

www.advancedcapaccess.org

## **Applicant Information**

Borrower Nam	e							
Address, City, S	State & Zip Code	:						
Contact Name	& Title:							
Email Address:				Bus.	Ph: (No Dashes)		Cell Ph: (No Dashes)	
EIN: (No Dashes)	S	S: (No Dashes)	w	ebsite:				
NACIS Code:	: Description o		Description of Bus	siness:				
Operating Company: (if applicable)								
Address, City, State & Zip Code:								
EIN: (No Dashes)	S	5: (No Dashes)	w	ebsite:				
NACIS Code:			Description of Bus	siness:				

#### Legal Entity (as applicable)

Borrower:	Operating (	Company:		
Individual/Sole Proprietor or Single-Member LLC	Individual/S	Individual/Sole Proprietor or Single-Member LLC		
C-Corporation S-Corporation	C-Corporatio	on S-Corporation		
Partnership Trust/Estate	Partnership	Trust/Estate		
Limited Liability Company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners)	ation Limited Liab	ility Company. Enter the tax classification pration, S=S corporation, P=Partnership)		

# Ownership

		L.	r.		
Ownership/Partners			%		%
Ownership/Partners			%		%
Ownership/Partners			%		%
If more than three, list or	n supplemental sheet.	r		·	

# **Project Location**

Address, City, St	
ounty:	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=config_cdfi.xml
roject escription: Provide a brief escription of the roject, include	n
tachments as oplicable.) 1350 oaracter limit.	

Operating

Company

Borrower



#### www.advancedcapaccess.org

## 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? Types Types	No
lf yes, please explain	
Have you ever been barred from participation in any government	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
lf yes, please explain	
Have you or any officer of your company ever been under indictn	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 in	n any pending lawsuits? 🦳 Yes 🦳 No
lf yes, please explain	
Certify by checking each box below that your project does no	t involve one of the prohibited businesses:
Residential rental property under Section 168(e) (2)(A) of the Internal Revenue Code to the extent eighty percent (80%) or more of the gross revenues come from "dwelling	Store where the principal balance of which is the sale of alcoholic beverages for consumption off premises
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 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.  $\square$  Yes  $\square$  No



# Affirmation and Authorization

	lvanced CapAccess, Inc. (ACA) may re o provide additional information as r	equest other relevant information at any time and by submitting this needed.						
any applicant, perso with this application	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 affiliated governm	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.							
		esult from their furnishing or obtaining information for this application. hission to release information to participating parties and for marketing						
Borrower Name:		Operating Company Name:						
Signature:		Signature:						
Title:		Title:						
Date:		Date:						
Signature:		Signature:						
Title:		Title:						
Date:		Date:						

#### **Contact Information**

Advanced CapAccess, Inc. 425 2nd Street SE Skywalk Floor Cedar Rapids, IA 52401 319-883-3010 tahirah.elliott@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 &amp; 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.
$\square$	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).
$\square$	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 👘 Phase II
	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