



APPLICATION FOR PUBLIC FINANCIAL PARTICIPATION REQUEST FOR TAX INCREMENT FINANCING AND/OR COMMUNITY IMPROVEMENT DISTRICT FINANCING

Please note that a **non-refundable application fee of \$5,000** to the City of Shawnee must be submitted with this Application. The fee covers the administration cost of the City to process the application. There may be other fees associated with the application such as legal fees and outside analysis. Applicant will be asked to enter into a Funding Agreement with the City to cover these additional costs.

Applicant may attach any supplemental documents to the application rather than typing the answers on the form below. The supplemental documents shall be in the same order as requested below. Any questions can be directed to Bryan Kidney, Finance Director. Bkidney@cityofshawnee.org. 913.742.6263

A. PROJECT:

1.

Applicant Name _____

Address _____

Telephone _____

Fax # _____

Contact Person _____

2. Brief description of applicant (business – nature of business; non-business – nature of entity or group)
3. Names and addresses of all of the owners, and/or officers and directors of the Applicant and entities of the Applicant requesting the Public Assistance.
4. CID Applicant Petition: signed by owners of:
 - a. Property tax assessed District (whether alone or in combination with Sales Tax Assessed)
 - i. 100% of the land area; and
 - ii. 100% of the assessed value within the district
 - b. Just Sales Tax Assessed
 - i. 55% of the land area; and
 - ii. 55% of the assessed value within the district

5. Record owners of the land to be included in the proposed district. If the Applicant is different from the record owners, please state the relationship to the owners.
6. Legal description, address, parcel ID's, and size of project site; map or boundary description and legal description of TIF and/or CID area(s), including street address of all existing retailers.
7. Proposed Project for which Public Assistance is requested: Description of public and/or private improvements, building(s) including square footage, materials, proposed use, etc. Attach site plan if available.
8. Estimated Project Costs and Sources of Funding. Provide in the format below:

SOURCES	NAME	AMOUNT
Bank Loan		
Other Private Funds		
Equity		
State Grant/Loan		
Tax Increment		
CID		
Other		
TOTAL SOURCES		

USES	AMOUNT	TIF PORTION	CID PORTION
Land Acquisition			
Site Development			
Site Improvements			
Installation of public infrastructure			
Installation of private infrastructure			
Construction of parking facilities			
Construction of Buildings			
Ongoing Operating/Maintenance			
Machinery & Equipment			
Architectural & Engineering			
Hard Cost Contingency			
Legal Costs			
Marketing Costs			
Surveying/platting/permitting costs			
Interest during construction			
Debt Service Reserve			
Financing costs (other than int.)			
City fees			
Soft Cost Contingency			
TOTAL USES			

9. All Sources of Financing including private equity.
10. Form of TIF and/or CID request (bonds or pay-as-you-go financing).
11. Annual on-going operating costs to be reimbursed through CID, if any.
12. Name and address of architect, engineer and general contractor.
13. Project Schedule (construction through occupancy).
14. Total estimated market value of Project upon completion.
15. Estimated real estate and sales taxes generated by Project upon completion. (Please show calculations by building/use type.)
16. Projected number of new jobs and economic impact created.

B. PUBLIC ASSISTANCE REQUEST

1. Describe the amount and purpose of which the public assistance is required.
2.
 - a. TIF Assistance Request: Statement of necessity for use of public assistance for Project. The City will conduct a rigorous financial analysis of the need for assistance as embodied in the 'But For' test finding. Please enclose information which will facilitate this analysis.
 - b. CID Assistance Request: Applicant's statement of the compliance of the request to the Criteria for Use of the Community Improvement District, section 2.a of the City's CID Policy Statement.
3. Specify any other data or information you deem pertinent for the City's consideration in this application.
4. Attach two complete sets of the following items to the application:
 - (a) Certified copies of the applicant's financial audits for the past three years.
 - (b) Applicant's most recent annual or quarterly financial report.
5. If you have completed other developments please provide up to three municipal references, with particular attention to any jurisdictions where you have requested and received public assistance.
6. Applicant acknowledges and agrees that all fees and expenses incurred in connection with this application or establishment of the TIF or CID project, whether or not approved, will be paid by the Applicant. The Applicant shall hold the City, its officers, consultants, attorneys and agents harmless from any and all claims arising from or in connection with the Project, including but not limited to, any legal or actual violations for any State or Federal securities laws.

Applicant agrees and understands that a **non-refundable application fee of \$5,000** to the City of Shawnee must be submitted with this Application.

Additional information may be required by the City's Attorney, Bond Counsel, or

Financial Advisor.

It is understood and agreed the information required in this application or any other information will be disclosed to the City's financial team and may be disclosed to the public.

Applicant recognizes and agrees that the City reserves the right to deny any Application for Tax Increment Financing or a Community Improvement District at any stage of the proceedings prior to adopting the resolution approving the district, that the Applicant is not entitled to rely on any preliminary actions for the City prior to the final resolution, and that all expenditures, obligations, costs, fees or liabilities incurred by the Applicant in connection with the Project are incurred by the Applicant at its sole risk and expense and not in reliance on any actions of the City.

The undersigned, a duly authorized representative of the Applicant hereby certifies that the foregoing information is true, correct and complete as of the date hereof and agrees that the Applicant shall be bound by the terms and provision herein.

DATE: _____ Applicant: _____

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Shawnee, Kansas 66203
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