
Transaction Intake Form

SUBMISSION GUIDELINES:

This intake form is used to provide further description for transactions that are NMTC eligible. Among the elements considered are:

- Does the project meet the following Building America CDE program objectives, and to what extent?
 - Is it a catalyst for neighborhood development?
 - Does it create jobs?
 - Does it improve the economic viability of the community where it will be located?
- Is the project dependent on NMTC financing to generate community impact?
- Will NMTC financing make the project economically feasible?
- What is the amount of financing required?

INSTRUCTIONS:

The Transaction Intake Form should be fully completed by the project sponsor and submitted to BACDE. Please attach supplemental documentation as requested throughout this form or include any additional explanatory and other information deemed necessary. The inclusion of other documents should be in addition to completing this form, rather than in the place of filing out all sections.

I. General Information

Project Name: _____
Organization: _____
Mailing Address: _____
City: _____ State _____ Zip Code _____

Contact for Follow Up Information:

Name: _____
Telephone Number: _____
Email Address: _____
Relation to Project _____

II. Sponsor Information

Sponsor Name: _____
Organization Type: For Profit Entity
 Public Entity
 Nonprofit Entity

III. 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).

| Role | 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 | | |
| NMTC Consultant | | |
| NMTC Attorney | | |

Building America CDE requires that any project it allocates credits to will be built using 100% union labor.

Is this project being built using 100% union labor? Yes No

IV. Project Location

Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Census Tract¹: _____
 Community Type²: Major Urban Area Minor Urban Area Rural Area

V. Project Description

Nature of venture for which financing is being requested:

- Real Estate
- Operating Business (including healthcare, hospital and nursing)
- Other
(describe): _____

¹ The Census Tract Code is optional unless a complete street address is not available, in which case we would need the City, State, and Zip code. This information can be found at <http://www.ffiec.gov/Geocode/default.aspx>

² This information can be found by city or town under Table 1a at <http://www.census.gov/population/www/cen2000/phc-t29.html>
 Rural should be equivalent to Micropolitan.

Please provide a general description of the project in the space below. (Please supplement this information by attaching additional materials). Please include the following:

- A description of the proposed use of the real estate (i.e. office, retail, industrial, housing, day care, healthcare)
- A description of the prospective tenant mix.
- Information regarding the square footage of each use and the number and mix of units.

VI. QALICB Profile

Please provide supporting documentation for all of the selected criteria below.

| | Yes | No |
|--|--------------------------|--------------------------|
| Do you believe your proposed business/project is a Qualified Active Low-Income Community Business? | <input type="checkbox"/> | <input type="checkbox"/> |
| Owner/QALICB name: | | |
| What type of business is the QALICB? (I.e. Special Purpose Entity, Operating Business, etc.) | | |
| What type of organization is the QALICB? (I.e. Corporation, LLC, Partnership, etc.) | | |
| Does or will the borrowing entity have employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many? | | |
| Where do/will the employees work (do their activities take place at the location being financed or elsewhere), what percent? (specify other location) | | |
| Do 100% of the QALICB's revenues come from activities performed at the location subject to the NMTC loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do at least 50% of the QALICB's revenues come from activities performed at the subject location? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the borrowing entity own or lease tangible property such as inventory, equipment, vehicles, or artwork? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of the following businesses conducted by the borrower or at the subject real estate: massage parlor; hot tub facility; suntan facility; country club; racetrack or other facility used for gambling; store whose principal purpose is the sale of alcoholic beverages for consumption off premises; development or holding of intangibles for sale; private or commercial golf course? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do any of the revenues of the borrowing entity come from the rental of residential property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, will no more than 75% of the QALICB's revenues come from residential units? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least 40% of the QALICB's tangible property within the low-income community? | <input type="checkbox"/> | <input type="checkbox"/> |

VII. Targeted Distressed Criteria

Basic NMTC qualifying status requires that the business being financed be in a Low-Income Community. The following information is required to determine if the census tract is characterized by criteria of “higher distress”. Please check all that apply. (If you answer yes to any of the questions below, please attach supporting documentation).

