



APPLICANT INFORMATION

Applicant (Entity) Name: _____ Date: __/__/__

Applicant Address: _____

Applicant City, State, Zip: _____

Applicant is a(n): Corporation Partnership Sole Proprietorship

Applicant Contact Person: _____ Title: _____

E-mail Address: _____ Phone: _____

Brief Description of the Project: _____

PROPOSED PROJECT

Business Type(s) and/or Uses: _____

Prospective Tenants: _____

Building Square Footage (total): _____

Project Address/Location: _____ Size of Development Site: _____

Present owner(s) of the Site: _____

Estimated Market Value (contact Dakota County Assessor’s Office at 651-438-4200)

Current Year EMV: \$ _____

EMV Upon Completion: \$ _____

What will the Estimated real estate taxes of the project be upon completion?

(Please see <https://www.co.dakota.mn.us/HomeProperty/Tax101/TaxEstimator/Pages/default.aspx>)

\$ _____ in Year _____



TIMELINE

Anticipated Project Starting Date: _____

Anticipated Project Completion Date: _____

Is this a multi-phase project? Yes No

If Yes, please define/describe project phasing: _____

PROJECT TEAM/CONSULTANTS

Project Architect: Name / Firm: _____

Address: _____

Phone: _____ E-Mail: _____

Project Engineer: Name / Firm: _____

Address: _____

Phone: _____ E-Mail: _____

General Contractor: Name / Firm: _____

Address: _____

Phone: _____ E-Mail: _____

Legal Counsel: Name / Firm: _____

Address: _____

Phone: _____ E-Mail: _____

Lead Lender: Name / Firm: _____

Address: _____

Phone: _____ E-Mail: _____



PROJECT FINANCIAL INFORMATION

**Note: Detailed sources and uses of funds are required for all projects requesting assistance.*

As applicable, please provide estimated project costs for:

Acquisition	\$ _____
Soil Correction	\$ _____
Environmental Investigation	\$ _____
Environmental Mitigation	\$ _____
Demolition	\$ _____
Renovation Exist. Structure(s)	\$ _____
New Construction (Structure(s))	\$ _____
Grading/Filling/Excavation	\$ _____
Utilities	\$ _____
Streets/Sidewalks	\$ _____
Parking Areas	\$ _____ (Structured?) Y <input type="checkbox"/> N <input type="checkbox"/>
Landscaping	\$ _____
A&E Fees	\$ _____
Legal Fees	\$ _____
Financing Costs	\$ _____
Broker Fees	\$ _____
Developer Fee	\$ _____
Contingency	\$ _____
Other (Specify below)	\$ _____

TOTAL USES	\$ _____



As applicable, please provide estimated funds to be secured from each of the following sources:

Equity (min. 10%)	\$ _____
Bank Financing	\$ _____
Tax Credits (include type)	\$ _____
Public Assistance	\$ _____
Other (explain below)	\$ _____
Other (explain below)	\$ _____

TOTAL USES	\$ _____

Please state specific reasons why “but for” City Financial Assistance, this project would not be possible:

Please describe the amount and purpose for which assistance is required: _____

What other financing sources have been sought for the project, and why are they not available or sufficient?

Please acknowledge that you have attached the following documentation with this application:

- I have reviewed the list of eligible expenditures as adopted by the South St. Paul EDA’s Policies, and have attached an itemized list of project costs for which assistance is being requested for this project.
- I have submitted project pro forma documentation indicating need for assistance (i.e., with TIF assistance, and without).



APPLICANT FINANCIAL INFORMATION

Has the applicant, or if applicant is not the developer has the developer, or any related company, partner, subsidiary, or affiliate ever filed for a bankruptcy or defaulted on a loan commitment? YES NO

If yes, please explain: _____

Do you have a financing commitment for the project? YES NO

As applicable, please name any other municipalities that the applicant, or other entities with which the applicant has been or is involved, has executed similar developments within the past five years:

Municipality: _____ Project: _____

Public Official Name: _____ Contact Info: _____

TIF Project?: YES NO

Municipality: _____ Project: _____

Public Official Name: _____ Contact Info: _____

TIF Project?: YES NO

Municipality: _____ Project: _____

Public Official Name: _____ Contact Info: _____

TIF Project?: YES NO

Please acknowledge the following:

- I understand that by submitting this application to the South St. Paul Economic Development Authority, I consent the Executive Director of that agency and his/her assigns to request a full credit and background check on me and/or the entities applying for funding.
- I understand that completion and submittal of this application in no way obligates me to undertake the development project described herein, and further that the City of South St. Paul, and its Economic Development Authority, are under no obligation to approve the development project or any component of the project, including awarding financial assistance.

Signed: _____ Name: _____ Date: ___/___/_____