

**VILLAGE OF CALLAWAY  
LB840 ECONOMIC DEVELOPMENT**

**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. \*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, current credit report with FICO score, 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 Village of Callaway 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.

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

Village of Callaway Economic Development  
P.O. Box 157  
Callaway, NE 6825  
Phone/Fax: 308-836-2262 308-836-2927  
[callaway@gpcom.net](mailto:callaway@gpcom.net)

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

# APPLICATION FOR ECONOMIC DEVELOPMENT FUNDS

## LB840 Loan and Grant Program

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

<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  Existing/Expansion  Business Buyout  Spec Bldg.  Relocation  Other \_\_\_\_\_

Business Classification:  Tourism  Retail  Medical  Manufacturing  Administrative  Transportation  Agricultural  Service-Related  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 _____	\$ _____	\$ _____	_____

**Total Costs**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**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 LB840 tax funds. The applicant(s) grant the Village of Callaway Economic Development 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: \_\_\_\_\_

**VILLAGE OF CALLAWAY USE ONLY**

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

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

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

If Not Approved, See Denial Form for Reasons

Approved Amount and Terms:
