

FINANCIAL ASSISTANCE APPLICATION

For use with projects requesting general City assistance
 (For projects requesting CRA property tax abatements and Income Tax Incentives, do not use this application)

SECTION I – Applicant/Project Information

Applicant Information:

Legal Name of Applicant Applying for Assistance: _____

Form of business enterprise: _____ (corporation, partnership, proprietorship, LLC, non-profit, or other)

Legal Address of Applicant: _____

Federal Tax ID #(s): _____

Applicant Contact Person: _____ Title: _____

Phone: _____ Main Contact email address: _____

Address of project property _____ Zip: 452 _____

Hamilton County Auditor Parcel ID#: _____ - _____ - _____

City of Cincinnati Neighborhood: _____

Have you previously discussed your request for assistance with the City? _____

If yes, please indicate the City Department & staff member you are working with:

Space/Units to be constructed/renovated:

Land Use:

- Commercial (Retail, Office etc)
- Industrial
- Mixed-Use (Residential & Commercial)
Describe the break down in use:
- Multi-Unit Residential (4 or more units):

Assistance Type Requested

- Direct Funding (City)
- Direct Funding (Federal)
- Tax Increment Financing
- City Property Sale / Lease
- Other

Project Type:

- New Construction
- Renovation

If other, explain assistance requested:

Space/Units to be constructed/renovated:

Size of existing structure to be renovated or addition to be constructed: _____ square feet

What percentage of the existing structure is currently occupied: _____ %

Size of new building to be constructed: _____ square feet

Total sqft/units to be constructed/renovated:

Commercial: _____ (sqft) Office: _____ (sqft) Industrial: _____ (sqft)

Residential: _____ (sqft) Residential: _____ (# of units)

General Project Information:

Project Name (if Applicable): _____

Description of the project:

Please provide a brief description of the applicant's development experience:

If Commercial or Industrial, state the nature of commercial/industrial activity (manufacturing, warehousing, wholesale or retail stores, or other) to be conducted at the site: _____

If Commercial or Industrial, list primary NAICS Code # _____.

Please state why this project deserves assistance from the City of Cincinnati and what benefits the project will bring to the neighborhood where it is located:

Other pertinent information regarding this project:

SECTION II – Job Creation/Retention

Job Creation and Retention:

The Company will agree to use its best efforts to retain and/or create at least the following estimated number of employee positions at the Property in connection with the Project, in accordance with the specified schedule, and to maintain the minimum employment levels throughout the period of the incentive. The Job numbers below are to be listed in Full Time Equivalent (FTE) positions. FTEs are calculated by the number of total hours worked divided by the maximum number of compensable hours for a full-time work schedule (40hrs/week).

Existing positions at the site of the company to be retained:

Full-Time Equivalent _____ employees; total annual payroll \$ _____

Will the project involve relocation of positions from another company location in the State of Ohio to the City of Cincinnati? _____

Existing positions at other company locations in Ohio to be relocated:

Address of Other Location(s): _____

Full-Time Equivalent _____ employees; total annual payroll \$ _____

Address of Other Location(s): _____

Full-Time Equivalent _____ employees; total annual payroll \$ _____

*Please attach additional sheets if other locations exceed spaces provided above

Will the project involve relocation of positions from another company location outside of the State of Ohio to the City of Cincinnati? _____

Existing positions at other company locations outside of the State of Ohio:

Address of Other Location: _____

Full-Time Equivalent _____ employees; total annual payroll \$ _____

Address of Other Location: _____

Full-Time Equivalent _____ employees; total annual payroll \$ _____

Address of Other Location: _____

Full-Time Equivalent _____ employees; total annual payroll \$ _____

*Please attach additional sheets if other locations exceed spaces provided above

Estimate the number of **new employees** the property owner will cause **to be created at the facility that is the project site within three years**. Job creation projection must be itemized by the name of the employer (add an additional page if more than one employer). FTEs are calculated by the number of total hours worked divided by the maximum number of compensable hours for a full-time work schedule (40hrs/week):

Full-Time Equivalent _____ employees (Total); total annual payroll \$ _____

During the first twelve months of the agreement: _____ positions

During the second twelve months of the agreement: _____ additional positions

During the third twelve months of the agreement: _____ additional positions

Temporary Construction _____ jobs; total annual payroll \$ _____

Length of Construction Period: _____

Please provide a brief description of the Job Creation that is associated with this Project (types of jobs; e.g. fabrication, warehousing, sales, operations, management, technical, retail, etc.):

SECTION III – Project Investment

Real Estate Investment:

Indicate the estimated cost of the construction or remodeling: \$ _____

Estimated total cost of the project (including soft costs & acquisition): \$ _____

Estimated Project start date: _____ Estimated Project completion date: _____

Current Auditor's value of property (value of all parcels involved): _____

Estimated post-construction value of property: _____

Other Investment

Investment in Machinery & Equipment (M&E) at the Property: \$ _____

Investment in Furniture, Fixtures, and Equipment (FF&E) at the Property: \$ _____

Other Investment: \$ _____

Description of Other Investment: _____

SECTION IV – Required Application Attachments

Please provide the following required items as a corresponding attachment. *If you believe a particular item is not applicable to your project, please address the item by including an explanation of why you believe it is not applicable.* Please ensure that all sections of the application are complete and that **ALL REQUIRED ATTACHMENTS LISTED BELOW ARE SUBMITTED/ ADDRESSED WITH YOUR APPLICATION.** Please check all items that are included. If an item is left unaddressed by the Applicant, the reviewing department *cannot* complete its review of the application

