



## Submission of Funding Application to Include:

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Date Submitted: \_\_\_\_\_

ATTN: Nancy Sheppard, Economic Development Manager

Send/Deliver to: 1400 South Flores Street • San Antonio, TX 78204

Provide One Printed Copy of the Application (No Binding/Binder Necessary)

Provide One Electronic Copy of the Application to: [Nancy.Sheppard@SanAntonio.gov](mailto:Nancy.Sheppard@SanAntonio.gov)

For questions contact: [Nancy.Sheppard@SanAntonio.gov](mailto:Nancy.Sheppard@SanAntonio.gov)

**Disclaimer 1: TIF Program Funding Application's can be submitted January 2, 2019 through September 30, 2019.**

**TAX INCREMENT FINANCING  
FUNDING APPLICATION ACKNOWLEDGMENT**

The Tax Increment Financing (TIF) Funding application contains important information regarding the process of seeking TIF Funding reimbursement for my project. An application must be completed and submitted in order to begin the TIF Funding reimbursement process. I will read and complete the application with accurate information, to the best of my knowledge. I understand the normal staff review time is 30 business days from submission of my complete application which consists of four parts: (Part 1 – Proposed Project, Part 2 – Funding Information, Part 3 – General Information, and Part 4 – Experience, Background, Qualifications). I understand that the completion and submission of a TIF Funding Application is neither an approval of project funding nor a legally-binding contract. I understand that the process of seeking TIF Funding reimbursement is subject to change. Revisions may occur at any time and new information may supersede or modify the existing process. I have received a copy of the TIF Funding Application Acknowledgement form on the date listed below and understand that I may consult with the TIF Manager should I have any questions. The original of the TIF Funding application along with this form will be retained in the TIF Division files for our records.

\_\_\_\_\_

Developer

\_\_\_\_\_

Date



CITY OF SAN ANTONIO  
**NEIGHBORHOOD & HOUSING  
SERVICES DEPARTMENT**

**Tax Increment Finance**

**Funding Application**

**Disclaimer 2: Normal Staff Review Time is 60 - 90 Business Days From Submission of a Complete Application.**

**Do Not Leave Blank Spaces, Fill Application to Completion.**

**Part 1 – PROPOSED PROJECT**

1. Project Name: \_\_\_\_\_
2. Brief Explanation of the Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Full project Site Address (Include City Council District):  
\_\_\_\_\_
4. Tax Increment Reinvestment Zone (TIRZ Name/Number: \_\_\_\_\_)
5. Bexar County Appraisal District Information (use additional pages as needed)
  - a. Property ID #: \_\_\_\_\_
  - b. Geographic ID #: \_\_\_\_\_
  - c. Legal Description: \_\_\_\_\_
  - d. Current Land Assessed Value: \_\_\_\_\_
  - e. Current Improvement Assessed Value: \_\_\_\_\_
6. Does Applicant Have Site Control of Proposed Project?  
Yes  No  If Yes, Provide Proof/ If No, State Plan to Gain Site Control:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Project Site Size in Acres: \_\_\_\_\_
8. Projected Project Start Date: \_\_\_\_\_ Projected Project Completion Date: \_\_\_\_\_
9. Projected Public Improvement Scope Start Date (If Different): \_\_\_\_\_

