

**Community Development Block Grant (CDBG) Covid** *Economic Development Project*

***Pre-Application (EDCV)***

The following information is necessary to determine eligibility and complete the preliminary application for Community Development Block Grant (CDBG) Economic Development Loan funds. Additional information may be required during the application process. ***This preapplication is for CDBG Economic Development (Cares Act) Covid funding – a proposed (EDCV) project only. See the Addendum for more detailed guidance.***

**\_\_\_\_\_\_ (Indicate X) This pre-application is for additional funding on an existing EDCV project # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

### Business Information

**Name**

**Address**

**City**       **State**       **Zip**

**Contact Person**       **Title**

**Phone**       **Fax**       **E-mail**

**Company DUNS Number**

**NAICS Code**       

**Environmental Review Preparer**       

**Business Sector**

**Project description**       (attach as needed)

### Total project costs (include a breakdown of both project activities and sources of funds):

**PROJECT COSTS**

Working Capital, Inventory Payroll

Equipment purchases

Administration of CDBG loan

Total

**SOURCES OF FUNDS**

State CDBG Funds

Locality CDBG Re-use Program income

Additional Resources

Internal equity source

Total

### Activities to be undertaken (check all that apply):

Change in land use Demolition of property

Engineering/design Environmental studies

Expansion of existing facility Land acquisition

Lease existing building New streets/sidewalks/curbs/rail

Other       Other

Other       Planning

Purchase equipment Purchase existing building

Rehabilitation of existing facility Repaving of streets/sidewalks/curbs

Sewer/water extension Working capital

Replacement of water & sewer lines (with change in capacity by more than 20%)

Replacement of water & sewer lines (without change in capacity by more than 20%)

**Percentage of sales that are outside of Nebraska:**

**Current number of employees:**

**Number of new jobs that will be created as a result of the project: Starting wage:**

**Benefits provided to employees:**

**Business Organization: Type of Facility:**

**Type of Ownership:**

**Ownership Identification:**

Name % Percentage of Company Owned by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Women 0%

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minorities 0%

          Disabled Persons 0%

### Affiliated Businesses

Does the Company have a Parent or Subsidiary?  Yes  No

If Yes, Identify: See attached Corporate Disclosure

Name

Address

City      State       Zip

Do the owners of the company have an ownership interest in any other company?  Yes  No

If Yes, Identify:

**Company Name Relationship % Owned**

**Project Financial Participation:**Identify all entities participating with the financing of the project.

### Financial Institution(s)

Name      $ Amount Approved:

Address      Rate & Terms

City      State       Zip

Contact Person      Title       Real Estate: $

Phone      Email       Equipment: $

### Other Local, State or Federal Financing Sources

Name       $ Amount Approved:

Address       Rate & Terms

City      State       Zip

Contact Person      Title

Phone      Email

Name       $ Amount Approved:

Address       Rate & Terms

City      State       Zip

Contact Person      Title

Phone      Email

Name       $ Amount Approved:

Address       Rate & Terms

City      State       Zip

Contact Person      Title

Phone      Email

### Source(s) of Equity/Investment Capital

Name       $ Amount Approved:

Address       Rate & Terms

City      State       Zip

Contact Person      Title

Phone      Email

Name       $ Amount Approved:

Address       Rate & Terms

City      State       Zip

Contact Person      Title

Phone      Email

### Additional Information

Has the owner or any officers of the company ever been involved in bankruptcy or insolvency proceedings?

Yes  No

If Yes, please explain:

Is the company involved in any pending lawsuits or legal actions?  Yes  No

If Yes, please explain:

***Chief Elected Official:***

To the best of my knowledge and belief, data and information in this application is true and correct, including any commitment of local or other resources. The governing body of the applicant has duly authorized this application. This applicant will comply with all Federal and state requirements governing the use of CDBG funds.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Chief Elected Official Name / Title Signature Date