## **SBIF APPLICATION FORM**

## **APPLICANT INFORMATION**

This information refers to the primary applicant to the SBIF program and the project location where SBIF funds will be utilized. The applicant is generally a business or property owner but may also be an authorized officer of an organization or company.

Name:	:				
Prefer	red Mailing Addres	s:			
City: _		State:		ZIP:	
Contact Phone:		Contact Em	nail:		
Projec	t Address:				
City: _		State:		ZIP:	
Projec	t Ward:	Project TIF	District:		
How d	lid you learn about	the Small Business Improve	ement Fund?		
	Small Business Owner / Not-for-profit Organization (NFP) The applicant operates an existing business or Not-for-profit Organization or is starting a new on at the project property defined above.  Property Owner or Landlord The applicant owns the project property defined above either as an individual or through a legal entity. The applicant may be an "owner-operator" or a landlord with ownership in the businesses at the property.  ALL BUSINESS OWNER / NFP INFORMATION See answer these questions only if you checked "Small Business Owner / NFP" in Applicant Type section.				
Name	of the Rusiness (Lea	al entity and DRAI:			
rame	or me bosiness (reg	and boxy.			
ls the l Do you Are the	ousiness a start-up? u own or rent the su ere other business la	ommercial   Industrial   No   No   Open   Open   No   Open   Open   Open   No   Open   Open	Years in Busi □ Rent o	iness:	

## PROPERTY OWNER OR LANDLORD INFORMATION Please answer these questions only if you checked "Property Owner or Landlord" in Applicant Type section. Property Category: Commercial Industrial Mixed-Use Other Who (or which entity) has legal title to the property? Do you currently have tenants at the property? $\Box$ Yes $\Box$ No If "Yes" to the above, please list tenants: PROJECT CONSTRUCTION AND BUDGET INFORMATION Questions in this section refer to how SBIF funds will be utilized. Information in this section does not need to be final. For the itemized project budget, for example, contractor estimates are not required – instead, please provide a well-informed "best guess" that can be used to evaluate the overall scope of the project. Also, please note that all work is subject to the City of Chicago's design guidelines and must be completed in order to receive funding. No project work started nor construction expenses paid prior to receiving a Conditional Commitment Letter from DPD may be considered eligible for SBIF reimbursement. Project Description: Itemized Project Budget (E.G. TUCK-POINTING, \$15,000): WORK ITEM 1: \_\_\_\_\_\_ COST: WORK ITEM 2: \_\_\_\_\_ COST: \_\_\_\_\_ COST: \_\_\_\_\_ WORK ITEM 3: \_\_\_\_\_ WORK ITEM 4: \_\_\_\_\_ COST: \_\_\_\_\_ COST: WORK ITEM 5: WORK ITEM 6: COST: PROJECT FINANCING The SBIF grant is a reimbursement for a percentage of eligible project costs. Project costs need to be covered or financed by Applicants "up front." SomerCor 504, Inc. can assist applicants in exploring various lending options upon request. The following information will help SomerCor understand what assistance may be needed. Does the applicant currently have other funding or financing available? Yes No □ No Will the applicant be seeking a loan or financing to fund construction? ☐ Yes Does the applicant need help securing a loan to fund construction? ☐ Yes □ No Has the applicant received, or is currently under consideration for, any City assistance for the property address or organization listed on this application? ☐ Yes ☐ No If yes, please list:

## **ADDITIONAL APPLICANT INFORMATION (OPTIONAL)**

This section and information is for statistical purposes only. The primary applicant is requested to supply the following data regarding themselves and their businesses. These questions are strictly voluntary and not required. Answers will have no effect on the consideration of your application; applicants may select all that apply.

Sex: ☐ Male ☐ Fe	emale	
Ethnicity or Race (select	all that apply):	ian 🗆 Middle-Eastern
☐ Asian	☐ Hispani	native-American
☐ Other		
Age of Business:		Family-Owned Business:   Yes No
read and understands the	ne information provided o e SBIF Program Rules. Th	on this application is true and correct and that he/she has e SBIF Program Rules are available for download at irectly by any of SomerCor's SBIF staff listed below.
SIGNATURE:		DATE:
FULL NAME:		TITLE:
Once the three-page  Applications can be s  Applicants are encous  submittal. All applica	ubmitted via e-mail, fa raged to contact Some	is complete, you are ready to submit!  x, U.S. Mail or other courier service, or hand delivery.  Cor to confirm receipt of their application after by SomerCor by 5:00 p.m. Central Time on the
Applications sho	uld be submitted b	y email to: sbif@somercor.com
Mailing and Somer SomerCor 504, Inc 601 S. LaSalle Stree Chicago, IL 60605	- SBIF Dept.	
<b>FAX:</b> 312-757-437	1	
SBIF Team: Silvia Orozco Reuben Waddy Anastasia Williams Savannah Allen	Phone: (312) 360-3334 (312) 360-3319 (312) 360-3336 (312) 360-3327	<b>E-mail:</b> sorozco@somercor.com (habla español) rwaddy@somercor.com awilliams@somercor.com sallen@somercor.com