

CITY OF ATKINSON
LB 840 Grant Application

FOR OFFICE USE ONLY

Date Rec'd. _____ App. _____
Complete _____
Date Board Approved _____
Date Council Approved _____

A. Business/Borrower Information

Name of Business to Receive Assistance: _____

Address: _____ Federal ID# _____

Contact Person _____ Phone # _____

Email Address: _____ Cell Phone # _____

Business Classification: _____ Manufacturing _____ Warehousing & Distribution
_____ Service _____ Retail
_____ Administrative Management Hdqt. _____ Research & Development
_____ Other

Business Organization: _____ Proprietorship _____ Corporation _____ Partnership _____ Other

Does the Company have a Parent or Subsidiaries? _____ Yes _____ No

If "Yes," please identify: Name _____

Address _____

Business Status: _____ Start-Up (0-5 years old) _____ Acquisition _____ Existing _____ # Years in Business
IRS Designation: _____

Ownership: List all officers, directors, partners, owner, co-owners & all stockholders. Under Minority Code, enter "1" if person identified is female, "2" if minority or "3" if person is disabled. (Use back of page if more room needed)

NAME TITLE OWNERSHIP % MINORITY CODE

Personnel: (Full-Time Equivalent, based on 2,080 hour per year)

Existing Number of Full-Time-Equivalent positions: _____

Full-Time positions to be created within 10 months of Application Approval: _____

of Seasonal Full-Time jobs created: _____
(i.e. jobs available for at least 3 continuous months & recur annually)

B. Project Location

_____ Within the City Limits

_____ Outside City Limits BUT within Zoning Jurisdiction

C. Project Information

<u>USES OF FUNDS</u>	<u>TOTAL PROJECT COST</u>	<u>LB840 FUNDS REQUESTED</u>	<u>OWNER FUNDS</u>	<u>OTHER SOURCE OF FUNDING</u>
Land Acquisition	_____	_____	_____	_____
Building Acquisition	_____	_____	_____	_____
New Facility Construction	_____	_____	_____	_____
Acquisition of Machinery/Equipment	_____	_____	_____	_____
Working Capital (includes inventory)	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____

The lines highlighted above should match amount of grant funds you are requesting for digital marketing. If your amount exceeds \$1,000 you will still put \$1,000 in the last section. No other "Use of Funds" item lines are required to be filled in for this program.

E. Signatures

The above information is accurate to the best of my knowledge and belief. This information is provided to help evaluate the feasibility of obtaining public financial assistance. I further authorize release of all personal and business credit information to the City of Atkinson and acknowledge this information upon submission will be considered a Public Record.

Signature:_____ Printed Name:_____ Date:_____

Signature:_____ Printed Name:_____ Date:_____