General Information

This intake form will be used to determine the extent to which potential transactions satisfy the following threshold criteria:

- Meet NMTC program requirements, the terms of AIV's Allocation Agreement, and its social investment criteria
- Need advantageous NMTC financing to generate community impact
- Can be made financially feasible through the use of AIV NMTC financing ranging from $5 million to $10 million (*AIV also works with other NMTC allocatees on transactions that require additional NMTC financing)*
- Are supported by a AIV program or are located in a non-metropolitan community

After assessing these criteria, transactions are primarily prioritized based on the extent to which they (1) advance AIV community development strategies and (2) are ready to close.

Instructions

PART A: This section solicits basic project information

ATTACHMENTS:

You need to provide:

- USES: Generally, in the form of a development budget
- SOURCES: AIV NMTC financing can generally fill a 10% - 20% gap in project financing, and you should indicate what other sources of financing you expect to use.
- OPERATING PRO FORMA: Ten-year revenues and expense projections.

You may also attach additional information about your project to supplement the completed form, but not as a substitute for completing it.

PART B: NMTC Testing for Qualified Active Low-Income Business ("QALICB") Status

You can send the completed form (and direct any questions) to:

- Michael Qualizza 773.960.1181 – q@americanimpactventures.com

Thank you for your interest in AIV's NMTC program.

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PART A: Project Information

GENERAL INFORMATION

Project Name:
Date Submitted:
Person Completing Form:
Contact for Follow Up Information:
Name:
Telephone Number:
Email Address:

SPONSOR INFORMATION

Sponsor Name:

Organization Type:

- ☐ **For-profit Entity**
- ☐ **Non-profit Entity**
- ☐ **Not for profit entity**

	Yes	No	Don't Know
More than 50% Women Owned or Controlled (If non-profit, report YES if more than 50% of Board of Directors are women or if CDO, Exec. Director, Gen Partner, or Managing member is a woman):			
More than 50% Minority Owned or Controlled (if non-profit report YES if more than 50% of board of directors are minorities):			
More than 50% Low-Income Owned or Controlled (for non-profit report Yes if more than 50% of the board members have income less than 80% of the state-wide median family income or less than 80% of the metropolitan area median income:			

PROJECT LOCATION

Street:
City:
State:
Zip Code:
Census Tract*:

** The Census Tract Code is needed if a complete street address is not available. Census Tract Codes need to be represented as an 11-digit census tract number which includes the state and county FIPs codes. The 11-digit census tract number begins with the first two characters for the state FIPS code, followed by three characters for the county FIPS code, then six characters for the tract number as shown in the following example: Census Tract '12345678901' = '12' State FIPS Code, '345' County FIPS Code, '678901' Tract Code). The state and county FIPS codes can be found at the following website: http://www.census.gov/geo/www/ansi/countylookup.html*

	Yes	No	Don't Know
Is your project located in a state or local tax-increment financing district, enterprise zones program, or other similar state / local programs targeted towards particularly economically distressed communities?			

If so, please describe:

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PROJECT DESCRIPTION

Nature of Venture for which Financing is Being Requested: ☐ **Real Estate** ☐ **Business**

Please provide a general description of the project in the space below. (You can supplement this information by attaching additional materials.) If applicable, please describe the use of the real estate (office, retail, industrial, housing, day care, charter school) and the prospective tenant mix. NOTE: If it is a mixed-use project, then no more than 80% of its gross revenue may come from dwelling units.

SOCIAL INVESTMENT CRITERIA

***Demonstrated Support of Local Community*.** *Please indicate the support of the local community for this project. (You can supplement this information by attaching additional materials. Letters of support may be particularly useful.)*

***Contribution to the Longer-Term Development of a Healthy, Sustainable Community and Region*.** *Please indicate how this project contributes to other local and regional community development efforts.*

***Environmental Soundness*.** *Please indicate the extent to which the project will be developed in and operated in an environmentally sound manner.*

	Yes	No	Don't Know
Will your project include environmental remediation?			

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If so, please describe:

	Yes	No	Don't Know
Will your project include LEED-certifiable features?			
Will you seek LEED Certification?			
If so, to what LEED Level (i.e. Platinum, Gold, Silver, etc.)			

