Bloomington Urban Enterprise Association

Showers City Hall, Room 130
401 N. Morton
P.O. Box 100
Bloomington, IN 47402
(812) 349-3805

Loan / Grant Application

Requirements:

- ❑ Completed application, signatures and dated
- ❑ Copy of Deed to property, if applicable
- ❑ Offer to Purchase, if applicable
- ❑ Copy of plans, drawings, renderings, etc.
- ❑ Letter of appropriateness from HAND Historic Preservation Program Manager, if applicable
- ❑ Site Plan
- ❑ Project specifications/work write up with estimates, if applicable
- ❑ Zoning compliance/approval letter, if applicable
- ❑ Pro Forma Operating Budget
- ❑ Project Timeline

Loan / Grant Program Application

The information collected below will be used to determine whether the project qualifies for funding by the Bloomington Urban Enterprise Association. All information will be kept confidential.

Applicant Information:	
Applicant (include the names of all partners):	Phone:
Applicant Address (include Zip Code):	
Address of the Property (include Zip Code):	
Ownership: o Individual o Partnership o Corporation (Specify: _____) o Non-Profit Organization o Association (Specify: _____)	
Federal ID No.: _____ Year of incorporation: _____ Length of time at this location: _____	
Contact Person: _____ Tel: ( ) _____	
Please give a brief description of your business/organization:	
Have you participated in any Zone tax incentives? o Yes o No If so, which ones? _____	
Project Description:	
Requested amount of BUEA funds $ _____	

Economic Impact:

Total number of jobs at location: _____

Number of new jobs added from project: _____

Average wages for all jobs: _____

Average wages for new jobs: _____

Are the new jobs: o FT (# ____) o PT (#____)

Do these new jobs have benefits: o Yes o No

Please describe: _____

_____

Social Impact:

Total number monthly participants: _____

Total number of monthly participants who live in the Zone: _____

Will this funding help you offer:

- o Educational opportunities
- o Job training
- o Youth development
- o Healthcare
- o Self-sufficiency programs

Please attach information on your evaluation/outcome measurement tool and colleted data.

Physical Impact:

Cost of acquisition: _____

Is this property historically eligible? _____

Have you hired a contractor: _____

If so, who? _____

Address:_____

Will the contractor or subcontractors be Zone businesses? _____

If so, list: _____

_____

_____

Please estimate how BUEA funds will be spent:

Acquisition: $ _____

Renovate interior: $_____

Renovate exterior: (non-façade) $_____

Renovate façade: $_____

Site improvements: $_____

Other (describe): $_____

Will this project be for property acquisition or rehabilitation? Rehabilitation

Please list all existing or pending loans, grants or other funding on this property:

1. _____ $_____

   Type: o Loan o Grant o Other (_____) Status:_____

2. _____ $_____

   Type: o Loan o Grant o Other (_____) Status:_____

3. _____ $_____

   Type: o Loan o Grant o Other (_____) Status:_____

4. _____ $_____

   Type: o Loan o Grant o Other (_____) Status:_____

Total **$**_____

Total Estimated Cost of Project:	Do you have clear title to the property? o Yes o No
Do you intend to apply for: Local Tax Abatement: o Yes o No Tax Credits: o Yes o No Other Assistance: o Yes o No Specify: _____	Answer for all partners: 1. Have you ever defaulted on a job/loan? o Yes o No 2. Have you been adjudged bankrupt? o Yes o No 3. Have you ever been debarred from the State or Federal contractor construction listing? o Yes o No
Have you discussed this project with the City Planning Department? If yes, please attach copy of approval letter. If no, please specify date of meeting. o Yes o No (Meeting date: _____)	
Estimated construction start date: Currently underway	Estimated construction completion date:

I hereby certify that the information provided in this application and in support of this application is given for the purposes of obtaining financial assistance from the Bloomington Urban Enterprise Association (BUEA) and is true and complete to the best of my knowledge.

_____ _____

Applicant Date

_____ _____

Applicant Date