

**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)	_____	_____	_____	_____
<b>TOTAL:</b>	_____	_____	_____	_____

**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: \_\_\_\_\_