

City of Ainsworth LB 840 Application Loan and Grant Checklist

This list is a useful tool to help you make sure you have all pertinent information when you turn in your application. The loan committee requests that you provide the following information. There may, however, be additional information that the committee will request. An appraisal may be required for real estate loans.

Information Required:

The qualifying business/organization shall provide the following information before the Loan Committee considers any application:

Business Financial Information

- City of Ainsworth LB 840 Application (signed)
- Business Plan, including projected three-year income and expenses
- Current year-to-date Profit and Loss Statement (signed)
- Recent balance sheet (signed) and previous 2 years, if available
- Letter of Approval from a bank/lender (this can be a conditional commitment)
- If purchasing an existing business, then supply the business' previous 3 years financial statements and tax returns.
- Project overview and budget
- 3 years individual and business federal tax returns (signed)

Personal Financial Information:

- Credit Bureau Report with score (www.annualcreditreport.com)

Other Information:

- Copy of valid Driver's License
- Certification and Authorization form (completed and signed)
- \$100.00 non-refundable application fee payable to the City of Ainsworth
- Authorization forms for Child Registry and Criminal History Checks
- Assessor's information
- Project overview and budget
- Other information requested

1. Corporation:
 - a. Articles of Incorporation, By-Laws, and Minutes of last meeting.
 - b. Corporate Resolution authorizing loan application and execution of required documents.
 - c. Certificate of Good Standing with the Nebraska Secretary of State's office.

2. General and Limited Partnership:
 - a. Complete partnership agreement.

3. Limited Liability Companies:
 - a. Certificate of Good Standing with the Nebraska Secretary of State's office.
 - b. Operating Agreement

4. Non-Profit Organization:
 - a. IRS Certification Letter
 - b. Certificate of Good Standing with the Nebraska Secretary of State's office
 - c. Bylaws
 - d. Articles of Incorporation

**For Façade Improvements, please refer to the Façade Grant Application and Guidelines

Application Requirements:

1. Complete an application that may be obtained from the North Central Development Center office (NCDC), 356 S. Main Street, Suite B, Ainsworth, NE 69210.
2. Submit the completed application together with all information as set out below to the NCDC. In addition, the applicant must submit a \$100.00 non-refundable application fee payable to the City of Ainsworth. The application will then be compiled by the Director of Economic Development and sent to the Program Administrator and Loan Committee for review.
3. Upon completion of the review, the Loan Committee will make a recommendation to the Ainsworth City Council, for final decision, whether to approve or not to approve the project. If the decision by the Ainsworth City Council is to not approve the project, the application process ends. However, the applicant may work with the loan committee and submit another application after necessary changes have been made.
4. The Economic Development Director will notify any applicant of the decision of the Ainsworth City Council.

Contact Information:

If you have any questions regarding the City of Ainsworth Economic Development Program plan or guidelines, please call the Economic Development Office at (402) 387-2740 or e-mail ncdcdirector@gmail.com, or the City of Ainsworth at (402) 387-2494 or e-mail cityofainsworth@ssc.net.

Loan Committee Member Signature

Date

**CITY OF AINSWORTH LB 840 APPLICATION
FOR LOAN AND GRANT FUNDING**

PLEASE COMPLETE THE ENTIRE FORM – DO NOT LEAVE ANY QUESTION BLANK

A. Business/Organization Entity (Borrower) Information:

Name of business to receive assistance: _____
Federal ID #: _____

- Business entity:
- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> "S" Corporation | <input type="checkbox"/> "C" Corporation |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Other Organization |
| <input type="checkbox"/> 501 (c)(3) Organization | <input type="checkbox"/> 501 (c)(4) Organization |
| <input type="checkbox"/> 501 (c)(5) Organization | <input type="checkbox"/> 501 (c)(6) Organization |
| <input type="checkbox"/> Other IRS Recognized Organization* | |

(Depending on entity type, certain supporting documentation is needed – see checklist)

Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Telephone Number: _____
Fax Number: _____ E-Mail: _____
Web Address (If applicable): _____

- Business Classification:
- | | | |
|---|---|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehouse & Distribution | <input type="checkbox"/> Service |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Research & Development | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Administrative Management Headquarters | | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Other qualifying business, please explain: | | |

Does the business have a parent or subsidiaries? Yes No

If Yes, identify name: _____
Address: _____
City: _____ State: _____ Zip: _____

Business Type: Start-Up (0-5 years old) Acquisition Existing*
*If existing, list number of years in business:

Personnel: (Full-Time Equivalent, FTE is based upon 2,080 hours per year for priority points)

Existing number of FTE positions: _____
FTE positions to be created within 18 months of application approval: _____
Total number of Seasonal FTE jobs created (i.e. jobs which will be available for at least 3 continuous months and recur annually): _____
Starting wage per hour for your personnel: \$ _____

B. Project Information

Uses of Funds	Total Project Cost	Ainsworth Funds Requested
Land Acquisition		
Building Acquisition/Renovation		
New Facility Construction		
Acquisition of Machinery/Equipment		
Acquisition of Furniture/Fixtures		
Working Capital (includes inventory)		
Other (specify):		
Total:		

Sources of Funds

Note: Public financing requires the participation of a private financier and equity funds.