10. Projected Public Improvement Completion Date (If Different): \_\_\_\_\_

11. Residential Housing Units Project will Create: Include # of Units, SF, AMI, Rents:

a. Rental - # of Units w/Unit Mix: \_\_\_\_\_

b. Rent Range: \_\_\_\_\_

b. Affordable Housing Units: \_\_\_\_\_ Market Rate: \_\_\_\_\_

c. For Sale - # of Affordable Units: \_\_\_\_\_

d. For Sale - # of Market Rate Unit: \_\_\_\_\_

1. Commercial Space Project will Create:

a. Retail Space – Sq. Ft. : \_\_\_\_\_ Rental Price/Sq. Ft.: \_\_\_\_\_

b. Office Space – Sq. Ft. : \_\_\_\_\_ Rental Price/Sq. Ft.: \_\_\_\_\_

c. Other Space – Sq. Ft. : \_\_\_\_\_ Rental Price/Sq. Ft.: \_\_\_\_\_

Type of Other Space: \_\_\_\_\_

2. Estimated Number of New Jobs to be Created, if Any (Indicate How Many Are PT and FT):

\_\_\_\_\_

3. Estimated Value of Property/Project Site at Completion: \_\_\_\_\_

4. Current Zoning for the Project: \_\_\_\_\_

A. Will the Proposed Project Require any Changes or Variances to Current Zoning?

Yes  No

If Yes, What Zoning is Required? \_\_\_\_\_

B. If a Zoning Change is Required, Has Applicant Started the Rezoning Process?

Yes  No

If Yes, When was Application Made? \_\_\_\_\_

Provide Brief Status of Application: \_\_\_\_\_

If No, Planned Date to Submit Rezoning Application? \_\_\_\_\_

5. Project Type (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Affordable Housing      | <input type="checkbox"/> Student Housing          |
| <input type="checkbox"/> Mixed Income Housing    | <input type="checkbox"/> Market Rate Housing      |
| <input type="checkbox"/> Mixed Use               | <input type="checkbox"/> Commercial               |
| <input type="checkbox"/> Office                  | <input type="checkbox"/> Industrial               |
| <input type="checkbox"/> Historic Rehabilitation | <input type="checkbox"/> Brownfield Redevelopment |
| <input type="checkbox"/> Adaptive Reuse          | <input type="checkbox"/> Other, List: _____       |

6. On a Separate Sheet of Paper, Please Address the Following:
- Provide an Executive Summary / Overview of your Proposed Project.
  - Explain if the Project Complements or Supports Other Programs and/or Initiatives to Bring Private Investment and Jobs to the Eligible TIF Areas? If so, Please List and/or Describe.
  - Explain how the TIRZ Funding Requested will Contribute to the Revitalization Efforts in the TIRZ.
  - Describe how the Proposed Project Meets the Goals Established in the City's Comprehensive Plan - <http://www.sacomplan.com/>
7. Provide a Site Plan and Architectural Rendering for the Proposed Project.

**Part 2 – FUNDING INFORMATION**

NOTE: Failure to Fully and Truthfully Disclose the Information Required on this Section May Result in the Disqualification of your Application from Consideration or Termination of the Development Agreement, Once Awarded.

1. Please Provide the Following Funding Information:

Total Cost of Project: \$ \_\_\_\_\_

Public Improvements: \$ \_\_\_\_\_

Private Improvements: \$ \_\_\_\_\_

Amount of TIRZ Funding Requested (Gap): \$ \_\_\_\_\_

2. Indicate When the TIRZ Funds will be Initially Required: \_\_\_\_\_ (month/year)
3. All TIRZ Funding is Reimbursable. Is the Applicant Capable of Cash Flowing the Project Until TIRZ Funding is Reimbursed? Yes  No

4. Has financing for the Proposed Project Been Secured?

Yes  No  If "Yes", Provide Evidence of Lending Commitments and Financing Sources.

If "No", Please Provide an Explanation: \_\_\_\_\_

5. Has this Project Applied for Any Other Incentives Through Other City Departments? Provide Copies of Other City Incentives Granted. Note: TIRZ Funds May Be Offered by Other City of San Antonio Departments. Recipients are Not Authorized to Utilize TIRZ Funding from Multiple Sources.

Yes  No

If "Yes", identify the Department and Provide Copies of the Award Letter(s): \_\_\_\_\_

\_\_\_\_\_

6. Attach a Detailed Sources and Uses Budget for the Proposed Project. The Budget Must Outline ALL Sources of Funding (Committed, Received and/or Requested) and the Proposed Uses of Funding (Expenses). Please Detail all Major Line Items and Identify Proposed Uses of TIRZ Revenue (Gap).

