

# NORTH PLATTE QUALITY GROWTH FUND

## APPLICATION FORM

**DO NOT LEAVE ANY QUESTIONS BLANK**

**Section I. Business (Borrower) Information:**

Business Applicant Name: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Date Business Established: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Structure of Organization:

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_ Other: \_\_\_\_\_

Brief Description/History of Business (type of business – start-up, existing, etc. / business sector – service, manufacturing, agricultural, distribution, etc.):

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Does the company have a Parent or Subsidiaries?: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please Identify:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section II. Ownership Identification:** (please list all parties with more than 15% ownership)

Name	Title	SSN	Address	%Ownership
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach additional sheets as needed

**Section III. Employment Information** – Full Time Equivalent (FTE) is based on 2,080 hours worked per year:

Current # of Employees: \_\_\_\_\_ (FTE)

What is the average hourly wage for all current employees? \_\_\_\_\_

Number of proposed jobs to be created (within 18 months): \_\_\_\_\_ (FTE) or retained: \_\_\_\_\_ (FTE)

What would be the average hourly wage for created or retained jobs? \_\_\_\_\_

Please describe all benefits provided to employees: \_\_\_\_\_  
\_\_\_\_\_

**Section IV. Project Information:**

Briefly describe the proposed project and the timetable for completion (attach additional sheets as necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Location:

\_\_\_\_\_ Within the city limits of North Platte, NE

\_\_\_\_\_ Outside the city limits, but within the 2 mile zoning jurisdiction

\_\_\_\_\_ Outside the North Platte zoning jurisdiction, but within Lincoln County

**Section V. Request of Funding** (In addition to the information below, please provide an itemized cash flow budget for the proposed project):

Financing/Incentives Requested: \$ \_\_\_\_\_ % of total project: \_\_\_\_\_ %

What timeline for disbursement would you be able to commit to for this project? \_\_\_\_\_

Please specify the exact use of your request and the other sources of funding you plan to utilize:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan to receive financing from a lending institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide name of Institution, contact person, and telephone number: \_\_\_\_\_

**Please attach the following documents:**

- 3 year historical balance sheets, profit/loss statements, and/or federal tax returns. Current statements less than 90 days old. If a new business, please provide projected year-end statements for the first 2 years of operation.
- Personal Financial Statements for all person(s) listed in **Section II**.
- List of all current obligations for existing businesses.
- A schedule of collateral to be used as security for the loan(s), if applicable.
- Explanation of any previous bankruptcy proceedings or pending litigation or lawsuits facing the business or any of the principal owners.
- For new and existing businesses expanding into a new product line, please provide a detailed business plan.
- An itemized explanation of how the NPQGF funds will be used.

**Application Certification:**

I (we) respectfully request the North Platte Quality Growth Fund-Citizen’s Review Committee and the City Council to consider this application for support under the guidelines outlined in the Community Economic Development program. I (we) certify that:

1. All information submitted with this Application and the attached documents are accurate and complete to the best of my (our) understanding. The information is intended for the sole purpose of seeking financial support through the North Platte Quality Growth Fund. We recognize that all of the individuals who will be required to review the materials are governed by a confidentiality agreement.
2. The Citizen’s Review Committee has the right to make inquiries about the information provided herein to verify accuracy and creditworthiness.
3. I (we) fully understand that costs associated with necessary documentation and loan processing may be charged to my (our) business as part of the Quality Growth Fund commitment.

\_\_\_\_\_  
Signature of Authorized Official & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Official

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Reviewed by Citizen’s Review Committee: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

Comments: \_\_\_\_\_

Date Reviewed by North Platte City Council: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

Comments: \_\_\_\_\_

**Please Return Completed Application to:  
North Platte Quality Grow Fund – c/o North Platte Chamber & Development  
502 S Dewey – North Platte, NE 69101**