



## New Markets Tax Credits Project Application

Please provide as much of the requested information as possible and deliver a signed copy via **mail or fax** to **Ruben Alonso III, City of Kansas City, MO, Finance Department, 414 E. 12<sup>th</sup> Street, 3<sup>rd</sup> Floor, KCMO 64106, fax # 816.513.1174, email: ruben\_alonso@kcmo.org**

### A. NMTC Eligibility

Date of Submission: \_\_\_\_\_

#### 1. General Information:

Project/Business Name: \_\_\_\_\_

Project/Business Specific Address(s): \_\_\_\_\_

*(Be sure to include the full nine digit zip code for the property address)*

Project/Business Specific Census Tract(s): \_\_\_\_\_

*(If there are multiple addresses, submit a separate listing of addresses and associated census tracts)*

#### 2. Developer/Sponsor Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cellular: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Business Entity: (nonprofit, for-profit, LLC, partnership, etc.) \_\_\_\_\_

Number of principals: \_\_\_\_\_

Names of principals: \_\_\_\_\_

*Please provide resumes for the principals and for other members of the development/management team.*

### B. Description of Qualified Active Low-Income Community Business (QALICB)

**1. Does the project/business location meet any of the following criteria? If so, please note and attach documentation supporting this knowledge.**

- Federally Designated Brownfield Redevelopment area
- Within a HOPE VI Redevelopment plan area
- To the extent that the project will include health service related activities  
e.g. Federally designated medically underserved area
- To the extent that the project will include SBA HUB zone fundable  
businesses, located in an SBA HUB zone
- State, Local distressed designations such as enterprise zones and tax-increment  
financing districts or other designations of economic distress

2. **Sector in which the QALICB operates:**  Commercial real estate development  Manufacturing  
 Retail  Services  Other: \_\_\_\_\_

3. **Products or services offered by the QALICB:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Year the QALICB began operations:** \_\_\_\_\_

**C. Status of Investor/Lender Interest / Commitment**

1. **Do you have documented interest from investors/Lenders for your project?**  Yes  No

*(If Yes, please respond to part 2; if No, please skip to part 3)*

2. **Please indicate the type of documentation currently in hand for your project and provide the requested details in an attachment to this application.**

Commitment letter(s) from sources of funding (representing \_\_\_\_\_ % of estimated financing required)

Letter(s) of interest from sources of funding (representing \_\_\_\_\_ % of estimated financing required)

Verbal declaration(s) of interest from sources of funding (representing \_\_\_\_\_ % of estimated financing required)

Please list the amount of public funding (if any) your project will be receiving and the source of the funds:  
(i.e.: TIF; CDBG, etcetera) \_\_\_\_\_  
\_\_\_\_\_

3. **Please explain the reasons this project should receive priority in receiving a NMTC allocation. In particular, address why, if for any reason, the project/business might not proceed without such an allocation:**  
\_\_\_\_\_  
\_\_\_\_\_

**D. Project Information**

1. **Purpose of financing:**  Business expansion  Business start-up  Business Retention  
 Commercial real estate development  Other: \_\_\_\_\_

2. **Total project size:** \$ \_\_\_\_\_

3. **Projected amount of NMTC-facilitated financing:** \$ \_\_\_\_\_

4. **Form of proposed NMTC-facilitated financing:**  Debt  Equity

5. **Status of other potential sources of financing (please provide information on all that apply to your project):**

Bank loan for real estate – amount committed: \$

Bank loan for equipment – amount committed: \$

Bank loan for working capital – amount committed: \$

Owner's equity – amount committed: \$

Other equity – amount committed: \$

Community/nonprofit funds – amount committed \$

Financing gap: \$

**6. Name of NMTC Investor (if identified) and level of interest:**

Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

**7. Estimated timing for start of project:**  Within six months  Within one year  In excess of 12 months

Are all elements required for appropriate zoning in place?

Has the project procured an appraisal?

Where appropriate has a market study been performed?

Where appropriate has a financial feasibility study been performed?

**8. Does this project/business funding fit within the community's renewal plans? Please provide information to document how the project fits within these plans.**

**9. Have you met with community representatives and other stakeholders regarding your plans? If so please attach a narrative describing the date, time, persons present at the meeting and the outcome. Please provide primary contact information for the stakeholders at the meeting.**

**E. Description of Measurable Outcomes**

**1. Square footage of commercial real estate/business expansion:** \_\_\_\_\_ square feet

**2. Full-time jobs projected to be:**

Created: \_\_\_\_\_ average wage level: \$ \_\_\_\_\_

Retained: \_\_\_\_\_ average wage level: \$ \_\_\_\_\_

**3. Temporary/construction jobs projected to be created:** \_\_\_\_\_ average wage level: \$ \_\_\_\_\_

**4. Additional community impact anticipated/other factors that make project compelling (please describe):**

\_\_\_\_\_

**F. Project Contact Information if different from Developer/Sponsor information:**

Contact name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact role in project; representative of:  QALICB  Local CDE  Other: \_\_\_\_\_

**Signature Line** \_\_\_\_\_

**Date** \_\_\_\_\_

*Developer or Developer's Representative*