Please describe what green elements or features your project will include, such as low water use fixtures, ENERGY STAR appliances, green roof, use of solar or geothermal heating/cooling, low water use landscaping, pervious pavement, transit-oriented development, zero VOC paint, energy efficient building materials, etc.:

Likelihood of Generating Tangible Economic and / or Social Benefits. *Please estimate the following tangible outcomes expected to be generated by the proposed project.*

Number of Permanent Jobs Created or Retained by Project*:

Please indicate the number of full-time equivalent (FTE) jobs projected for the business being financed or tenants to which it will lease space. One FTE is a 35-hour or more work week. In calculating FTEs, part-time employees should be combined. Example: 2 part-time employees that each work 17.5 hours equals one FTE (2 employees x 17.5 hours = 35 hours). Construction jobs should be excluded.

Please explain the basis for this projection:

PLEASE ATTACH A BREAKDOWN OF PROJECTED NUMBER OF PERMANENT JOBS BY POSITION/SALARY GRADE IF AVAILABLE.

Please indicate the value of these new jobs to low-income communities or residents. If applicable, please try to address the following:

- *To what extent are the tenants likely to be creating new jobs, rather than relocating jobs from another location?*
- *If jobs are being relocated, would they be coming from another low-income community?*
- *To what extent are jobs likely to go to residents of the low-income community or low-income people from other areas?*
- *What, if any, efforts will be made to target jobs to low-income community residents or other low-income people?*
- *What is the nature of the anticipated jobs in terms of wages, benefits, etc?*

Number of Construction Jobs (Temporary) Created by Project:

Please indicate the number of construction job FTEs projected to be created by this NMTC financing. A construction job FTE equals the number of construction hours worked divided by a standard work year of 1,750 hours. Example: 5

workers work for 1,050 hours, 10 workers for 700 hours & 20 workers work for 350 hours equals (5 workers x 1,050 hours = 5,250 hours, plus 10 workers x 700 hours = 7,000 hours, plus 20 workers x 350 hours = 7,000 hours. 19,250 hours / 1,750 hours = 11.0 FTEs.)

Please explain the basis for this projection

Square Footage of Commercial Space (excluding housing units):

Please indicate the value of this outcome to low-income communities or residents. If applicable, please try to address the following:

- *What specific tenants (or types of tenants) are expected to occupy the commercial space, and how will the jobs they generate and / or goods & services they provide help the local community?*
- *To what extent will the project provide vital community services to residents of the low-income community (grocery store where one doesn't exist, day care for workers in the area, cultural venue, etc.)?*
- *Will the project provide space for locally-owned, minority- or women-owned businesses or nonprofit tenants? Is there an explicit set-aside for such tenants?*
- *What, if any, community services will be provided by the project?*

Square Footage of Community Facility (excluding housing units):
Capacity or Number of Persons Served by Community Facility as Described Below:

- *If the project financed includes an educational facility, report the number of student seats available in the school.*
- *If the project financed includes a childcare facility, report the number of childcare slots available in the facility.*
- *If the project financed includes a healthcare facility, report the projected number of patients served per year.*
- *If the project financed includes an arts center, report the capacity of the arts center.*
  Example: If the project is a theater, report the seating capacity
- *If the project financed is a community facility that serves a purpose other than education, childcare, healthcare, or arts, report the capacity related to that other purpose.*

Please explain the basis for this projection:

Number of Housing Units Produced:

Please indicate whether these units will be rented or sold and explain the significance of the housing to revitalizing the local community.

Number of Affordable Housing Units Produced:

Please indicate whether these units will be rented or sold and explain the significance of the housing to revitalizing the local community. Please also indicate the level of affordability.

***Need for NMTC Financing in Order to Generate Benefits*.** *Please indicate why favorable NMTC financing is needed*

to generate the economic and social benefits described above. Please note that the amount and structure of any NMTC financing provided, including any cancellation of debt, will depend on project need.

PROJECT TEAM INFORMATION

Please provide us information on your internal or external team members for this project. If a team function is not applicable to this project, please indicate so using "N/A". If a team member has not yet been identified or selected, please indicate so using "TBD" (To Be Determined).

