

www.advancedcapaccess.org

Applicant Information

Borrower Name	e							
Address, City, S	State & Zip Code	:						
Contact Name	& Title:							
Email Address:				Bus.	Ph: (No Dashes)		Cell Ph: (No Dashes)	
EIN: (No Dashes)	S	: (No Dashes)	We	ebsite:				
NACIS Code:	de: Description of Busir		iness:					
Operating Com	Operating Company: (if applicable)							
Address, City, S	State & Zip Code							
EIN: (No Dashes)	S	: (No Dashes)	We	ebsite:				
NACIS Code:			Description of Bus	iness:				

Legal Entity (as applicable)

Borrower:		Operating Company:			
Individual/Sole Proprietor or Single-Member LLC		Individual/Sole Proprietor or Single-Member LLC			
C-Corporation	S-Corporation	C-Corporation	S-Corporation		
Partnership	Trust/Estate	Partnership	Trust/Estate		
Limited Liability Company. Er (C=C corporation, S=S corpo	oter the tax classification pration, P=Partnership)	Limited Liability Company. Er (C=C corporation, S=S corpo	nter the tax classification pration, P=Partnership)		

Ownership

_			
Ownership/Partners		%	%
Ownership/Partners		%	%
Ownership/Partners		%	%
If more than three, list on suppler	emental sheet.		

Project Location

County	Census Track Number:	
County:	Census Track Number:	
Access the site listed to determine if	you are in a qualified low income census tract: http://www.cims.cdfifund.gov/?config=conf	ig_cdfi.xml
Project		
Description:		
(Provide a brief		
description of the		
project, include		
attachments as		
applicable.) 1350 Character limit.		

Operating

Company

Borrower



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Project Budget:

Source(s) of Funds:	Amount(\$)	%	Use(s) of Funds:	Amount (\$)	%
Conventional/Bank Financing			Land (with existing building, if applicable)		
Private Investors			Building (new construction, remodel, etc.)		
Equity			Machinery and Equipment		
Advanced CapAccess Loan			Acquisition Cost (purchase assets)		
			Working Capital		
			Professional Fees (appraisal, legal)		
Other Public (list)			Other Expenses (list)		
Total Financing		100%	Total Project Cost		100%

Job Creation and/or Retention

Staffing	Full time	Part time	Benefits	Full time	Part time
Total number of current employees			Medical		
# of minority employees			Dental		
# of women employees			Savings/401(k)		
# of positions to be retained			Paid Time Off		
# new positions to be added			Tuition Assistance		
avg annual wage of new positions			Paid Sick		
avg annual wage of current employees			Leave		
Other:			Other		

Describe the type of new jobs being created or retained, including training and advancement possibilities for each.

How do wages of new and existing jobs compare with those currently offered in the community?

Does the project have the support of the community and other public support - state and regional. If so, dollar amount? Please describe.

Does the project incorporate renewable/environmentally friendly components? The set of t



Community Impact Questionaire

The mission of the NMTC program is to improve the economic conditions of under-served communities and census tracts. Eligible participants must conduct business and provide services in eligible census tracts and their activities must provide positive community impacts. As such, participants must show that their activities meet identified specific community impacts. Examples may include, but are not limited to:

- * job creation/retention
- * increased wages for residents or low income persons
- * creation of job training opportunities
- * employment outreach to minority, women, and disabled workers
- * neighborhood revitalization
- * lower lease rates of retail/commercial space
- * creation of a needed service to the community

Please indicate if the project is located in any of the designated areas listed below (check all that apply):

- Census tracts with poverty rates greater than thirty percent (30%)
- Census tracts that (a) if located within a non-metropolitan area, have a median family income that does not exceed sixty percent (60%) of statewide median family income; or (b) if located within a metropolitan area, have a median family income that does not exceed sixty percent (60%) of the greater of statewide median family income or the metropolitan area median income
- Census tracts with unemployment rates at least 1.5 times the national average

Census tracts with one of the following: (a) poverty rates greater than twenty-five percent (25%); or (b) if located within a non-metropolitan area, median family income that does not exceed seventy percent (70%) of statewide median family income,

- or, if located within a metropolitan area, median family income that does not exceed seventy percent (70%) of the greater of the statewide median family income or the metropolitan area median family income; or (c) unemployment rates at least 1.25 times of the national average
- Federally designated Empowerment Zone, Enterprise Community, or Renewal Community

U.S. Small Business Administration (SBA) designated HUB Zones, to the extent that the QLCIs will support businesses that obtain HUB Zone certification from the SBA

Areas encompassed by a HOPE VI redevelopment plan

Projects serving Targeted Populations to the extent that: (a) such projects are located in non-metropolitan areas; (b) such projects area at least sixty percent (60%) owned by members of eligible Targeted Populations; (c) at least sixty percent (60%) of the

- employees are members of eligible Targeted Populations; or (d) at least sixty percent (60%) of the customers are members of eligible Targeted Populations
- Brownfield sites as defined under 42 U.S.C.9601 (39)

High Migration Rural County defined as any county which, during the 20 year period ending with the year in which the most recent census was conducted, has a net out-migration of inhabitants from the county of at least ten percent (10%) of the population of the county at the beginning of such period

