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| **Date of Application:** |  | | | | |
| **Grant Request:**  *(check one)* | Economic Development Grant (up to $100,000)  Predevelopment Grant (up to $30,000) | | | | |
|  |  | | | | |
| **Organization Information** | | | | | |
| Applicant Organization: |  | | | | |
| Doing Business As: |  | | | | |
| Previous Name, if changed: |  | | | | |
| Mailing Address: |  | | | | |
| City: |  | | Zip: |  | |
| County: |  | | | | |
| Phone: |  | | | | |
|  | | | | | |
| **Contact Information** | | | | | |
| Contact Person: |  | | | Title: |  |
| Contact Phone: |  | Contact Email: | |  | |
| Executive Director/CEO: |  | | | | |
| Executive Director/CEO Email: |  | | | | |

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| **Organization Profile** | | |
| Federal Tax ID: | |  |
| Month/Day/Year Business was Established: | |  |
| Does the organization have a501(c)3 IRS tax designation? | | Yes  No |
| Do the organization’s governing documents (articles of incorporation, by-laws) specify affordable housing and/or economic development for a low- and moderate-income (LMI) geography as a purpose? | | Yes  No |
| How many people serve on the Board of Directors? | |  |
| How many Board of Directors represent you’re the targeted LMI area? | |  |
| How do people become members of the Board of Directors? | Nominated  Promoted  Political Appointees  Other | |
| Has the Board of Directors authorized development of this project? | | Yes  No |

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| **Project Profile** | | | | | |
| Primary Project Name: |  | | | | |
| Project Address or Parcel ID Number(s): |  | | | | |
| Project City: |  | | Zip: |  | |
| Project County: |  | Project Tax ID Number:  *(if not same as sponsor organization)* | | |  |
| Project Structure: | Corporation  LLC/LLP  Partnership  Nonprofit  Cooperative  Applicant Owned  Other: | | | | |

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| **Site Control Information** | | |
| Own  Option  Lease/Rent  Not Controlled  In Contract | | |
| Are there any liens or claims on the property: | | Yes  No |
| If yes, please explain: |  | |

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| **Grant Request** | |
| Funding Request: | $ |
| Total Project Cost: | $ |
| Is this a Tax Credit project? | Yes  No  *If yes, indicate below:*  Low Income Housing Tax Credit (LIHTC)  Historic Tax Credit (HTC)  New Markets Tax Credit (NMTC)  Have credits been received/allocated?  Yes  No |
| List Sponsors and Developers: |  |

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| **Source of Funds** | | | | |
| Source | Amount | Type *(1)* | Status *(2)* | Match *(3)* |
|  | $ |  |  | Yes  No |
|  | $ |  |  | Yes  No |
|  | $ |  |  | Yes  No |
|  | $ |  |  | Yes  No |
|  | $ |  |  | Yes  No |
|  | $ |  |  | Yes  No |
|  | $ |  |  | Yes  No |
| Total Sources | 0 | *Note: Right click on “0” to left and select Update Field to add (Autosum) source amounts in table.* | | |
| 1. Debt, Cash, Grant, Owner’s Equity, Tax Credit Equity, In-kind, Other 2. Committed (legally binding commitment from source); Term Sheet or Letter of Interest; Application Pending (submitted but not yet decided); Disbursed; Other (Please explain) 3. Predevelopment Grants require a 15% match ($4,500 for a $30,000 grant). Economic Development Grants require a 2:1 match for urban projects and a 1:1 match for rural locations (cities with population of 50,000 or less). | | | | |

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| **Use of Funds** | | | |
| Use | Amount | Who will perform the activity? | Will grant funds be used? |
|  | $ |  | Yes  No |
|  | $ |  | Yes  No |
|  | $ |  | Yes  No |
|  | $ |  | Yes  No |
|  | $ |  | Yes  No |
|  | $ |  | Yes  No |
|  | $ |  | Yes  No |
|  | $ |  | Yes  No |
| Total Uses | 0 | *Note: Right click on “0” to left and select Update Field to add (Autosum) use of funds amounts in table.* | |

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| **Project Details** |

1. Describe the project and provide a paragraph about community support for it.

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1. What population group (e.g. income level, household size, etc.) will be assisted, and how will the project impact the community?

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1. Please provide background information on the applicant organization – including its capacity to raise funds, plus key individuals (i.e., employees, consultants, professionals, etc.) and their role to successfully implement the project. Include some of the projects completed by the applicant organization in the past.