	FIRM OR INTERNAL POSITION RESPONSIBLE	LEAD STAFF/CONTACT
Architect		
General Contractor		
Construction Manager		
Owners Representative		
Leasing Agent/Broker		
Property Manager		
Accountant-Reporting		
Compliance/Community Impact Reporter		
Fundraiser		
NMTC Consultant		
NMTC Attorney		
NMTC Accountant/Modeler		

PROJECT FINANCING INFORMATION*

PLEASE ATTACH A PROJECT BUDGET, SOURCES AND USES SUMMARY, AND A 10-YEAR OPERATING PRO FORMA FOR YOUR PROJECT

Total Project Cost:	
Amount of NMTC Financing Being Requested (*if known*):	

Please describe the basis for determining the amount of NMTC financing requested:

Please provide the type (see options below), amount, source and status (see options below) of other project financing:

TYPE	AMOUNT	SOURCE	STATUS

Type: *Debt – Commercial / Debt – Government / Debt – Other / Grant – Government / Grant – Other / Equity – Owner / Equity – Historic Tax Credit / Equity – Other*

Status: *Disbursed / Committed / Term Sheet / Application Pending / Estimate / Other*

Primary Need for NMTC Financing: ☐ To fill a capital gap in the development budget

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☐ To reduce debt service in the operating pro forma
☐ Other:

Please describe the need for NMTC financing in the space below, responding in particular to the following questions. Please be as specific as possible. (You can supplement this information by attaching additional materials.)

- *What type of advantageous terms are being sought from the NMTC financing?*
- *What would be the impact to the project / business if it does not receive NMTC financing?*

PROJECT READINESS

Site Control:

☐ Owned
☐ Under Contract (Expires:_____)
☐ In Negotiations
☐ Anticipated Sale to Related Entity
☐ Other: _____

Please explain as needed:

Due Diligence:	**Yes**	**No**	**Target Date**	**Not Needed**
Phase I Environmental				
Phase II Environmental				
No Further Action Letter				
Geotechnical/Soils Study				
Market Study/Assessment				
Acquisition Appraisal				
"As Built" Appraisal				

If any item is "Not Needed", please explain why:

Entitlements:	**Yes**	**No**	**Target Date**
Zoning Approval or As of Right Development			
Building Permits			

Design Development:	**Complete**	**Underway**	**% Complete**
Schematic/Concept Plans			
Full Architectural Drawings			
Construction Drawings			

Construction Contracting and Budgeting:	**Yes**	**No**	**In Progress**
Construction Contract?			
Will this be a Guaranteed Maximum Price Contract?			

If there will not be a Guaranteed Maximum Price Contract, please describe what type of contracting arrangement will be used.

	Yes	**No**	
Will There Be A Payment and Performance Bond?			

If not, please describe why:

	Developer Estimate	**Architect Estimate**	**Contractor Estimate***
Basis of Hard Cost Estimate			

**Please Indicate % Completion of Construction Drawings Used For Estimate:*

TRANSACTION TIMING

What is the earliest date by which this transaction could be ready to close and latest date by which it must close?

Earliest Date:	
Latest Date:	

Please explain what is driving the target closing date as needed:

PART B: NMTC Testing for Qualified Active Low Income Business ("QALICB") Status

1. Services Test and Employment Data:

	Yes	**No**
Does the Company have Employees?		
Does the Company provide Services at locations other than the Principal Address listed above? (If yes, provide a listing of locations with a schedule showing the allocation of employee costs by location and include the complete address for each respective location.)		
Services Test Management Representation: At least 40% of the services provided by employees of the Company will be performed in LIC census tracts and is expected to be provided in LIC census tracts for the term of		

this NMTC financing:		
All locations where the Company conducts business, owns, or rents property have been disclosed:		
Please answer the following questions regarding the benefits associated with full-time jobs: 1. Does the Company currently provide health insurance to full-time employees?		
2. Does the Company plan to continue providing health insurance to new full-time employees over the projection period?		
3. Does the Company provide retirement benefits to full-time employees?		
4. Does the Company plan to continue providing retirement benefits to full-time employees over the projection period?		

