

## BACKGROUND INFORMATION RELATIVE TO TAX INCREMENT FINANCING REQUEST

<b>Project Redeveloper Inform</b>	nation		
Business Name:			
Address:			
Telephone No.:			
Email:			
Contact:			
Application Submission Date:			
Brief Description of Applicant's E	Business:		
Community Redevelopment Are	a Number:		
, ,			
Legal Description/Address of Pro	pposed Project:		
Present Ownership Proposed Pro	oject Site:		
Is purchase of the site contingen	t on Tax Increment Financing		
Approval?		Yes	No

**Proposed Project:** Building square footage, size of property, description of buildings – materials, etc. Please attach site plan, if available.

Is the Property to be Subdivided, if yes please attach division	n plan:	Yes	No
Estimated Project Costs:			
Acquisition Costs			
A. Land		\$	
B. Building		\$	
Construction Costs			
A. Renovation or Building Costs:		\$	
B. Workforce Housing		,	
# of Single Family Units		\$	
# of Multifamily Units		\$	
C. On-Site Improvements:		\$	
Sewer		\$	
Water		\$	
Electric		\$	
Gas		\$	
Public Streets/Sidewalks		\$	
Private Streets		\$	
Trails		\$	
Grading/Dirtwork/Fill		\$	
Demolition		\$	
Other		\$	
Total		\$	
Soft Costs			
A. Planning Fees(Architectural, Engineering & Survey Fees):		\$	
B. Financing Fees:		\$	
C. Legal		\$	
D Contingency Reserves:		\$	
E. Personal Property		\$	
F. Other (Please Specify)		\$	
1. Other (Ficase Specify)	TOTAL	\$\$	
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Total Estimated Market Value at Completion:	\$
Source for Estimated Market Value	
Source of Financing	
A. Developer Equity:	\$
B. Commercial Bank Loan:	\$
C. Tax Increment Assistance:	\$
D. Enhanced Employment Area	\$
E. Tax Credits	Ψ
1. N.I.F.A.	\$
2. Historic Tax Credits	\$
3. New Market Tax Credits	\$
4. Opportunity Zone	\$
F. Industrial Revenue Bonds:	\$
G. Nebraska Housing Trust Fund	\$
H. Other	\$
Architect	
Name:	
Address:	
Telephone No.:	
Email:	
Engineer	
Name:	
Address:	·
Telephone No.:	
Email:	
General Contractor	
Name:	
Address:	
Telephone No.:	
Email:	
Bank Information	
Name:	
Address:	
Telephone No.:	
Email:	
Please attach Bank support letter for financing of the	he project.

Estimated Real Estate Ta Calculations)	axes on Project	Site Upon Comple	etion of Project: (Please	Show
Project Construction	s Schadula			
Construction Start Date				
Construction Completio	n Date:			
If Phased Project:				
		Year		% Complete
		Year	· <del></del>	% Complete
				% Complete
		Year		% Complete
		Year		% Complete
Please Attach Construct	ion Pro Forma			
Please Attach Annual In	come & Expens	se Pro Forma (Witl	h Appropriate Schedules	<b>5)</b>
TAX INCREMENT FIN	JANCING REC	OUEST INFORM	ATION	
TAX IIVCKLIVILIVI I IIV	IAITCIITO NEC	ZOEST IN OKIVI	Allon	
Describe Amount and P	urpose for Whi	ch Tax Increment	Financing is Requested:	
Statement Identifying Fi	inancial Gap an	d Necessity for us	e of Tax Increment Finar	ncing for
Proposed Project:				

Municipal and Corporate References (if applicable). Please identify all other Municipalities, and other Corporations the Applicant has been involved with, or has completed developments in, within the last five (5) years, providing contact person, telephone and fax numbers for each:

Post Office Box 1968 Grand Island, Nebraska 68802-1968

> Phone: 308 385-5240 Fax: 308 385-5423

Email: cnabity@grand-island.com