



ELEVATE FAIRBURY APPLICATION

COMPANY INFORMATION

Business Name:

Primary Address:

Contact Person:

Title:

Email:

Phone:

Describe your Business:

Is the business in the qualified area? See attached map with QCT boundaries.

Yes

No

Ownership of Property:

- ☐ Limited Liability Corporation
- ☐ C Corporation
- ☐ Limited Liability Partnership
- ☐ S Corporation
- ☐ Partnership
- ☐ Sole Proprietorship

Entity Status:

- ☐ Start-up Business
- ☐ New Management
- ☐ In Business ____ Years
- ☐ In Business ____ Months

When did you start your business?

PROJECT INFORMATION

Project Address if different from primary address:

Intended Use:

- ☐ Equipment/Inventory
- ☐ Marketing
- ☐ Employee Incentive Stipends
- ☐ Working Capital
- ☐ Rent/Mortgage/Lease Payment Reimbursement
- ☐ Training, workshops, or seminars

Estimated Total Project Cost:

Grant Amount Requested:

Nature of project or activity for which assistance is required (attach additional sheets, maps, or other documents as necessary):

Describe how your project will provide an economic impact within the QCT of Fairbury (attach additional sheets, maps, or other documents as necessary):

If jobs will be retained or created because of this grant, please describe below –

Number of Existing Employees		Projected Job Creation				
Full Time	Part Time	Within 6 months		Within 1 year		Total Created
		Full Time	Part Time	Full Time	Part Time	

List below the names of any past or present City of Fairbury Council or staff members who are related by blood, marriage, adoption, or who have any present interest or association with the applying business, or any of the applicant's partners, officers, directors, or stockholders:

Name	Address	Relationship or Interest

APPLICATION CHECKLIST

- ☐ A complete and signed application.
- ☐ A copy of the current lease/rent/mortgage agreement (if applicable)
- ☐ A comprehensive business plan including a financial plan
- ☐ A detailed description of the scope of the project including the economic impact to the QCT
- ☐ A cost estimate of the intended use of the grant
- ☐ A Certificate of Good Standing with the Nebraska Secretary of State
- ☐ Recent financial statements (no more than 90 days old)
- ☐ A list of current employees in relation to full-time and/or part-time (if applicable)
 - ☐ If tuition reimbursement is being utilized for the grant, a copy of the employees' redacted loan balance showing the employee's name, lender, account balance, terms, and interest rate
 - ☐ Payroll expense documentation
- ☐ Targeted training opportunities (if applicable)

INFORMATION CERTIFICATION

I/we hereby certify that the information contained in this application and any attachments are true, complete, and accurate.

Signature

Title

Date

Please return the completed application along with the required documents to:

City Office
612 D St
Fairbury, NE 68352
www.fairburyne.org

For questions? Contact Laura Bedlan, Development Services Director, at (402) 729-5261 ext 2
or email: lbedlan@fairburyne.org.