**Participation Identification and Project Summary**

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| **1. Name of Business**  \_\_\_\_\_\_\_\_\_\_\_\_\_  Address    (City) NE (Zip)  Telephone No. ( )  Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  UEI Number:  Email address: | **2. Business Organization**  Proprietorship  Partnership  Corporation  Other |
| **3. Business Type**  Start-Up  Existing  Business Buy-Out | **4. Eligible Businesses**  \_\_ Nebraska Advantage Qualified Business  \_\_ Essential Goods and Services Business |
| **5. Project Location:**  Within the City Limits of (Name of City) \_  Outside the City Limits, but within the Zoning Jurisdiction of (Name and City) \_  Outside the Zoning Jurisdiction of (Name of City) in (County) \_  Located in county (not in incorporated areas.) \_\_\_  Zoning Action Required?  Yes  No Project in 100 yr. floodplain?  Yes  No  If zoning action is required, please attach an explanation.  Attach a legal description of the project’s location.  Attach a map of the applicant’s jurisdiction, identifying the areas in which the project activity will occur | |
| **6. Ownership Identification**  A. Name %  \_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | B. Percentage of Company Owned by:  Women \_\_\_\_\_ \_\_\_\_\_%  Minorities %  Disabled Persons % |
| **7. Affiliated Businesses**  A. Does the Company have a Parent or Subsidiary?  Yes  No  If Yes, Identify Name: \_  Address: \_  City: State: Zip: \_ | |
| B. Do the Owners of the Company have an Ownership interest in any Other Company?  Yes  No  If Yes to Either A or B Identify Below:  **Company Name Relationship % Owned**  \_  \_ | |

**8. Project** Participation **Identification:**Identify All Entities Participating with the Financing of the Project.

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| **A. Financial Institution(s)** | |
| Agency Name:  Address:    (City) (State) (Zip)  Contact Person:  Title:  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) | Agency Name:  Address:    (City) (State) (Zip)  Contact Person:  Title:  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) |
| **B. Other Local, State or Federal Financing Sources** | |
| Agency Name:  Address:    (City) (State) (Zip)  Contact Person:  Title:  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) | Agency Name:  Address:    (City) (State) (Zip)  Contact Person:  Title:  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) |
| **C. Source(s) of Equity/Investment Capital** | |
| Name:  Address:  \_  (City) (State) (Zip)  Title:  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) | Name:  Address:  \_  (City) (State) (Zip)  Title:  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) |
| Name:  Address:  \_  (City) (State) (Zip)  Title:  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) | Name:  Address:  \_  (City) (State) (Zip)  Title:  Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) |