

**PRE-APPLICATION**

**North Dakota Planning Region III**

**CDBG-CDLF Main Street Projects**

**Economic Development CDLF Projects**

**­­­**

LEGAL APPLICANT

Applicant (City or County): Click or tap here to enter text.

Address, City, State, Zip: Click or tap here to enter text.

County: Click or tap here to enter text.

Local government contact person:Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

PROJECT BENEFICIARY

Business Legal Name: Click or tap here to enter text.

Address, City, State, Zip: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Fax: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Federal Tax ID # or Social Security #: Click or tap here to enter text.

NATIONAL OBJECTIVE USE OF FUNDS

Benefit to Very Low & Low Income  Exterior Improvements

Elimination of Slums/Blight  Interior Improvements

Alleviation of Urgent Need  Removal of Architectural Barriers

Emergency  Other Click or tap here to enter text.

Limited Clientele

TITLE OF PROJECT AND BRIEF DESCRIPTION

Click or tap here to enter text.

PROPOSED PROJECT COSTS

a. CDBG funds requested $Click or tap here to enter text.

b. NCPC Administration (Local Share) $Click or tap here to enter text.

c. Local Funds $Click or tap here to enter text.

d. Architect/Engineering Fees (Local Share) $Click or tap here to enter text.

e. Other Funds $Click or tap here to enter text.

**TOTAL PROJECT** $Click or tap here to enter text.

ANTICIPATED PROJECT START DATE: Click or tap here to enter text.

PROJECT DURATION: (Max. 18 months) Click or tap here to enter text.

*Applicant certifies that to the best of my knowledge and belief, information in this application is true and correct and the governing body of the applicant has duly authorized the document.*

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Signature Chief Elected Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.

**All Pre-Applications for Community Development Block Grants must be submitted to:**

North Central Planning Council

PO Box 651

Devils Lake, ND 58301

General Questions

1. Project description: Click or tap here to enter text.
2. Who is the owner of the property or building? Click or tap here to enter text.

c. Describe the need to be addressed. Click or tap here to enter text.

d. How long has the problem existed? Click or tap here to enter text.

e. Describe why the problem requires immediate attention and whether it involves health and safety.

Click or tap here to enter text.

f. Has this problem been mandated by the court or specific local, state, or federal compliance requirements?

Click or tap here to enter text.

g. Describe the project area (citywide, countywide or target area).

Click or tap here to enter text.

h. Describe the need for CDBG/CDLF funds, what they will be used for, and why the project cannot be financed locally.

Click or tap here to enter text.

i. Describe why the proposed project was selected as the solution and whether or not it will be a long-term solution to the problem.

Click or tap here to enter text.

Questions for Business Applicants

1. Description of Business: Click or tap here to enter text.
2. Date Business Started: Click or tap here to enter text.
3. Type of Business (Retail or Primary Sector): Click or tap here to enter text.
4. Number of Employees, FT & PT: Click or tap here to enter text.
5. Business Legal Structure: Click or tap here to enter text.

|  |  |
| --- | --- |
| **Business Owner Information** | |
| Legal Name: Click or tap here to enter text. | Legal Name: Click or tap here to enter text. |
| Personal Address: Click or tap here to enter text. | Personal Address: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Soc. Sec. #: Click or tap here to enter text. | Soc. Sec. #: Click or tap here to enter text. |
| Percent Ownership: Click or tap here to enter text. | Percent Ownership: Click or tap here to enter text. |
| For Statistical Purposes Only: Click or tap here to enter text. | For Statistical Purposes Only: Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Proposed Loan Information** | |
| Credit Amount Requested: | Interest Rate Requested: |
| Term Requested: | Security Offered: |
| County Business Located: | City Business Located: |
| Will the business be within city limits? | Do you agree to implement your project within the guidelines of Federal regulations? |
| Have you applied for a bank loan?  Name of Bank:  Loan Officer: | Explain the status of the bank loan: (amount requested, pending, approved, etc.) |

Project Location

***Provide a map, which delineates the boundaries of the entire jurisdiction and identifies the location of the proposed activity.***

Program Budget - Proposed source and use of all project funds.

***Submit copies of estimates with application.***

Sources of Funds

Provide amount of funds for each category and terms

*Owner Equity:* Click here to enter text.

*Local Bank:* Click here to enter text.

*NCPC CDLF:* Click here to enter text.

*Other (JDA, EDC, BND, SBA, etc.)* Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | CDBG | Local (includes bank and owner equity) | Other (JDA, EDC, BND, SBA, etc.) | Total |
| Use of Funds: |  |  |  |  |
| Building (includes land) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Equipment | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Inventory | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Working Capital | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Project Administration  (ED, Slum & Blight 15%, $5,000 Minimum) | Click here to enter text. |  |  |  |
| **Total Costs** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Employment Information:

Explain the number of current full and part-time employees.

Click here to enter text.

List the number, type, projected start dates and wage levels of jobs to be created because of this project.

Click here to enter text.

Flood Plain:

Are any of the proposed project activities within a designated floodplain area? (Applicants should consult local flood plain maps or contact the North Dakota State Water Commission.) If so, is the community participating in the National Flood Insurance Program?