Attachment Number	Attached (Y/N)	Attachment Description
#1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Public Purpose:</u> List the major reasons why City Assistance is necessary. Discuss the project gap, why other sources are not available to fill that gap (including debt and owner equity) and why using City funds to fill the gap will serve a public purpose.
#2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Development Team:</u> A) Corporate Resolution, Articles of Incorporation, and an Operating/Partnership Agreement for entity applying for assistance showing who is authorized to sign for the organization B) Resumes of owners and/or key managers or partners. In the case of Real Estate development, provide information for the entire development team (developer, architect, contractor, leasing/sales agent, LEED certifications, etc.) C) Names, addresses, photos and a brief description of recent projects completed by the development team of similar type and size to that proposed in this application.
#3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Owner Financial Strength:</u> Current personal financial statement from all 20% or more owners of applicant entity (form available upon request).
#4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Financial Information:</u> A) Real Estate Projects: Provide spreadsheet of 10 year cash flow projection

		and list all project assumptions (rent rates, revenue & expense growth, etc). Provide budget that details total project investment (reference Section III of application). These documents may be requested in Excel format B) Business Lending/Economic Development: 1) Annual income statements, including profit & loss statement and balance sheet for past three fiscal years; 2) Current business financial statement (less than 90 days old); 3) Business financial projections for three fiscal years (privately held companies only); 4) Business financial information for the last three fiscal years on affiliate businesses when appropriate.
#5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Sources of Funds:</u> For all sources included in the sources and uses provided in #4 above, please attach documentation: A) Conditional bank commitment and/or term sheet B) List of any additional grant requests pending or committed C) Tax credits allocated or being applied for D) Financing Projections E) Other
#6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Cost Verifications:</u> Cost verifications and/or third party cost estimates. If third-party estimates are not available, explain your methodology for arriving at your project budget. Please include: A) Purchase agreements for any acquisitions B) Contractor Estimates or bids for new construction and/or rehabilitation C) Architectural Contract D) Other
#7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Environmental:</u> Summary Review / Statement
#8	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Market Information:</u> A) Summary of appraisal, market study, Real Estate comps and industry information with sources. B) Include a copy of any third-party or in-house market analysis completed for the preparation of financial projection assumptions (sales or lease prices, absorption and capture rates, vacancy rates, expense escalators, etc.).
#9	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>SBE Utilization Plan</u>
#10	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Proposed Project Timeline:</u> Anticipated milestones – Please provide in Gantt format if available.

SECTION V – Developer Certifications

Certifications by Applicant:

Has the applicant:

1. Been convicted of a felony? Yes No
2. Been convicted of or enjoined from any violation of state or federal securities law? Yes No
3. Been a party to any consent order or entry with respect to an alleged state or federal securities law violation? Yes No
4. Been a defendant in a civil or criminal action? Yes No
5. Owe any delinquent taxes to the State of Ohio or a political subdivision of the State? Yes No
6. Owe any monies to the State or a state agency for the administration or enforcement of any environmental laws of the State? Yes No
7. Owe any monies to the State, a state agency, or a political subdivision of the State that are past due, whether the amounts owed are being contested in a court of law or not? Yes No
8. Received City development assistance and/or enacted development Agreements with the City within the past 5 years? Yes No
 - a. If Yes to above, are the Applicant and its affiliates currently in compliance to said Agreement(s)?

Yes No

- b. If Yes to the above, have the Applicant and its affiliates had any agreements with the City of Cincinnati or other political subdivision of the State of Ohio terminated for non-compliance? Yes No

If the applicant responds yes to any of the above questions, please provide details of each instance using additional sheets for response.

Additional Certifications by Applicant:

- o The Applicant acknowledges that to be eligible for assistance from the City of Cincinnati, the subject property must be located within the City of Cincinnati.
- o The Applicant acknowledges that no offer of City assistance is binding until the execution of a funding agreement by both parties.
- o The Applicant agrees to supply additional information upon request.

Please initial that you have read the above. X _____

I declare under the penalties of falsification that this application, including all enclosed documents and statements, has been examined by me, and to the best of my knowledge and belief is true, correct, and complete.

Signature of Applicant

Date

Printed Name

Title (if signed as officer)

Small Business Enterprise (SBE) Utilization Plan

Attachment #9

Please indicate which methods you plan to use to achieve the City's aspirational goal of 30% Small Business Enterprise (SBE) utilization for construction contracts. Return the form to the Department of Community & Economic Development with your tax abatement application. If you have questions about this form, please contact the analyst reviewing your application.

Project Name: _____

Action	YES	NO	Expected Date/Comments
1. Hold a Meet & Confer (required)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Use the City's SBE Directory to solicit bids from certified SBEs –available here: http://www.cincinnati-oh.gov/purchasing/resources-directories/sbe-directory/	<input type="checkbox"/>	<input type="checkbox"/>	
3. Identify sufficient subcontracting work to meet 30% SBE utilization goal	<input type="checkbox"/>	<input type="checkbox"/>	
4. Divide the total requirements into small tasks or quantities to permit maximum SBE participation	<input type="checkbox"/>	<input type="checkbox"/>	
5. Written Notice to Subcontractors of opportunity to bid and follow-up to initial solicitations	<input type="checkbox"/>	<input type="checkbox"/>	
6. Advertise opportunity to bid in local minority publications and in other local newspapers of general circulation	<input type="checkbox"/>	<input type="checkbox"/>	
7. Assistance with subcontractors' bonds, credit lines, and insurance	<input type="checkbox"/>	<input type="checkbox"/>	
8. Provide interested subcontractors with access to plans, specifications and requirements for subject project	<input type="checkbox"/>	<input type="checkbox"/>	
9. Require subcontractors to demonstrate the affirmative steps #2-8 to utilize SBEs in their subcontracts	<input type="checkbox"/>	<input type="checkbox"/>	
10. Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Authorized Representative

Date

Community & Economic Development Approval

Date