

**IMPACT FUND APPLICATION
FOR ALL BUSINESS LOANS AND GRANTS**

DO NOT LEAVE ANY QUESTIONS BLANK-PUT N/A IF NOT APPLICABLE

Contact Name:

Business Name:

Date Submitted:

EIN#:

UEI #

Current address:

City:

State:

ZIP Code:

Email:

Office:

Cell:

Business Classification: (Manufacturing, Service, Retail, etc.)

Business Type:

_____ Start-up
_____ Existing
_____ Acquisition

How Long in Existence?

Business Organization:

Proprietorship, Partnership,
Corporation or Other

Address of Project Site:

Do you own the site?

Is This Project Site or building Being Leased?

If yes, Identify Name of Owner of Building or Site:

Address:

City:

State:

ZIP Code:

Phone:

Do you have partners in the business? _____YES _____NO

Ownership Identification:

Name:

Title:

Ownership Percentage:

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NUMBER OF EMPLOYEES:

Current Full Time:	FT to be created:	Timeframe:
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Current Part Time:	PT to be created:	Timeframe:
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Full Time Equivalent, FTE is based upon 2,080 hours per year

USE OF FUNDS:	Total Project Cost	Funds Requested
Land Acquisition		
Building Acquisition/Renovation/Facade		
New Facility Construction		
Machinery and Equipment		
Job Training		
Professional Fees		
Working Capital		
Other (specify)		
TOTAL		

OTHER SOURCES OF FUNDS:

Lender/s Information (Attach additional pages if multiple lenders)

Address:

Contact Person:	Phone:
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Loan Amount:	Term:
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Rate:	Monthly Payment:
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Collateral Required:

Amount of Owner Equity in Project

Total % of Project Costs

Brief Description of the Business:

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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 authorize Cozad Development Corporation to verify the information provided on this form as to my personal and business credit. I further authorize the release and sharing of information with the lender provided.

Signature of applicant	Date
Signature of co-applicant	Date

2). Waiver of Confidentiality. The Applicant authorizes the Omaha Inland Port Authority to discuss the Applicant's financial request and business operations, including financials with the OIPA Impact Fund Committee, OIPA Board of Commissioners, or other professional advisors of the OIPA, necessary to make a determination of assistance.

Initials of Applicant/s _____

3.) Please attach the following: Personal Financial Statement for Each Person (Tax Returns are Acceptable), Business Plan, 3 Years of Balance Sheets and Profit and Loss or Pro Forma for Existing Businesses or 3 Years of Projections for Start-Ups , List of Current Obligations, Business History and any quotes or estimates that could support the requested funds.

4) **Demographic Information** "The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. **You are not required to provide this information, but are encouraged to do so.** The law requires that OIPA may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, the program administrator may note race/ethnicity on the basis of visual observation or surname."

_____ I do not wish to furnish this information

Ethnicity:

_____ Hispanic or Latino _____ Not Hispanic or Latino

Race: (Mark one or more)

_____ White _____ Black or African American
 _____ American Indian/Alaska Native _____ Asian
 _____ Native American _____ Pacific Islander

Gender: _____ Male _____ Female

TOTAL REQUESTED AMOUNT \$_____

Please Describe how the requested funds will be used?

Describe how the project will impact the Omaha Inland Port Authority's district and how it aligns with OIPA's mission of advancing economic liberation and turning investment into long-term opportunities?

Discuss the growth potential that could exist as a result of the project and the OIPA funding, including job creation?

Explain why this project would not be viable without the funding from OIPA?

Describe if the project introduces a new concept, technology, product, process or service not currently available in the marketplace?

For Construction Projects, please state how the estimates of cost were determined (Please attach line itemized construction budget, if available.)

Project schedule:

a) **Start date:** _____

b) **Completion date:** _____

c) **If project is phased:**

Year: _____ **% Complete:** _____

Year: _____ **% Complete:** _____

Other Information you would like the Impact Fund Committee to consider in making a recommendation for funding?