Click or tap here to enter text.

Does any part of the project benefit church-owned property or an organization with a religious purpose or affiliation? If yes, provide an explanation. Click or tap here to enter text.

Other requirements:

* Provide a signed and completed Resolution of Sponsorship, Handicapped Access Resolution, Credit Request Form and EIN/SS Request form (attached).
* If the application is for a ***non-profit beneficiary*** provide the following with application:
* List of board members
* Proof of non-profit status (IRS designation)
* Certificate of Good Standing for State of ND
* Provide the following with application:
  + Business Plan (for Business Economic Development projects)
  + 3 Years Business Historical Financials (if available):
    - Balance sheet
    - Income statement
    - Statement of Cash Flow
  + 3 Most Recent Years Tax Returns – Business and Personal
  + Personal Financial Statement for all majority owners (>20%)
  + Business Plan with 3-year Pro Forma Financial
  + Current Debt Schedule, (balance, rate, term, payment amount)
  + List of collateral with value and description
  + Bids or estimates (for construction projects)
* **For Construction Projects:** The ND Department of Health is requiring **asbestos inspections** on all construction projects. The cost of a project can be significantly impacted if asbestos is found, all construction projects *must have asbestos inspections done prior* to submitting an application and project costs should include either mitigation costs or costs for an asbestos certified contractor.
  + NCPC can provide a list of licensed asbestos companies, please contact NCPC for this list.
* **Architect & Engineering:** For project costs over $200,000, an Architect or Engineer is required. It is requested that Architect/Engineering costs be paid with Local Funds. In circumstances of hardship CDBG can be requested to pay for A& E. It is up to the discretion of NCPC Staff & Board to require an Engineer or Architect if they feel the nature of the project is complex or requiring additional technical skill. Include estimates for Architect/Engineering if CDBG funds will be used for Architect/Engineering costs. If CDBG funds *will not* be used to cover these costs include them in the Program Budget under local share.

**Please circle your response to the following questions. If the answer is yes, please explain.**

YES NO

|  |  |  |
| --- | --- | --- |
| Does the business or principals have patent protection, copyright or trademark protection on any portion of the products, service or intellectual property associated with this project? |  |  |
| Have you ever been turned down for a business loan? |  |  |
| Have you ever declared bankruptcy? |  |  |
| Are there any judgments or pending lawsuits against the business or any of the principals? |  |  |
| Are any current business loans delinquent? |  |  |
| Are any of the principals considered immediate family to the North Central Planning Council staff or board members? |  |  |
| Are you or will you be doing any major business with any North Central Planning Council staff or board members?  Explanation: Click or tap here to enter text. |  |  |

### General Information

The lending programs offered by the Regional Council are gap and participating financing programs. They are not designed to displace a commercial lender’s rate and term. The funds are designed to fill the gap when equity and commercial lending are unable to complete the loan package. The Region III loan funds will play a part in your project only when it can be shown that commercial lending cannot do the entire loan or that the Regional Council’s rate and term are necessary to achieve a positive cash flow.

The Regional Council’s programs prefer primary sector projects. Retail and service type projects will be accepted on a case by case basis and only if the project could be considered an essential community service and the service is not otherwise available or adequate in that community or surrounding area.

Your bank must be committed to the project at the time your application is presented to the NCPC Loan Committee.

The Regional Council’s programs operate the same as any other lender in that personal/corporate guarantees, adequate security, and other sound lending criteria are necessary.

**Personal/corporate guarantees will be required.**

Borrowers will be required to insure all property related to the project. Key-man insurance may be required.

Regional Council programs may require the creation or retention of jobs. Applicants must be prepared to create/retain new full-time employment.

Use of Regional Council’s programs require adherence to federal and state rules and regulations.

**The Regional Council’s programs require an owner’s equity injection minimum of 10% of the total project cost.** The Loan Review Committee may require a higher level of equity investment.

The Regional Council’s program may NOT be used to refinance existing debt. Generally, these funds can be used only for real estate, equipment, inventory and working capital.

The Regional Council’s programs carry a minimum and maximum loan amount. In no case will the funds provide more than the lead lender and will have a maximum participation (45% for ED projects and 50% for slum & blight) of the project’s financial needs.

The maximum loan amount for a retail business is 30% of the project’s financial needs unless the Regional Council obtains a shared first position on the collateral. If a shared first position is obtained, then the maximum participation is 45% of the project’s financial need.

Applications for the Regional Council’s programs may consist of a complete business plan and various forms.

NCPC will not be involved in the preparation of the pro-forma financial statements. Since financial projects are so critical to the lending decision, it is strongly suggested that the applicant use the services of a professional accountant to generate the projected statements.

Applicants cannot purchase or commit to purchasing materials, supplies, equipment or real estate before a Release of Funds date. Failure to adhere to this requirement may disallow the Regional Council’s programs from being used in the project.

Complete application materials must be forwarded to the Regional Council, failure to submit requested information may delay the application process.

