**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: ( )  |