Severely Distressed Criteria:

| | Yes | No | Don't Know |
|---|--------------------------|--------------------------|--------------------------|
| Poverty rate greater than 30%. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Median family income less than 60% of statewide median family income (within a non-metropolitan area), or 60% of the greater of statewide median family income or the metropolitan area median family income. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployment rate at least 1.5 times the national average. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Distressed Criteria:

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Federally designated Empowerment Zone, Enterprise Community, or Renewal Community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| U.S. Small Business Administration (SBA) designated HUB Zone (<i>Note: Project/business must qualify and obtain HubZone Certification by the SBA.</i>) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encompassed by HOPE VI redevelopment plan. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other similar state or local programs targeted towards particularly economically distressed communities. <i>Note: such programs should be for a specific geographic area, as opposed to a population, preferably where the state or local government has designated it for redevelopment via legislation, i.e. a TIF district, an area affected by a major plant or facility closing resulting in permanent layoffs, an area affected by Federal military base closings, an area of unusually high commercial vacancy rates, or an area designated for the establishment of regional technology/business center.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Federally designated medically underserved area (to extent that the business/project will support health-related services). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A project serving “Targeted Populations” (TP) (as permitted by IRS and related CDFI Fund guidance materials) to the extent that: | Yes | No | Don't Know |
| (a) such projects are located in non-metropolitan areas; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) such projects are 60% owned by members of eligible TP, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) at least 60% of employees are members of eligible TP, or | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) at least 60% of customers are members of eligible TP. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poverty rates greater than 25% or median family income that does not exceed 70% of statewide median family income (within a non-metropolitan area) or median family income that does not exceed 70% of the greater of the statewide median family income or the metropolitan area or unemployment rates at least 1.25 times the national average. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Brownfield sites. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Federal Emergency Management Agency (FEMA) issued a “major disaster declaration” and made a determination that such county is eligible for both “individual and public assistance.” | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food Desert determined by the U.S. Department of Agriculture or a Low-Income Community having low access to a supermarket as determined through the healthy food initiative (to the extent the business/project will increase access to healthy food). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VIII. Social Investment Criteria

Demonstrated Support of Local Community:

Please indicate the support of the local community for this project. (If necessary, please supplement this information by attaching additional materials, i.e. letters of support).

Contribution to Longer-Term Development:

Please indicate how this project contributes to other local and regional community development efforts to create a healthy, sustainable community.

Environmental Sustainable Outcome:

Please indicate the extent to which the project will be developed and operated in an environmentally sound manner. If applicable, please describe what green elements or features will be included i.e. green roof, low water use fixtures and landscaping, use of solar or geothermal heating/cooling, energy efficient building materials, etc.

| | Yes | No | Don't Know |
|--|--------------------------|--------------------------|--------------------------|
| Will the project include LEED-certifiable features? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you seek LEED Certification? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, to what LEED level (i.e. Platinum, Gold, Silver, or Certified)? | | | |

IX. Expected Impacts

Please estimate the following tangible outcomes expected to be generated by the proposed project, where applicable.

- Square Footage of Commercial Real Estate Development (excludes housing): _____
- Square Footage of Housing Units: _____
- Number and Unit Mix of Housing Units Produced: _____
- Number of Housing Units Targeted to Low-Income Persons: _____
- Number of Workforce Housing Units (60-200% AMI): _____
- Percent of AMI the Housing Units are affordable to: _____
- Number of Permanent Jobs Created or Retained by Project: _____
- Number of Construction Jobs or Other (Temporary) Jobs Created by Project: _____
- Number of Indirect Jobs Created by Project: _____

Goods and Services to Low-Income Communities:

What specific tenants (or types of tenants) are expected to occupy the commercial space, and how will the jobs they generate and/or goods and services they provide help the local community?

- To what extent will the project provide vital community services to residents of the low-income community (i.e. 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, specific community services will be provided by the project?
- Will any tenants receive below market rents as a benefit resulting from the NMTC financing?

Housing:

- How many housing units will be produced?
- How many units will be affordable?

