

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 mreicher@mccafferyinc.com. Should you have any questions please contact: Mike Reicher, (312) 784-2806.

<i>I</i> .	Project Information/Identification
A.	Please provide the complete address of the proposed project:
В.	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.				
	_				
В.	Year the QALICB began operations:				
Σ.	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:%				
	Status of Investor/Lender Interest/Commitment				
A.	Do you have documented interest from investors/lenders for your	project? \(\sum \text{Yes} \) \(\subseteq \text{No} \) (If yes, please			
	respond to part B; if No, please skip to part C)				
В.	Please indicate the type of documentation currently in hand for you				
	Commitment letter(s) from sources of funding (representing _				
	Letter(s) of interest from sources of funding (representing				
	☐ Verbal declaration(s) of interest from sources of funding (repr	esenting% 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	d:	\$_			
	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 r	months	Within one yea	r In excess of 12 months	3	
	C 1 3 <u>—</u>		•	_		
717	Daniel Colonia					
	Description of Measurable Outcomes		0			
	Square footage to be developed/renovated:		•	1.0		
В.	Temporary/construction jobs project to be created:					
	Estimated Percentage of MBE/DBE Contractors base	ed on total l	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				the	
	relative affordability of the food:		e reguraning and	type of foods available and		
	relative arroradomity of the food.					
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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?)
п	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: 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 CDE.**