7. Provide a Detailed Project Proforma.

8. Provide a Copy of your Organization's Most Recent Audited Financial Statement.

**Part 3 – GENERAL INFORMATION**

1. Applicant Information:

Applicant Name (Business Name or Individual Names): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Point of Contact: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Business Structure: Check the box that indicates the business structure of the applicant

Individual or Sole Proprietorship; if Checked, List Assumed Name, if Any:

\_\_\_\_\_

Partnership  Corporation  Association  Trust  Gov't Entity  LLC

Joint Venture  Other; If Checked, List Business Structure Type: \_\_\_\_\_

Check One:  For-Profit  Nonprofit

State of Business Organization: \_\_\_\_\_ Year Business Entity Established: \_\_\_\_\_

Number of Years in Business Under Business Entity Name: \_\_\_\_\_

Social Security Number or Federal Employer Identification Number: \_\_\_\_\_

Texas Comptroller's Taxpayer Number: \_\_\_\_\_

(NOTE: This 11-digit Number Is Also Referred to as the Comptroller's TIN or TID.)

DUNS Number (If Applicable): \_\_\_\_\_

Printed Name of Contract Signatory: \_\_\_\_\_

Position Title: \_\_\_\_\_

2. Annual Revenue: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

3. List Related Companies or Subsidiaries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is Applicant Authorized and/or Licensed to do Business in Texas?

Yes  No  If "Yes", list authorizations/licenses.

\_\_\_\_\_  
\_\_\_\_\_

5. Local/County Operation: Does the Applicant Have an Office Located in San Antonio, Texas?

Yes  No  If "Yes", respond to a. and b. below:

a. How long has the Applicant Conducted Business from its San Antonio Office?

Years: \_\_\_\_\_ Months: \_\_\_\_\_

b. State the Number of Full-Time Employees at the San Antonio Office: \_\_\_\_\_

6. Has the Applicant or any of its Principals been Debarred or Suspended from Contracting with any Public Entity?

Yes  No  If "Yes", Identify the Public Entity and the Name and Current Phone Number of a Representative of the Public Entity Familiar with the Debarment or Suspension, and State the Reason for or Circumstances Surrounding the Debarment or Suspension, including, but not Limited to the Period of Time for Such Debarment or Suspension.

\_\_\_\_\_  
\_\_\_\_\_

7. Has the Applicant been a part of Bankruptcy Filing for Protection from Creditors Under State or Federal Proceedings?



Yes  No  If "Yes", State the Date, Court, Jurisdiction, Case Number, Amount of Liabilities and Amount of Assets.

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8. Has the Applicant ever Received any Disciplinary Action, or any Pending Disciplinary Action, from any Regulatory Bodies or Professional Organizations?

Yes  No  If "Yes", State the Name of the Regulatory Body or Professional Organization, Date and Reason for the Disciplinary or Impending Disciplinary Action.

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Signature

Print Name

Date

#### **Part 4 – EXPERIENCE, BACKGROUND, QUALIFICATIONS**

Prepare and Submit Narrative Responses to Address the Following Items. If Applicant is proposing as a Joint Venture, Provide the Same Information for Each Member of the Joint Venture.

1. Identify the Key Members of the Development Team (Developer, Architect, Engineer, etc.)
2. Provide a Resume or Summary Detailing Your Organization and Each Development Team Member's Experience Related to the Project Scope Including:
  - a. Years of Experience
  - b. Number of Similar Projects Successfully Completed
  - c. Number of Similar Ongoing Projects
  - d. Identify Professional Qualifications Including: Licenses, Certifications and Length of Time Working in Applicant's Capacity.
3. Describe Applicant's Experience Working with Public Entities, Especially Large Municipalities. If Applicant has Provided Services for the City of San Antonio in the Past, Identify the Name(s) of the Project(s) and the Department for Which Applicant Provided Those Services.
4. List Other Resources, including Total number of employees, Number and Location of Offices, Number and Types of Equipment Available to Support this Project, as Applicable.
5. If Applicant is proposing as a Joint Venture, Describe the Rationale for Selecting the Partners and the Extent to Which the Partners have Worked Together in the Past.