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1. List established and new partnerships that will be involved in the project. Specifically describe in what capacity or role each of the partners will be involved, and how the partnerships will contribute to the success of the project.

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| **Social Impact***.* | | | | |
| Jobs: A Full-Time Equivalent (FTE) Job is a 35-hours or more worked per week. Example: Two part-time employees who each work 17.5 hours per week combine to count as one FTE (17.5 hours x 2 = 35 hours). | | | | |
| How many jobs will be retained as a result of this project? | | Full-time jobs:       Part-time jobs:       FTE Total: | | |
| How many jobs are projected to be created (within the next 12 months)? | | Full-time jobs:       Part-time jobs:       FTE Total: | | |
| How many construction jobs are projected (within the next 12 months)? | | | |  |
| Usage Details *(check all that apply)* | | | | |
| Commercial  Manufacturing  Office  Retail | Square Footage        Total SF: | | Residential  Housing Types: No. of Units: Square Footage:  Sale  Rental | |

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| **Certification Statement** |

Agreements and Representations:

1. I/We represent to Finance Fund that all information provided on this application or otherwise in connection with this request is true and correct, is not misleading, and does not contain any material omissions.
2. I/We agree to comply with the provisions of the Grant Program for which we are applying for.
3. I/We agree to all of the terms and conditions applicable to the request.
4. I/We represent to Finance Fund that I/We are authorized to sign this application on behalf of the applicant, and that I/We have the title indicated below, and that no other person(s) is/are required to sign this application in order to bind the applicant or to make any of the representations, agreements, or other information in this application accurate, effective, and legally binding.

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| --- | --- | --- | --- |
| Authorized Signature: |  | Date: |  |

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| Printed Name: |  | Title: |  |

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| Authorized Signature: |  | Date: |  |

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| Printed Name: |  | Title: |  |

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| **Submittal of Application** |

This Application and all supporting attachments should be sent to Makeba Wilson at [mwilson@financefund.org](mailto:mwilson@financefund.org). Questions should be directed to Makeba at (614) 568-5067 or via email.

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| **Application Fee** |

This Application requires a **non-refundable** application fee of $100, andshould be remitted to Finance Fund using the form on the following page. Please note that payment of the non-refundable application fee does not guarantee approval of this grant request.

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| **Required Attachments** |

The following list of required attachments is considered part of the application.

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| Exhibit A: | Resumes/Bios for all key individuals implementing the project (i.e. employees, consultants, professionals, etc.) |
| Exhibit B: | Copy of applicant’s most recent annual financial statement (preferably audited) and YTD financial statements; financial statements should include a balance sheet and statement of revenue and expenses. |
| Exhibit C: | List of Board of Directors with the following information for each member: member name, principal employer, occupation, address, term, board position, if representative of the low-or moderate- income community served |
| Exhibit D: | Governing documents:  D1:Articles of Incorporation  D2: By-Laws  D3: IRS 501 (c)(3) letter  D4: Certificate of Good Standing, issued within 30 days of application |
| Exhibit E: | Board resolution authorizing the project and approval of application submission, signed by two authorized board officers |
| Exhibit F: | Estimates/bids for professional services as listed in uses of funds |
| Exhibit G: | Documentation for each committed match; if the applicant organization is committing the match, a board resolution must be submitted authorizing match commitment and specifying the dollar amount committed (signed by two authorized board officers) |
| Exhibit H: | Organizational Chart (including all staff positions) |
| Exhibit I: | Copy of lease/purchase contracts and real estate option contracts *(if applicable)* |
| Exhibit J: | Any additional information (i.e. business plan, project timeline, annual report, brochures, news clippings, pictures, maps of property, site plans, etc.) |
| Exhibit K: | Economic Development Grant only: financial projections for the project, minimum of 1 year |

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| **For Finance Fund Official Use Only** | | | |
| Control Number: |  | | |
| Approval: |  | | |
| SharePoint Entry Date: |  | | |
| Application Fee Received: | Yes  No | Received Date |  |

**Fee Form**

Applicants may pay the non-refundable $100 application fee by check or money order. Complete this form, include a check or money order made payable to **Finance Fund**, and mail it to:

Makeba Wilson

Finance Fund

175 South Third Street, Suite 1200

Columbus, Ohio 43215

Please reference **40-301** on the check or money order.

|  |  |
| --- | --- |
| Organization Name: |  |
| Organization Address: |  |
| Project Name: |  |

Please note that payment of the non-refundable application fee does not guarantee approval of this grant request.