



**Southside Community Optimal Redevelopment Enterprise CDE
New Markets Tax Credits Project Application**

Please fill out this application in as complete a manner as possible. Please return your completed application for each potential NMTC project to awoolfolk@mccafferyinterests.com. Should you have any questions please feel free to contact: [Angela Woolfolk](#) at (312) 784-2768.

I. Project Information/Identification

A. Please provide the **complete address** of the proposed project:

B. Please provide the **11 digit census tract** of the project: _____

C. If the project is located in a Federally Designated Brownfield area please cite the basis for this and provide a City or State contact that can provide documentation to support the finding:

D. If the project is located in a State or Locally designated distressed area please note this designation and provide a State or Local contact that can provide documentation to support this finding:

II. Description of Qualified Active Low-Income Community Business (QALICB)

A. Please provide a description of the proposed project. (SCORE prioritizes projects which provide quality jobs, support healthcare and education or include fresh food anchors in retail areas. Please provide a detailed narrative relative to your project and how or if it fits into these priorities.

B. Year the QALICB began operations: _____

- Percentage of assets focused in Low-Income Communities: _____%
- Percentage of revenues received annually from activities in Low-Income Communities: _____%
- Percentage of employee services performed in Low-Income Communities: _____%

III. Status of Investor/Lender Interest/Commitment

A. Do you have documented interest from investors/lenders for your project? Yes No *(If yes, please respond to part B; if No, please skip to part C)*

B. Please indicate the type of documentation currently in hand for your project and provide the requested details:

- Commitment letter(s) from sources of funding (representing _____% of estimated financing required)
- Letter(s) of interest from sources of funding (representing _____% of estimated financing required)
- Verbal declaration(s) of interest from sources of funding (representing _____% of estimated financing required)
- Please list the amount of public funding (if any) your project will be receiving and the source of the funds: (i.e. TIF; CDBG; Section 108 funding, etcetera)
- Please provide copy of any documentation supporting such assistance or a narrative detailing the timeline for receiving such assistance

C. Based on the above please provide a Sources and Uses Statement – please identify the status of all sources

- Conventional debt – amount committed: \$ _____
- Conventional debt – amount applied for: \$ _____
- Owner’s equity – amount committed: \$ _____

- Other equity – amount committed: \$ _____
- Community/nonprofit funds – amount committed: \$ _____
- Financing gap: \$ _____

D. Name of NMTC investor if identified and level of interest _____

Contact Information:

Name: _____ Phone: _____ Fax: _____

Entity Name: _____ Email: _____

Address: _____

E. Estimated timing for start of project: Within six months Within one year In excess of 12 months

IV. Description of Measurable Outcomes

A. Square footage to be developed/renovated: _____ square feet

B. Temporary/construction jobs project to be created: _____ average wage level: \$ _____

Estimated Percentage of MBE/DBE Contractors based on total hard costs: _____ %

Estimated total hard costs: \$ _____

C. Full-time jobs projected to be:

Created: _____ average wage level: \$ _____ Benefits: _____

Retained: _____ average wage level: \$ _____ Benefits: _____

Sustained: _____ average wage level: \$ _____ Benefits: _____

- Rationale for classification of jobs as retained: (job must be at risk to be considered retained)

- Estimated number of low-income residents and or low-income persons receiving new jobs: _____

- Estimated number of low-income residents or low-income persons retaining jobs: _____

D. If the project involves Fresh Foods, please provide a narrative regarding the type of foods available and the relative affordability of the food:

E. If healthcare or Education the estimated number of persons to be served if applicable: _____

- Estimated number of low-income persons to be served: _____
- Rationale for estimating the number of low-income persons being served: _____

F. Please describe in detail any specific information which makes the nature of the healthcare/educational opportunity unique in its provision of service:

G. Description of anticipated catalytic impact of project: (how might this project cause other development or business to occur?)

H. Description of community alignment of project: (Is the project in line with existing community plans? Have you met with community stakeholders? Is the community participating in the project?) – (Please provide internet link to specific community plans/site where minutes are hosted, etc.)

I. Additional community impact anticipated/other factors that make project compelling (please describe):

Please attach:

- 7 year operating proforma
- Principal resumes.
- Additional Information supporting the project and why it should be prioritized for funding

V. Project Contact Information

A. Contact name: _____ Title: _____

B. Company: _____ Address: _____

C. Telephone: _____ Fax: _____ Email: _____

D. Contact role in project; representative of: QALICB Local CDE Other: _____

E. How did you learn about SCORE's NMTC Program?

Article in newspaper/publication (please list: _____)

Through business network (please describe: _____)

SCORE's marketing (please describe: _____)

Other: _____

****Please be advised that this is only an application. This is not a commitment for funding and in no way should an express or implied approval for funding be assumed through submittal or acceptance of this application by SCORE.****