



**7. Names and address of principal shareholders (3% or more) and/or all general partners:**

<u>Name and Address</u>	<u>Percent of Ownership</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**8. Management:**

Please list those people who will be responsible for the management of the company.

<u>Name</u>	<u>Position</u>	<u>Percent Ownership</u>	<u>Date Started With Company</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**9. History of Business:**

Show date established, employee growth, sales growth, profit growth and the roles of company officials, if established Business, etc.

**B. PROJECT**

**10. Project Description:**

Briefly describe all elements of the proposed project, including land acquisition, building construction, acquisition and/or renovation, equipment purchases and installation, etc; give the estimated project time frame (project commencement and completion dates). If the applicant will occupy less than 100% of the building, provide information regarding the tenant(s). Include tenant name, type, and amount of space to be leased. Describe what the facility is to be used for and by whom.



**13. Project Location:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (9 digit) \_\_\_\_\_ County \_\_\_\_\_

Is the project located in an Enterprise and/or Empowerment Zone?  No  Yes

Name of Enterprise Zone: \_\_\_\_\_

**14. Site Information:**

Number of acres or sq. ft. \_\_\_\_\_

Access Roads  Yes  No

Utilities Available:

Water  Yes  No Sewer  Yes  No

Electricity  Yes  No Natural Gas  Yes  No

**15. Site Improvements (i.e., parking, driveways, landscaping, etc.):**

**16. Districts:**

U.S. Congressional \_\_\_\_\_ Illinois House \_\_\_\_\_ Illinois Senate \_\_\_\_\_

**17. Building Information:**

	Existing Structure(s)	New Construction
Number of Buildings	_____	_____
Dimensions	_____	_____
Square Feet	_____	_____
Number of Stories	_____	_____

**Construction Type:**

- Masonry
- Metal
- Other: \_\_\_\_\_

Type of Use:	Existing Structure(s) Percentage	New Construction Percentage
Office	_____	_____
Retail	_____	_____
Manufacturing	_____	_____
Warehouse/Distribution	_____	_____

**C. TOTAL PROJECT FIXED COSTS**

**18. Project Expenditures**

Land Cost .....	\$ _____
Building Costs .....	\$ _____
Equipment Cost .....	\$ _____
Engineering and Legal Fees.....	\$ _____
Contingency .....	\$ _____
Other .....	\$ _____
<b>Total Project Fixed Costs.....</b>	<b>\$ _____</b>

**D. FINANCING**

**19. Proposed Financing**

	% of Project Cost	Terms		Amount
		Yrs.	Int. Rate	
Illinois Finance Authority – Land Building				\$
Illinois Finance Authority – Equipment				\$
Banks (Insurance Co., etc) Address*				\$
Government Funds (DCEO, etc.)				\$
Equity, cash invested by owner, (If borrowed, state source and terms of loan in attachment.)				\$
Other				\$
<b>TOTAL PROJECT COST (Should agree with the total of Item 18)</b>	<b>100%</b>			<b>\$</b>

\*Describe collateral and whether the loan is senior or subordinated to IFA/Bank Participation.

**20. Federal & State Funding Sources and Contractual Agreements:**

Please describe below any Federal or State Funding Sources that the corporation receives:

Funding Agency	Funding Type	Certification Status	Total Amount Provided (Annually)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Also, please describe any Federal or State Contractual Agreements (i.e. State Contracts):

**21. Working Capital:**

List sources of working capital available to you, including lines of credit.

Source	Amount
_____	_____
_____	_____
_____	_____

**22. Guarantees:**

a. If repayment of the loan is to be guaranteed by an entity other than the borrower, please list the name and address of the guarantor(s), and their relationship to the borrower:

Name _____		Name _____	
Address _____		Address _____	
City _____	State _____	City _____	State _____
Zip Code (9 digit) _____	Relationship _____	Zip Code (9 digit) _____	Relationship _____

- b. The Illinois Finance Authority requires loan repayments to be guaranteed by the owner(s) and/or partners of the business, or other interested parties. Exceptions to this requirement require detailed explanations. Please list all guarantors below and have each complete and sign forms (F-5 (Statement of Personal History) and F-6 (Personal Financial Statement)).

---

---

---

---

**E. COLLATERAL**

Please describe fully the collateral to be offered to the Illinois Finance Authority as security for the loan (i.e., first or second mortgage, first or second lien on equipment, personal guarantees, corporate guarantee, co-signer, etc.)