### Administration

All borrowers may be required to make payment or reimbursement for other expenses associated with the loan review or equity placement and closing costs at the time of closing. These may include costs of title insurance, document filing, publication of environmental review notices, legal assistance, attorney fees, credit report fees and other items.

Once applications are determined eligible and all required information for review and program compliance has been submitted, NCPC will schedule a review by the Loan Review Committee on a first completed, first served basis with at least two weeks available for review by the committee members.

All applications and pertinent information are presented to the NCPC Loan Review Committee. Application materials are held as confidential as specified by the ND Century Code 44-04-18.2. At the request of the committee, a delegate of the borrower shall be present for a portion of the meeting.

The NCPC Loan Review Committee meets as needed to act on applications submitted. The Loan Review Committee makes the final decision on loan approval and has the discretion to make changes to the term, loan amount, and interest rate as well as add special conditions to the loan structure. Please allow a minimum of 10 days from submittal for the Loan Review Committee process.

A completed request for financial assistance must have a general business or project description (or a complete business plan), an original signed personal financial statement for all principals, a current business financial statement, and a conditional letter of commitment from your bank.

I understand that the completion and submission of this form is in no way a guarantee of funding. Everything I have stated in this application is true, accurate and complete to the best of my knowledge. I understand that NCPC will retain this application whether or not it is approved. NCPC is authorized to reasonably verify any information provided in conjunction with the application. NCPC is authorized to order all necessary credit reports regarding this application and to discuss this application with the other funding sources for this project.

(Principals controlling twenty percent (20%) or more of the business must sign the application.)

Signature Title Date

Signature Title Date

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income is derived from any public assistance program; or because the applicant has in good faith exercised any right under the consumer credit protection act. Revised as of 1-20-05 Reaffirmed 1-25-06

***For North Central Planning Council Use Only***

Project Beneficiaries

1. Population from last official Census: Click here to enter text.
2. Total number of persons and families:

Persons Click or tap here to enter text. Families Click or tap here to enter text.

1. What is the total number of very low and low-income persons and families in the project area?

Persons Click or tap here to enter text. Families Click or tap here to enter text.

1. Percent of low and moderate-income persons in the project area (figures in c. divided by a.):

Persons Click or tap here to enter text. Families Click or tap here to enter text.

1. Project Area Target Population: Click or tap here to enter text.

**RESOLUTION OF SPONSORSHIP**

Sponsoring units of government must adopt and submit the following or an equivalent resolution. This resolution must be adopted prior to submission of the application.

Be it resolved that the Click or tap here to enter text. (Sponsoring Unit of Government) will act as sponsoring unit of government for the project titled Click or tap here to enter text.during the period Click or tap here to enter text.through Click or tap here to enter text.(duration dates).

Click or tap here to enter text. (Title of Authorized Official) is hereby authorized to apply to the North Dakota Division of Community Services for funding of this project on behalf of the Click or tap here to enter text.(Sponsoring Unit of Government) on Click or tap here to enter text.(Date).

I certify that the above resolution was adopted by the Click or tap here to enter text. (City Council, County Board, etc.) of the Click or tap here to enter text.(Sponsoring Unit of Government) on Click or tap here to enter text.(Date).

SIGNED: WITNESSED:

Signature Signature

Title Title

Date Date

**RESOLUTION CONCERNING HANDICAPPED ACCESS**

The sponsoring unit of government must adopt and submit the following or an equivalent resolution and submit it with the pre-application:

**Whereas** local units of government are required by law to complete or update a Section 504 Self-Evaluation in accordance with 24 CFR Part 8 “Nondiscrimination based on handicap in federally assisted programs and activities of the Department of H.U.D.”; and

**Whereas** the North Dakota Division of Community Services requires completion and submission of the Self-Evaluation before the final drawdown of project funds;

**Now Therefore Be It Resolved** that the City/County of Click or tap here to enter text. will, if awarded Community Development Block Grant or Community Development Loan funds, complete a Section 504 Self-Evaluation plan before requesting final drawdown of project funds.

I certify that the above resolution was adopted by the governing body of the City/County of Click or tap here to enter text.on Click or tap here to enter text. (date).

Signed: Witnessed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title) (Date) (Title) (Date)

Credit Report Request Form

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

Last First Middle Initial

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/we authorize North Central Planning Council to obtain a copy of my/our credit report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant’s Signature Date

**EIN/SS Request**

In compliance with the Internal Revenue Service rules and regulations, North Central Planning Council is asking for the following information for your loan/grant. This must be completed prior to disbursement.

Name of person or company disbursements are to be made out to

Street Address

City State Zip Code

Phone Number

**lease check type of business entity:**

Individual \_\_\_\_\_\_\_\_ Corporation \_\_\_\_\_\_\_

Sole Proprietor \_\_\_\_\_\_ Government \_\_\_\_\_\_\_

Partnership \_\_\_\_\_\_ Cooperative \_\_\_\_\_\_\_

Limited Liability Partnership \_\_\_\_\_\_ Non-Profit \_\_\_\_\_\_\_\_

Educational \_\_\_\_\_\_\_ Limited Liability Corporation \_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide tax identification number:**

Employer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature