurship activity, check "Other".
5. Indicate if the business is an existing or startup business.
6. Describe the product or service offered by the business. If a non-profit business, describe services offered.
7. Identify the major market(s) for the product or service.
8. Provide the current level and the proposed employment if the project is undertaken. Identify if jobs will be new or retained. If new jobs, indicate the number of jobs to be held by or available to LMI persons. If retained jobs, indicate the number of jobs held by, plus those available to lower income persons through turnover. Provide the average wage paid to employees and list all benefits provided by the business. For entrepreneurship projects which provide services to micro businesses, identify how LMI persons will be assisted through training or job creation. Identify the number of clients served in the last 12 months and the percent who are LMI.
9. Give a brief description of the project, and identify the need for CDBG assistance.
10. Identify the total costs for the project in the first column. Enter the estimated amount of CDBG funds which will be needed for the project. CDBG grants will generally not exceed \$400,000, or more than 50% of the project costs whichever is less.
11. State the time for project initiation. Identify any critical timing elements involved in the project.
12. Provide answers to each of the financing questions and any additional comments related to the financial status of the business. If a profitable existing business, then please attach three years of historical financial statements and one year of financial projections. If a business startup, then project three years of financial statements to include: balance sheets, profit and loss statements, statements of cash flows, twelve month-to-month cash flow projection, and a statement of financial assumptions.
13. Comment on any pending legal actions, or potential conflicts of interest among related parties.
14. Provide a map of the proposed project, which shows the entire site and location of any construction, or public improvements.

## Preliminary Review Application for Economic Development Program

1. Person Preparing Application (Packager) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

2. Business or Subrecipient to be assisted \_\_\_\_\_

Address \_\_\_\_\_

Business or Subrecipient Contact Person \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ DUNS number \_\_\_\_\_

3. Applicant (City/Village/County) \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_

4. Business Type:     \_\_\_\_\_ Corporation     \_\_\_\_\_ Partnership     \_\_\_\_\_ Proprietor  
                          \_\_\_\_\_ Existing            \_\_\_\_\_ Startup            \_\_\_\_\_ Other

5. Product or Service Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Market Information. Who is the product or service sold and marketed to? What percent of sales are outside of Nebraska?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Employment Information (Compliance with CDBG National Objective)

Current Employment \_\_\_\_\_ (Full-Time Equivalent)

Proposed Employment \_\_\_\_\_ (Full-Time Equivalent)

What is the Average Wage for Employees? \_\_\_\_\_

Number of New Jobs Created \_\_\_\_\_ (Full-Time Equivalent)

Number of Jobs Retained, if any \_\_\_\_\_ (Full-Time Equivalent)

Number of Jobs to be Held By or Available to LMI Persons \_\_\_\_\_ (FTE) Must be at Least 51%.

\*Will there be more than 25 jobs relocated as a result of this project? Yes # \_\_\_\_\_ No # \_\_\_\_\_

If yes, please indicate the location from which they will derive. \_\_\_\_\_

Please describe all benefits which the business provides to employees:

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8. Project Description \_\_\_\_\_

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9. Project Timetable \_\_\_\_\_

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10. Debt and Legal Status:

- (a) Is the company current on its present debt? If not, please explain.
- (b) Please provide an explanation as to any legal actions that are contemplated, or underway that could impact the potential success of this project.

Comments: \_\_\_\_\_

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11. Financing Needed: Funding requires at least 50% local match.

Activity	\$ Amount (Est.) (Total)	\$ Amount (Est.) (CDBG)
<b>Economic Development Loans:</b>		
Land & Building	\$ _____	\$ _____
Working Capital	\$ _____	\$ _____
Machinery & Equipment	\$ _____	\$ _____
Leasehold Improvements	\$ _____	\$ _____
<b>Public Works:</b>		
Acquisitions/Easements	\$ _____	\$ _____
Public Facilities	\$ _____	\$ _____
Streets	\$ _____	\$ _____
Storm Sewers	\$ _____	\$ _____
Sewage Treatment	\$ _____	\$ _____
Sanitary Sewers	\$ _____	\$ _____
Water Source/Wells	\$ _____	\$ _____
Water Distribution	\$ _____	\$ _____
Water Storage	\$ _____	\$ _____
Flood and Drainage Facilities	\$ _____	\$ _____
<b>Entrepreneur Development:</b>		
Microenterprise	\$ _____	\$ _____
Business Incubators	\$ _____	\$ _____
Information Technology	\$ _____	\$ _____
Commercial / Retail / Service	\$ _____	\$ _____
<b>Other Programs/Administration:</b>		
Speculative Building	\$ _____	\$ _____
Job Training	\$ _____	\$ _____
<b>Grant Administration</b>	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____