Note: Affordable housing as defined by 1) 20% or more of total rental units financed with QLICIs are both rent restricted and occupied by individuals whose household income is less than or equal to 80% of the area median family income and 20% or more of total rental units financed with QLICIs maintain their rent restrictions through the 7 year NMTC compliance period and 2) For sale housing units must have 20 % or more of the total for-sale housing units financed are purchased and occupied by Low-Income persons with 38% or less debt-to-income ratio and are owner-occupied by individuals whose household incomes is 80% or less of the area's median family income.

Jobs:

- 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 other low-income people?
- What, if any, efforts will be made to target jobs to low-income community residents or other low-income people?
- How many construction jobs will be created? How many permanent jobs will be created?
- What is the nature of the anticipated jobs in terms of wages?
- What is the nature of the benefits to be provided with the jobs?

Community and Social Benefits:

Please indicate what the expected social and community impacts on low-income communities will be for this project. What impact will the proposed Projects have on the revitalization of the local community? Please indicate the level of affordability, access to transportation and jobs and other relevant issues.

Please indicate how this project contributes to local community development efforts. (Please supplement this information by attaching additional materials. A detailed business plan may be particularly useful.)

X. Need for NMTC Financing in Order to Generate Benefits

Please indicate why NMTC financing is needed to generate the economic and social benefits described above.

XI. Financing Information

Please attach a project proforma with sources and uses and an operating budget with revenue projections.

| | |
|---|--|
| Total Project Cost (TPC): | |
| Total NMTC investment required: | |
| Proposed NMTC investment as percentage of TPC: | |
| Amount of NMTC investment being requested from BACDE: | |
| Total amount of NMTC investment being requested: | |

Have other sources of NMTC allocation been sought? If so, please indicate from which CDE and the amount of allocation in the table below.

| CDE | Amount of Credits | Status of Commitment |
|-----|-------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

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

| TYPE | AMOUNT | SOURCE | STATUS |
|---------------------------|--------|--------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Project Cost | | | |

Type: *Debt—Commercial; Debt—Government; Debt—Other; Grant—Government; Grant—Other; Equity—Owner; Equity—Historic Tax Credit; Equity—New Markets Tax Credits; Equity—Other*

Status: *Disbursed, Committed, Term Sheet, Application Pending, Other*

Use of Funds: Please indicate the specific dollar amounts and uses for the fund generated:

| USE | AMOUNT |
|---------------------------|--------|
| | |
| | |
| | |
| | |
| Total Project Cost | |

Primary Need for NMTC Financing:

| |
|--|
| <input type="checkbox"/> To fill capital gap in the development budget |
| <input type="checkbox"/> To reduce debt service in the operating pro forma |
| <input type="checkbox"/> Other (<i>describe</i>): _____ |

Please describe the need for NMTC financing in the space below, responding in particular to the following questions. Please be as specific as possible. (Please supplement 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?

| |
|--|
| |
|--|

XII. Project Readiness

Site Control

What is the status?

- Owned
- Under Contract (Expires: _____)
- In Negotiations
- Other (*describe*): _____

Please describe other factors influential to the project timeline, including status of items listed below.

- What is the status of entitlements and required permits?
- What is the status of environmental work?
- What is the status of Design Development?
- What is the status of leasing/tenant commitments?

What are the estimated construction start and end dates?

Start Date:

End Date:

Transaction Timing

By what date could this transaction be ready to close and by when must it close?

Earliest Date:

Latest Date:

Please explain the basis for these dates in the space below. (You can supplement this information by attaching additional materials.) Please be as specific as possible.

- What is the status of non-NMTC financing?

XIII. Submission Requirements

Checklist:

- Completed Transaction Intake Form
- Supporting materials for all distress criteria indicated
- Documentation of residential and commercial rent revenue streams
- Lease information for any tenants of community/commercial space
- Financial information (proforma, sources and uses, operating revenue projections)

I affirm that all information in this Building America CDE Inc. Transaction Intake Form and other accompanying information, is true, accurate, and complete to the best of my knowledge.

Signature:

Printed Name:

Date:

Relation to Project:
