



**ARNOLD ECONOMIC  
DEVELOPMENT CORPORATION**

**APPLICATION**

**FOR**

**ECONOMIC DEVELOPMENT FUNDS**

# Application Instructions for Economic Development Funds

## PART 1—GENERAL INFORMATION

Enter applicant name and contact information, federal tax ID number or Social Security number, application type, and amount of funds requested. \*Must also provide a current credit report with a FICO score for each applicant. ALL information is required to consider application.

## PART 2—PROJECT SUMMARY

Provide a brief description of the project for which funds are requested.

## PART 3—BUSINESS IDENTIFICATION

Provide name of business, owners/partners, type and classification of business, proposed location, affiliated companies, and other business interests held by all owners.

## PART 4—EMPLOYMENT

List number of current and proposed full-time and part-time employees. Provide type of positions with either an hourly wage or annual wage.

## PART 5—PROJECT FINANCING

Designate if funds requested are in the form of a loan or grant. Separate out project costs by category, indicate where the requested funds will be used, and the source of funding for each. Total costs at bottom.

## PART 6—REFERENCES

Provide current bank information, identify all sources of financial backing for your project, and list at least two business references such as suppliers or clients. Copy this page if necessary.

## PART 7—PROJECT DETAILS/PROJECTIONS

*You do not need to fill out this section if you attach a business plan (completion of a written business plan is strongly recommended).*

Provide a description of the current and/or proposed product line(s) or service(s), and as applicable, a description of: methods of production, product, or service development status; development timetable; long-term development; strategy; performance data/projections; and patents or license agreements.

## PART 8—GOVERNMENT MONITORING

The Federal government will be monitoring our revolving loan fund applications to ensure application approvals/denials were not based on discrimination. You do not have to supply this information; however, if you do not, we are required to fill it in for you based upon our observations.

## PART 9—CERTIFYING OFFICIAL(S)

By signing this section, the applicant verifies all information to be true and correct and agrees to comply with all application and loan guidelines. You also grant the Arnold Economic Development Corporation to verify your data and credit. All financial information will be held confidential and will not be reviewed by the public. Signature, printed name, and date must be provided by each owner/partner.

**\*\*LOAN APPLICATION FEE - \$85.00**

**SUBMIT THE ENTIRE APPLICATION AND ANY SUPPORTING DOCUMENTS TO:**

Arnold Economic Development Corporation  
109 North Walnut Street ■ PO Box 376  
Arnold, NE 69120  
Phone/Fax: (308) 848-2211  
aedc@gpcom.net

**APPLICATION FOR ECONOMIC  
DEVELOPMENT FUNDS  
AEDC and LB840 Loan and Grant Program**

<b>AEDC USE ONLY</b>
Application ID
Date Received

<b>PART 1—GENERAL INFORMATION</b>	
Applicant Name:	
Mailing Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
E-Mail Address:	
Web Address:	
Federal Tax ID or SSN:	
Contact Person:	
Application Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <i>(copy this page and fill out Part 1 for each applicant)</i>
Total Amount/Cost of Project:	Amount of Funds Requested:

<b>PART 2—PROJECT SUMMARY</b> <i>(Brief description of the project for which funds are requested)</i>	

## PART 3—BUSINESS IDENTIFICATION

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Federal Tax ID or SSN: \_\_\_\_\_

Web Address : \_\_\_\_\_

Business Organization:     Proprietorship     Partnership     Corporation     Other \_\_\_\_\_

Ownership Identification:

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Ownership % \_\_\_\_\_

Business Type:     Startup                                     Business Buyout                     Relocation  
                           Existing/Expansion                     Spec Bldg                             Other \_\_\_\_\_

Business Classification:     Tourism                                     Manufacturing                     Agricultural  
     Retail                                         Administrative                     Service-Related  
     Medical                                       Transportation                     Other \_\_\_\_\_

Project Location:     Within City Limits     Outside City Limits \_\_\_\_\_ Miles     Located in Custer Co.

Zoning Action Required?     Yes             No             In a Flood Plain

Affiliated Business:

Does the company have a parent or subsidiary?     Yes             No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Web Address: \_\_\_\_\_

Other Business Interests:

Do the owners of the company have an ownership interest in any other company?     Yes             No

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ownership % \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ownership % \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Ownership % \_\_\_\_\_

## PART 4—EMPLOYMENT

Current Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Proposed Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Average Wage of Employees: *(specify hourly or annually)*

Position \_\_\_\_\_ Wage \_\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_

Position \_\_\_\_\_ Wage \_\_\_\_\_

Employee Benefits:     Health Insurance     Paid Sick Leave     Dental or Vision Insurance  
 Retirement Plan     Bonus or Commission     Other \_\_\_\_\_  
 Paid Vacation     Disability Insurance    \_\_\_\_\_

## PART 5—PROJECT FINANCING

Form of Funds Requested:     Short-Term Loan (*up to 2 years*)     Long-Term Loan (*2+ years*)     Grant

	Total Cost	Funds Requested	Source of Funds
Land Purchase/Rent	\$ _____	\$ _____	_____
Building Purchase/Rent	\$ _____	\$ _____	_____
New Construction	\$ _____	\$ _____	_____
Renovation/Remodel	\$ _____	\$ _____	_____
Furniture/Equipment	\$ _____	\$ _____	_____
Inventory for Resale	\$ _____	\$ _____	_____
Employee Training	\$ _____	\$ _____	_____
Working Capital	\$ _____	\$ _____	_____
Other _____	\$ _____	\$ _____	_____
<b>Total Costs</b>	<b>\$ _____</b>	<b>\$ _____</b>	

**PART 6—REFERENCES** *(must identify all parties with financial participation in the project)*

Financial Institution #1:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Financial Institution #2:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Other Financing Sources or Investment Capital #1:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Other Financing Sources or Investment Capital #2:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Other Financing Sources or Investment Capital #3:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business References #1:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business References #2:

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_



## PART 8—GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal government in order to monitor the grantee's compliance with equal credit opportunity and nondiscrimination requirements. You are not required to furnish this information but are encouraged to do so. The law provides that a grantee may neither discriminate on the basis of this information or on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this grantee is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

I do not wish to furnish this information

Race/National Origin:  American Indian or Alaska Native  Asian  
(select one or more)  Native Hawaiian or Other Pacific Islander  White  
 Black or African American

Ethnicity:  Hispanic or Latino  
 Not Hispanic or Latino

Sex:  Male  
 Female

If applicant did not furnish this information, grantee employee fill in as observed. Employee initials: \_\_\_\_\_

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, contact:

U.S. Department of Agriculture  
Director, Office of Civil Rights  
1400 Independence Avenue SW  
Washington, DC 20250-9410  
(800) 795-3272 (voice)  
(202) 720-6382 (TDD)

USDA is an Equal Opportunity Provider and Employer.



## PART 9—CERTIFYING OFFICIAL(S)

To the best of my knowledge and belief, data and information in this application are true and correct, including any commitment of local or other resources. The applicant(s) agrees to comply with all requirements governing the use of AEDC and/or LB840 tax funds. The applicant(s) grant the Arnold Economic Development Corporation permission to verify my data and credit. The financial status of the business or applicant(s) shall be held confidential by the loan committee and is not subject to review by the public.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

### IF JOINT APPLICANT(S), PLEASE COMPLETE BELOW

Signature of Joint Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Signature of Joint Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Signature of Joint Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

## AEDC USE ONLY

Date Application and Supporting Documents Received: \_\_\_\_\_

Application Approved by Loan Committee:       Yes     No      Date: \_\_\_\_\_

Loan/Grant Approved by AEDC Board:       Yes     No      Date: \_\_\_\_\_

Loan/Grant Approved by Village Board, if applicable:     Yes     No      Date: \_\_\_\_\_

Loan Approved by USDA, if applicable:       Yes     No      Date: \_\_\_\_\_

If Not Approved, See Denial Form for Reasons

Approved Amount and Terms: \_\_\_\_\_