

ATTN: Project Manager: _____

Date: _____



For any project seeking assistance through the following agencies, a completed application form must be provided. Applications will be reviewed by EDC staff to determine the best course of action. Those agencies include: Tax Increment Financing Commission, Land Clearance for Redevelopment Authority, Port Authority, and Planned Industrial Expansion Authority, Chapter 353.

REDEVELOPMENT PROJECT APPLICATION

➤ Application may be submitted electronically

Email completed application to Carrie Habib at chabib@edckc.com. 816-221-0636

If more space is required for response to any question, please attach additional sheet(s).

1. APPLICANT INFORMATION

Applicant/Organization Name: _____

Business Address: _____

Contact Person: _____

E-Mail Address: _____

Phone: _____ Fax: _____

Address (if different than business address) _____

Attorney for Applicant: _____

Attorney's Address: _____

Attorney's Phone: _____

2. LOCATION OF THE PROJECT

General Boundaries:

County: _____

Council District: _____

Total Acreage: _____

Is the project located in any incentive areas? _____

What is the current zoning of the project area? _____

What is the proposed zoning for the project area? _____

If a zoning change is pending, cite application number and present status. If application has not been made, briefly describe what change will be needed and plans for submitting application:

Land Use Plan _____ Need for Modification _____

3. THE PROJECT

Provide a detailed narrative description of the proposed project, including information as the size of the project, amount of land (property) to be purchased, whether the project is a rehabilitation of existing structure(s), expansion, or the construction of a new facility, residences, etc. Describe what products or services are to be manufactured or provided through this project.

- New Construction Rehab/Expansion Residential Commercial Industrial
-
- Single Family/Duplex Multifamily Retail Mixed Use Office

Square footage: _____

No. of dwelling units _____ No. of hotel rooms _____ No. of parking spaces _____

List any nationally or locally historical properties and/or districts within the Project Area.
(Contact the City Landmarks Commission at (816) 513-2902 for information regarding local and national historical properties and/or districts)

NUMBER OF JOBS

- Created _____ Average Salary: \$ _____
- Retained _____ Average Salary: \$ _____
- Relocated _____ Average Salary: \$ _____
- Construction jobs _____ Average Salary: \$ _____

Projected real property investment. _____

Projected personal property investment. _____

Will there be the use of federal or state incentives for this project? Which incentives and how much is being sought?

State the need for an incentive (i.e., competitive pressures of the location, need for remediation of blight in proximity to the Project, addition of jobs to a high unemployment area, etc.)

4. PROJECT COSTS

Identify the costs reasonably necessary for the acquisition of the site and/or construction of the proposed Project together with any machinery and equipment in connection therewith, including any utilities hook-up, access roads, or appurtenant structures.

Fair Market Value of Land: _____

Fair Market Value of Improvement _____

Projected Assessed Value of the Land & Improvements Upon Completion:

5. CONTROL OF PROPERTY

If the Applicant owns the project site, indicate:

Date of Purchase _____

Sales Price _____

If the Applicant has a contract or option to purchase the project site, indicate:

Sales Price _____

Date purchase/option contract signed _____

Closing/expiration date _____

If the Applicant will lease the project site, indicate:

Legal Name of Owner _____

Owner's Address _____

Owner of land upon completion of the Project _____

6. LAND ACQUISITION

For each Project Area, please provide the following:

- A map showing all parcels to be acquired
- Addresses and parcel numbers of all parcels to be acquired
- Current owners of all parcels to be acquired

Is the use of Eminent Domain anticipated? _____

7. SOURCES OF FUNDS:

State amount and sources of financing for each Project costs listed above. Please provide commitment letters for any sources received listing terms and conditions.

| <u>SOURCE</u> | <u>AMOUNT</u> |
|---------------|---------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

8. DEVELOPMENT TEAM

Identify members of the development team and provide evidence of experience with other development projects.

9. FINANCIAL INFORMATION

- A. Budget – include a detailed breakdown of all hard and soft costs
- B. Complete list of sources and uses of funds (indicate if you have received tax credits and secured other financing)
- C. 10 year operating pro forma
 - One that shows the project without any incentive assistance
 - One that shows the project with requested incentive

The Pro forma should also include assumptions such as estimated lease rates, revenue assumptions, and expense assumptions.

- D. If seeking TIF assistance, provide projections for PILOTS and EATS.
- E. If seeking TIF or Chapter 100 assistance, provide a personal property depreciation and replacement schedule.

10. BOND FINANCING

Bond Financing is handled on a case-by-case basis.

11. REQUIRED ATTACHMENTS

- **Attachment A** A map showing the boundaries of the project.
- **Attachment B** A development schedule for the project, including the phasing of development and the locations and improvements to be accomplished in each phase.
- **Attachment C** Design plans for the project (including site plans & elevations), if available.
- **Attachment D** Letter(s) of Support from one or more of the following: councilpersons, mayor, county official, state representative, state senator, local taxing entities, and/or neighborhood organization(s).

13. BANKRUPTCY DISCLOSURE:

Has the applicant or any parent, subsidiary or business entity otherwise affiliated with the applicant, ever filed a petition for bankruptcy or appointed a receiver? If **Yes**, the applicant must obtain and file a **“Statement of Bankruptcy/Receivership.”**

No Yes

FEEES WILL BE CALCULATED AND COLLECTED AT A FUTURE DATE.

12. CERTIFICATION OF APPLICANT:

The undersigned hereby represents and certifies that to the best of their knowledge and belief this project application contains no information or data that is false, incorrect or misleading.

NAME: _____

SIGNATURE: _____

TITLE: _____

APPLICATION MAY BE EMAILED TO: chabib@edckc.com or

MAIL COMPLETED APPLICATION TO: **Economic Development Corporation**
Attn: Carrie Habib
1100 Walnut, Suite 1700
Kansas City, Missouri 64106

FOR INTERNAL USE ONLY

Assistance Project will be evaluated for which financial analysis:

TIF

PIEA/Chapter 353

LCRA

Chapter 100

Comments:

Advance KC Project Inquiry Meeting Date: _____ Score Card Value: _____

Financial Analysis Review Committee: _____