- State or local tax-increment financing districts, enterprise zone programs, or other similar state/local programs targeted towards particularly economically distressed communities
- Census tracts located in non-metropolitan counties
- Counties for which the Federal Emergency Management Agency (FEMA) has (a) issued a "major disaster declaration" since July 15, 2005; and (b) made a determination that such county is eligible for both "individual and public assistance;" provided that the initial project investment was made within 24 months of the disaster declaration
- Business certified by the Department of Commerce as eligible for assistance under the Trade Adjustment Assistance for Firms (TAA) Program

Community Impacts, please list:



Application Certification

Have you ever defaulted on a government loan?	No			
If yes, please explain				
Have you ever been barred from participation in any governmen	t program? 🦳 Yes 🦳 No			
lf yes, please explain				
Have you or any officer of your company ever been involved in b	ankruptcy or insolvency proceedings? 🗌 Yes 📄 No			
If yes, please explain				
Have you or any officer of your company ever been under indictr	nent, on parole, or on probation? 🦳 Yes 🦳 No			
lf yes, please explain				
Have you or any officer of your company ever been convicted of	any criminal offense other than a minor traffic violation? 🗌 Yes 🛛 🗌 No			
lf yes, please explain				
Are you, any officer of your company, or your business involved i	n any pending lawsuits? 🦳 Yes 🦳 No			
lf yes, please explain				
Certify by checking each box below that your project does no	ot involve one of the prohibited businesses:			
Residential rental property under Section 168(e) (2)(A) of	Store where the principal balance of which is the sale of alcoholic beverages for consumption off premises			
(80%) or more of the gross revenues come from "dwelling units".	Racetrack or other facility used for gambling			
Trade or business where the principal activity is farming,	Development or holding of intangibles for sale or license			
or as of the close of the taxable year the sum aggregate	Private of commercial golf course			

basis (or if greater, the fair market value) of the assets owned and the aggregate value of the asset leased exceeds \$500,000.

Business engaged in the rental of real property to a lessee that is engaged in the businesses included in (c) through

(i) of this section.

- Private of commercial golf course
- Country Club
- Massage parlor
- Hot tub facility
- Suntan facility

Equal Opportunity (Non-Discriminatory) Certification

The applicant organization is an equal opportunity employer and complies with all federal and applicable state laws respecting discrimination and unfair employment practices. Applicant does not discriminate against any employee or applicant for employment, or against any persons purchasing applicant's products or services, on account of race, creed, color, national origin, sex, marital status, religion, ancestry, mental or physical handicap, sexual orientation or age. Applicant will take affirmative actions to assure that employees and applicants for employment are treated without regard to any such characteristics. ☐ No



Affirmation and Authorization

	I understand that Advanced CapAccess, Inc. (ACA) may request other relevant information at any time and by submitting this application I agree to provide additional information as needed.						
□ any with	I certify that the information contained in this application for financial assistance is correct. If ACA has any reason to believe that any applicant, person or firm has willfully and knowingly provided incorrect information or made false statements in conjunction with this application, that information may be considered a material misrepresentation and may be grounds for terminating this application or subsequent award (if applicable).						
	I certify that no conflict of interest exists, family relationships, or financial interest, between myself and/or officers of the company and any member of ACA, or its staff except as disclosed as an addendum to this application.						
its a agei	I authorize anyone who possesses personal, company, or affiliate, educational, financial, or other information required by ACA or its affiliated governmental agencies to evaluate this application to furnish this information to ACA or its affiliated governmental agencies. The information required includes, but is not limited to business and personal credit bureau reports and current and past bank history.						
🔲 In th			ing or obtaining information for this application. nation to participating parties and for marketing				
Borrower Name:	r	Operating Col Name:	npany				
Signatur	e:	Signature:					
Title:		Title:					
Date:		Date:					
Signatur	e:	Signature:					
Title:		Title:					
Date:		Date:					

Contact Information

Advanced CapAccess, Inc. 1005 Peoples Square, Suite B Waterloo, IA 50702 319-883-3010 contact@advancedcapaccess.org



Application Checklist

The following is required along with the application (*as applicable*):

Most recent three years' historical financial statements <i>(including balance sheets & income statements)</i> and tax returns for the Borrower and Operating Company.
An interim financial statement no more than 90 days old for the Borrower and Operating Company (with corresponding accounts receivable and accounts payable aging reports).
Personal financial statements no more than 90 days old from all individuals with an ownership interest of twenty percent (20%) or greater in Borrower and Operating Company.
Resumes of key individuals and relevant experience (see attached form).
Last two years federal tax returns from all individuals with an ownership interest of twenty percent (20%) or greater.
Projected financial statements for seven years (including balance sheets income statements).
Business Plan and Market Analysis may be required (must include business description, products or services, business production plan market analysis or marketing plan, organizational/management plan, and financial plan).
A current rent roll showing tenant space occupied, term of lease, base rent, etc.
Construction draw schedule, as applicable on new construction.
Copies of any existing third party reports (appralsal, environmental assessment).
Survey Title Policy
Appraisal, name of firm and date:
Environmental Report, name of firm and date:
If Environmental Report has been ordered, please specify: 🔽 EDR 🔤 TSA 🔄 Phase I
Current list of your Officers including addresses and a certificate of incumbency.
Current list of affiliated business and contact information.
Most recent two years' historical tax returns for affiliated businesses.
Other information, as applicable