

CITY OF MINDEN - KEARNEY COUNTY
REGIONAL REUSE FUND
ECONOMIC DEVELOPMENT APPLICATION

PART I	The Application - General
PART II	The Application - Funding Summary
PART III	Project Description and Impact

Application Instructions For Economic Development Program

Part I: GENERAL INFORMATION

Box 1: Enter the name, mailing address, and telephone number of the local government that is the applicant in an individual application or the lead applicant in a joint application. Enter the name and phone number of the local government contact person. Such person is the applicant's employee who is most familiar with the application.

Box 2: If different from the local government contact person, enter the name, mailing address and telephone number of the person whom prepared the application. If prepared by a firm, identify the staff contact person. Check the appropriate application preparer status box.

Box 3: Check the appropriate Type of Assistance box under which funds are being requested.

Box 4: Check the appropriate application type box under which funds are being requested.

Box 5: Enter the dollar amounts of CDBG funds requested. Enter the total matching and total other funds. Be certain that the figures are correctly added and are the same as provided on the "Total" line for each funding source in Part II. Round amounts to the nearest hundred dollars.

Box 6: Give a short description of the project for which funds are requested. Include a list of other applicants if a joint

application is being submitted. For a joint application, attach a copy of the written agreement as stipulated in Section 3.03(3).

Box 7: Only the signature of the applicant's chief elected official will be accepted. Alternate signatures (e.g. city council president, city manager) are not allowed, except where there exists extenuating circumstances (e.g. chief elected official is out for an extended period), and the applicant receives prior written approval from the Re-Use Committee. Type the name, title, and the date of the signature.

Part II: FUNDING SUMMARY AND COMPANY CERTIFICATIONS

Using the activity code number and description provided on the Funding Summary, enter the dollar amount budgeted by funding source for each activity to be undertaken. Round amounts to the nearest hundred dollars. Identify the sources of matching or other funds. Be certain that the figures are correctly added and are the same as provided in Box 5 of Part I. The Business Certifications are to be signed and dated by the chief executive officer of the business or corporation. This must be the same person who is authorized to incur debt for the company. Signatures are to be attested. If the business is a non-profit, the certifications do not have to be submitted.

**APPLICATION FOR ECONOMIC
DEVELOPMENT FUNDS
CDBG PROGRAM INCOME REGIONAL RE-USE PLAN
CITY OF MINDEN - KEARNEY COUNTY**

RRC USE ONLY
Application Number 12-RRC-
Date Received

2012

PART I. GENERAL INFORMATION

TYPE OR PRINT ALL INFORMATION

1. APPLICANT IDENTIFICATION	2. PERSON PREPARING APPLICATION
Applicant Name	Name/Business
Mailing Address	Address
(City) (State) (ZIP)	(City) (State) (Zip)
Telephone Number	Telephone Number
Local Government Contact	Federal Tax ID # / SS#
Fax Number	Email Address
Federal Tax ID Number	Application Preparer (check one)
Email Address	<input type="checkbox"/> Local Staff <input type="checkbox"/> Out-of-State Consultant <input type="checkbox"/> Economic Development District <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> In-State Consultant <input type="checkbox"/> DED Staff
3. DEVELOPMENT CATEGORY	5. FUNDING SOURCES
<input type="checkbox"/> Direct Loan <input type="checkbox"/> Job Training <input type="checkbox"/> Spec Building <input type="checkbox"/> Public Works <input type="checkbox"/> PEP <input type="checkbox"/> Entrepreneurship	Re-Use Funds Requested \$
4. APPLICATION TYPE	Matching Funds \$
<input type="checkbox"/> Individual <input type="checkbox"/> Joint (List other applicants in box #6)	Other Funds \$
	Total Project Funds \$
	<i>(Round amounts to the nearest hundred dollars.)</i>

6. PROGRAM SUMMARY: Brief narrative description of the project for which Re-Use funds are requested

7. CERTIFYING OFFICIAL:

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

Signature in ink _____ Typed Name and Title _____ Date Signed _____

Attest _____ Typed Name and Title _____ Date Signed _____

SUBMIT THE ORIGINAL AND ONE COPY (UNBOUND) OF THE ENTIRE APPLICATION TO:
 City of Minden - Kearney County Regional Re-Use Committee
 PO Box 239 - 325 N Colorado
 Minden, NE 68959
 (308) 832-1820 Fax (308) 832-1949

PART II. FUNDING SUMMARY

(Round amounts to the nearest hundred dollars.)

Activity Code	ReUse Funds	Matching Funds	Other Funds	Total Funds	Sources of Matching or Other Funds
0010 Acquisition					
0070 Public Fac. & Improvements					
0230 Streets					
0250 Storm Sewers					
0270 Sanitary Sewers					
0290 Sewage Treatment					
0310 Water Source/Well					
0330 Water Distribution					
0350 Water Storage					
0370 Flood & Drainage Facilities					
0690 Fixed Assets / Land and Building					
0730 Working Capital					
0750 Fixed Assets / Machinery & Equipment					
0770 Fixed Assets / Leaseholds Improvements					
0791 Microenterprise					
0792 Business Incubators					
0793 Information Technology					
0797 Productivity Enhancement					
0798 Commercial / Retail / Service					
0690 Speculative Building					
0710 Job Training					
0180 Total Nonadministration					
0181 General Administration					
1000 TOTAL PROGRAM COSTS					

BUSINESS CERTIFICATIONS

- a. All information in this application and the exhibits are true and complete; at least 51 percent of the jobs created or retained will be available to or held by lower income persons; all employment recruitment activities will be coordinated with the Nebraska Job Service.
- b. There are no legal actions underway or being contemplated that would significantly impact the capacity of this company to effectively proceed with the project; and to fulfill all Re-Use program requirements. No project costs have been incurred by this company which have not been approved in writing by the City of Minden-Kearney County Regional Re-Use Committee.

If benefiting business is a proprietorship or partnership, sign below:

By: _____ Date: _____

If benefiting business is a Corporation, sign below:

By: _____ Date: _____

Attest _____ Typed Name/Title _____ Date _____

PART III. PROJECT DESCRIPTION AND IMPACT

Refer to the Program Application Instructions for the information to be included.

PART IV. REQUIRED EXHIBITS

Refer to the Program Application Instructions for the specific information that must be included.

<p>Submit the original and one copy of the application form and all application materials. DO NOT BIND, FOLD, OR STAPLE</p>

EXHIBIT REQUIREMENTS

	DL	JT	PW	PEP	ENT	SB
A.* Participation Identification and Project Summary	x	x	x	x	x	x
B.* Product or Service Information	x	x	x	x	x	x
C.* Sources and Uses Statement	x	x	x	x	x	x
D. Public Works - Size and Scope			x			
E. Spec Building Loan Program - Size and Scope						x
F. Spec Building Loan Program - Project Summary						x
G. Financial Information	x	x	x	x	x	
H. Other Commitments	x	x	x	x	x	x
I Franchise Agreements	x					
J. Personal Financials	x			x	x	
K. Resolutions	x			x	x	
L Articles of Incorporation	x			x	x	
M Bankruptcy Statement	x			x		
N Lawsuits Statement	x			x		
O. Resumes	x	x	x	x	x	
P.* Job Creation/Retention	x	x	x	x		x
Q.* Hiring Schedule	x	x	x	x		
R.* Employee Certification	x	x	x	x		
S.* Applicant's Statement of Assurances and Certifications	x	x	x	x	x	x

DL – Direct Loan

JT – Job Training

PW – Public Works

PEP - Productivity Enhancement

ENT – Entrepreneurship

SB – Spec Building

Exhibit A

Participation Identification and Project Summary

1. Name of Business _____

Address _____

(City) NE (Zip)

Telephone No. () _____

Fax No. () _____

Contact Person: _____

3. Business Type

- Start-Up
- Existing
- Business Buy-Out
- Spec Building

2. Business Organization

- Proprietorship
- Partnership
- Corporation
- Other

4. Business Classification

- Administrative Tourism
- Management Headquarters Transportation
- Manufacturing
- Retail
- Service Warehouse/Distribution

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Exhibit C

PROJECT FINANCING AND USE OF LOAN PROCEEDS

I. Project Financing	Amount	Percent Project Cost	Annual Debt Service	Maturity	Interest Rate	Lien Position
1. Re-Use Share of Project Cost	\$		\$			
2. Private Sector Financial Institution	\$		\$			
Other (Identify)	\$		\$			
Total Private Sector Financing	\$		\$			
3. Other Federal Sources	\$		\$			
4. Equity Injection	\$		\$			
5. TOTAL PROJECT FINANCING	\$		\$			

II. Use of Proceeds	Re-Use Requested	Non-Re-Use Sources
Land Acquisition	\$	\$
Land Improvements	\$	\$
Purchase and/or Remodel Bldg.	\$	\$
New Construction	\$	\$
Purchase and/or Repair M&E	\$	\$
Working Capital	\$	\$
Microenterprise	\$	\$
Business Incubators	\$	\$
Information Technology	\$	\$
Commercial / Retail	\$	\$
Productivity Enhancement	\$	\$
Job Training	\$	\$
Other (contingencies)	\$	\$
Totals	\$	\$