Participating Lender Information:

Name of Lending Institution: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Loan Amount: _____ Loan Term in Years: _____
 Interest Rate: _____ % Variable _____ Fixed: _____
 Collateral Required: _____ Equity Required: _____

Equity Information

Amount available by business or owners for investment: \$ _____
 Project location: Within the City limits of Ainsworth
 Outside the City limits, but within the zoning jurisdiction of Ainsworth
 Outside the City limits, but within Brown County

Business Documentation: See Information Checklist for detailed outline depending on business entity type. Please also be sure to attach a project overview and budget.

In addition, provide required information as detailed in the checklist and \$100.00 non-refundable application fee payable to the City of Ainsworth. If deemed appropriate, the Loan Committee is authorized to waive application fees for non-profit organizations.

The above information is accurate to the best of my knowledge and belief. The above information is provided to help you evaluate the feasibility of obtaining public financial assistance. I further authorize release of personal information and business credit information and realize that if a loan recommendation is made, the terms of the loan will be public information.

Dated: _____ Signature: _____

Dated: _____ Signature: _____

CERTIFICATION AND AUTHORIZATION

Applicant: _____ Lender: City of Ainsworth
606 E 4th Street
Ainsworth, NE 69210

Certification

To City of Ainsworth (“Lender”):

1. Applicant (and co-applicant if applicable), _____ has applied for a loan from Lender. In applying for the loan, Applicant provided to the Loan Committee of the Lender various information about Applicant and the requested loan, such as the amount and source of equity, income information, and assets and liabilities. Applicant certified that all of the information is true and complete. Applicant made no misrepresentations to Lender, nor did Applicant omit any important information.
2. Applicant understands and agrees that Lender may verify any information provided concerning Applicant’s application, including, but without limitation, verifications from financial institutions of the information provided.

Authorization to Release Information

1. Applicant has applied for a loan from the City of Ainsworth (“Lender”). As part of the application process, Lender, any insurer of the loan and any collateral title insurer may verify information Applicant provided to Lender either before or after loan is closed.
2. Applicant authorizes you to provide to Lender any and all information and documentation they may request and any information pertaining to a borrower’s default in payment. Such balances; credit history; and copies of income tax returns.
3. Lender may address and send this authorization to any person or company named below:
 - a. Financial Institution/Loan Officer _____
 - b. CPA Firm/Accountant _____
 - c. Law Firm/Attorney _____
 - d. Other _____
4. A copy of this authorization may be accepted as an original.

Authorization to File Financing Statement

Applicant hereby authorizes Lender to file the appropriate Financing Statements for the agreed upon collateral prior to executing a security agreement. Applicant is also aware that the terms of the loan recommendation will be furnished to the Ainsworth City Council and will be public information.

Signature: _____
Applicant Date Applicant Date

CRIMINAL HISTORY REQUEST

Reply to: North Central Development Center
Attention: Kristin Simonson-Olson
356 S. Main Street, Suite B
Ainsworth, NE 69210

Subject: Request for Criminal History Information

To: Nebraska State Patrol
Identification and Record Division
PO Box 94907
Lincoln, NE 68509

Criminal History Requested

Name (Print Last, First, M.I.)	Date of Birth	Date
Address		
City	State	Zip
Social Security Number		

I hereby authorize the release of any and all criminal history information maintained on me:

Name (Print Last/First/M.I.)

Signature

Signature of Requester

NDSS Central Registry Check and Release of Information

Child Abuse/Neglect Central Registry

PO Box 95044

Lincoln, NE 68509

Before being approved for loan funding by the Ainsworth LB 840 program, the North Central Development Center (NCDC) may need to check the Nebraska Child Abuse/Neglect Central Registry to confirm that there have been no substantial referrals of child maltreatment concerning you. To do so, we need your authorization.

I authorize the Nebraska Department of Social Services (NDSS) to release information from the Central Registry pertaining to me to NCDC. I understand and acknowledge that the City of Ainsworth LB 840 funding policies require a NDSS Registry Check. I further understand and acknowledge the information obtained by NCDC from the NDSS Registry Check may cause the City of Ainsworth to deny me loan funding through their LB 840 program.

Printed Name _____ Signature _____

Date of Birth _____ Other names used in past 10 years _____

Date _____ Social Security Number _____

Names of children who have lived with you in the past 5 years:

Addresses where you have lived over the past 5 years (Street and Town)

North Central Development Center
356 S. Main Street, Suite B
Ainsworth, NE 69210
Phone: 402-387-2740