2. Tangible Property Test:

	Yes	No
Does the Company own or use tangible property in a location other than the Principal Address listed above? If yes, please provide a listing of the average unadjusted cost basis of tangible property used by location and include the complete address for each respective location. The average unadjusted cost basis is calculated by averaging unadjusted cost basis of the tangible property for the most recent year end and the unadjusted cost basis of the tangible property year-to-date.		
Tangible Property Test Management Representation: At least 40% of the tangible property owned or leased by the Company is used in LIC Census Tracts and management expects that this will be accurate for the term of the NMTC financing:		

10. Gross Income Test:

	Yes	No
Does the Company generate any gross income from a location other than the Principal Address listed above?		
Gross Income Test Management Representation: At least 50% of the total gross income derived from the active conduct of the Company will be earned in LIC Census tracts and this is expected to remain true for the term of the NMTC financing:		
If yes, please provide a listing of gross income earned by location and include the complete address for each respective location.		

11. Collectibles Test:

	Yes	No
Does the Company hold any assets regarded as collectible items not held for sale in the ordinary course of business? (i.e., artwork, rare coins, stamps, sports memorabilia, rare alcoholic beverages, metals or gems, etc.)		
If yes, do such collectibles represent less than 5% of the total unadjusted basis of assets for the Company?		
Collectibles Test Management Representation: Does the Company currently hold or expect to acquire and hold collectibles during the next seven (7) years that would equal or exceed 5% of the total unadjusted basis of assets for the Company?		

Note: If the Company has collectibles, attach a listing of the total unadjusted cost basis of collectibles for the most recent fiscal year end and year-to-date.

12. Non-Qualified Financial Property Test:

	Yes	No
Does the Company hold any non-qualified financial property? Non-qualified financial property means, debt, stock, partnership interests, options, futures contracts, forward contracts, warrants, notional principal contracts, annuities, and other similar property specified in regulations; except that such term shall not include – (1) reasonable amounts of working capital held in cash, cash equivalents, or debt instruments with a term of 18 months or less or (2) accounts or notes receivable acquired in the ordinary course of trade or business for services rendered or from the sale of property described in paragraph.		
Does non-qualified financial property held by the Company represent 5% or more of the Company's unadjusted cost basis of total assets? If yes, please provide a listing of the total unadjusted cost basis of non-qualified financial property for the most recent fiscal year end and year-to-date.		
Non-Qualified Financial Property Management Representation: Does the Company currently hold or expect to acquire non-qualified financial property during the next seven (7) years that will equal or exceed 5% of the unadjusted cost basis of total assets?		

13. LIC Reasonable Expectation:

	Yes	No
Does the Company intend to continue operating at the current location(s) for at least the next seven (7) years?		
Is the Company currently leasing the existing land and/or buildings? If yes, how many years remain on the lease agreement(s)? Please provide a copy of the lease agreements.		
Does the Company have plans to expand to other locations during the next seven (7) years?		

14. Excluded Business:

	Yes	No
Is the Company's business primarily involved in the rental of real property or real estate development (other than a Special Purpose Entity formed to hold real estate for the transaction)?		
Is the Company involved in any of the following types of businesses? 1. Massage parlor 2. Hot tub facility 3. Suntan facility 4. Country Club 5. Racetrack or other facility used for gambling 6. Sale of alcoholic beverages for consumption off premises 7. Development of holding of intangibles for sale 8. Private or commercial golf course 9. Farming		

15. Active Conduct:

	Yes	No
Is the Company's business primarily involved in the rental of real property or real estate development (other than a Special Purpose Entity formed to hold real estate for the transaction)?		
Is the business currently generating revenues?		
If the business is currently generating revenues, is there a reasonable expectation that the business will continue to generate revenues for the foreseeable future?		
If the business is NOT currently generating revenues, is there a reasonable expectation that the business will start generating revenues within three years? If the business is NOT currently generating revenues, please provide documentation to support the assertion that the business can reasonably expect to generate revenues in the next three years.		

16. Related Party

	Yes	No
Is there any common management or ownership of the Company with AIV, LLC or any of its subsidiaries or affiliates?		
After the NMTC transaction is closed, will there be any common management or ownership of the Company with AIV, LLC or any of its subsidiaries:		

17. Rental Income

	Yes	No
Does business derive any of its income from rental of real estate or housing? If yes, please provide a listing of the sites where rental income is generate with addresses and total annual rental income.		

I affirm that all information in this American Impact Ventures, LLC. Transaction Intake Form and other accompanying information, is true, accurate, and complete to the best of my knowledge.

Signature:	
Name:	
Date:	
Relation To Project:	