Job Creation / Retention Information

1. Total full time equivalent positions as of _____
(date) _____
2. Total new full time equivalent positions being **created** from the project which will be filled for one year or longer. _____
3. The total number of **retained** FTEs that will result from the project for which notification of lay-off or termination has occurred, or is apt to occur (provide explanation) if the project is not carried out. Classify retained FTEs as follows: _____
 - a. Total jobs known to be currently held by lower income people. For each employee, submit the Employee Certification Form or _____
 - b. Total number of jobs that can reasonably be expected to become available through turnover to lower income persons within a two year period from an award of CDBG funds. The number of jobs should be based upon the historical turnover rate for each of the past two years converted to FTE positions. _____
4. (For seasonal hiring only). Total new full time equivalent positions being created from the project which will be filled for 3 months or longer. _____
5. Provide a job description for each new position. Complete all information for each job title and identify the number of positions to be created. (Use the attached list for job titles) _____
6. Describe training and recruitment opportunities that would make the retained jobs available to low and moderate income persons. All Re-Use funded projects may use Nebraska Workforce Development for their recruiting of new employees to assist in the documentation of first consideration being given to low and moderate income persons. Nebraska Workforce Development will obtain and keep on file for verification the necessary information about the person to determine low and moderate-income status. The distance from residence and availability of transportation to the employment site should also be considered in determining whether a particular low and moderate income person can seriously be considered an applicant for the job.
7. Complete the projected hiring schedule for positions expected to become available through turnover.

Job Descriptions

No. of FTE Positions to be Created / Retained		Job Title	Skills (describe)	Education (indicate HS education, specialized training, 4-yr degree, other)	Experience (No. of yrs)	Wage / Salary	Benefit Package
<u>Created</u>	<u>Retained</u>						

Signature _____

Date _____

Typed Name and Title _____

TITLES FOR JOB CREATION/RETENTION

Economic Development Application

For each job retained or created, the following general titles are to be used. If additional titles are to be used for clarification, place in parentheses under these general titles.

1. **Officials and Managers** - Occupations requiring administrative personnel who set broad policies, exercise overall responsibility for execution of these policies, and direct individual departments or special phases of a firm's operation.
2. **Professionals** - Occupations requiring either college graduation or experience of such an amount as to provide a comparable background.
3. **Technicians** - Occupations requiring a combination of basic scientific knowledge and manual skills which can be obtained through about two years of post high school education, such as is offered in many technical institutes and junior colleges, or through equivalent on-the-job training.
4. **Sales** - Occupations engaging wholly or primarily in direct selling.
5. **Office and Clerical** - Includes all clerical type work regardless of level of difficulty, where the activities are predominantly non-manual.
6. **Crafts Workers (skilled)** - Manual workers of relatively high skill level having thorough and comprehensive knowledge of the processes involved in their work; exercise independent judgement and usually receive extensive training.
7. **Crafts Workers (semi-skilled)** - Workers who operate machines or processing equipment or perform other factory type duties of intermediate skill level which can be mastered in a few weeks and require limited training.
8. **Laborers** - Workers in manual occupations which generally require no special training.

EMPLOYEE CERTIFICATION FORM

Job Creation

Job Retention

(Date)

Dear Employee:

Please provide the information requested on this form so that we can verify to the Nebraska Department of Economic Development that your employment here is achieving the goals of the Nebraska Community Development Block Grant Program. This information is voluntary. The information will be placed in your confidential personnel file and is available to only a limited number of company officials. This information is also subject to verification by the City/Village/County of _____ and representatives

For assistance, please see _____. Thank you.
(Company Official)

Sincerely,

(Company Official)

Step 1: Give the following information about yourself:

- A. Race: White, Asian or Pacific Islander, Black, Native American (Eskimo, American Indian, etc.), Other (Please specify: _____)
B. Sex: Male, Female
C. Do you have a disability that is a substantial handicap? Yes No
D. Are you a female head of household? Yes No
E. Are you of Spanish/Hispanic origin? Yes No
F. Size of family _____ (Note: A family is here defined as a householder living alone or with one or more other persons who are related to the householder by birth, marriage, or adoption).
G. County of Residence _____

Step 2: In the attached table, find the income figure shown for your county and family size.

Is your family's total income above or below this figure? Above Below

Step 3: Complete the following:

Name: _____ Social Security #: _____ - _____ - _____

Signature: _____ Date of Hire: _____