**F. EMPLOYMENT**

**23. Current and Projected Employment:**

The purpose of the Illinois Finance Authority is to create new, permanent jobs and/or assist in the retention of existing jobs. The Authority places a great deal of emphasis on this section in arriving at their final decision regarding approval or disapproval of this application. We urge you to be as thorough and accurate as possible in arriving at your estimates.

**Total Current and Projected:  
Employment, Annual Payroll, and Production Shifts**

Employment Categories	Current Employment	1 Year After Project Completion	2 Years After Project Completion
Professional	_____	_____	_____
Clerical and Administrative	_____	_____	_____
Skilled	_____	_____	_____
Semi-Skilled	_____	_____	_____
Unskilled	_____	_____	_____
Other	_____	_____	_____
<b>Total</b>	_____	_____	_____
<b>Annual Payroll</b>	_____	_____	_____
<b>Number of Shifts/Day</b>	_____	_____	_____

\*Includes current employees and the total new employees management estimates will be added at the end of the first year after project completion.

\*\*Includes current employees, the employees added during the first year, plus new employees estimated to be added during second year of operation after project completion.

**24. If this application pertains to the retention of existing jobs, please state the number of employees to be retained, and explain why these jobs would be eliminated or reduced if the loan is not approved.**

**25. Please estimate the number of construction jobs (for both industrial and commercial projects) to be created as a result of this project:**

Industrial \_\_\_\_\_ Commercial \_\_\_\_\_

Estimated number of months construction workers will be employed \_\_\_\_\_

**G. COMMUNITY IMPACT**

**ECONOMIC FEASIBILITY  
MARKETING INFORMATION**

**26. Community Impact:**

Describe the project's overall impact on the surrounding community (i.e., increased traffic, generation of retail sales and real estate taxes to the community, environmental impact, employment opportunities, quality of life, etc.)

**27. Economic Feasibility & Marketing Information:**

**H. LEGAL DESCRIPTION OF SITE**

**I. CERTIFICATION BY APPLICANT**

The applicant certifies by signing in the space below that the site for the proposed construction is not located in a SPECIAL FLOOD HAZARD AREA as defined and designated by the Illinois Department of Transportation, Division of Waterways; and that an investigation has been made to determine that it is not in such an area.

Applicant hereby certifies that all information contained above and in exhibits attached hereto are true to his best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the Illinois Finance Authority.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
By

\_\_\_\_\_  
Title

(\_\_\_\_) \_\_\_\_\_  
Phone Number

**Illinois Finance Authority**

\_\_\_\_\_  
Date

\_\_\_\_\_  
By

\_\_\_\_\_  
Title

**J. PROFESSIONAL REPRESENTATION  
FOR THE COMPANY**

(TO BE COMPLETED BY APPLICANT)

ATTORNEY REPRESENTING COMPANY:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip (9 digit)

(\_\_\_\_) \_\_\_\_\_  
Phone

ACCOUNTANT REPRESENTING COMPANY:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip (9 digit)

(\_\_\_\_) \_\_\_\_\_  
Phone

**Confidential Information**

If any personal or company information provided above is considered private and confidential information, please indicate below.

**IFA Nondiscrimination Policy**

The Illinois Finance Authority prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, and reprisal. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact: TTY 800/526-0844 / Voice 800/526-0857.

**FOR AUTHORITY USE ONLY**

Date Application Submitted \_\_\_\_\_

Application Fee Paid \_\_\_\_\_

Date Application Considered by IFA Board \_\_\_\_\_

Application:  Approved  Disapproved

Date Submitted to Attorney \_\_\_\_\_

Date of Closing \_\_\_\_\_

Date Funds Disbursed \_\_\_\_\_

Date Legal Fees Paid by Applicant \_\_\_\_\_

**Terms:** \_\_\_\_\_

Interest Rate \_\_\_\_\_

Number of Months \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Return Completed Form to Illinois Finance Authority

**Offices of the Illinois Finance Authority**

Chicago	180 N. Stetson Ave, #2555, Chicago, IL 60601	312.651.1300	312.651.1350 fax
Mt. Vernon	2929 Broadway, Suite 7B, Mt. Vernon, IL 62864	618.244.2424	618.244.2433 fax
Peoria	100 S. W. Water St., Peoria, IL 61602	309.495.5959	309.676.7534 fax
Springfield	620 E. Adams St., Third Floor, Springfield, IL 62701	217.782.5792	217.782.3989 fax

[www.il-fa.com](http://www.il-fa.com)

TTY: 1.800.526.0844 | VOICE : 1.800.526.0857