



PROJECT CLAIM FORM

INSTRUCTIONS: This Regional Cities of Northern Indiana Project Claim Form ("Claim Form") shall be completed and submitted to the Northern Indiana RDA ("Grantee") by any project administrator ("Subrecipient") to request a disbursement from the Indiana regional city fund in relation to the IEDC's Regional Cities Initiative ("RCI Fund"). Please complete this Claim Form in its entirety. Sections that are not applicable should be noted as such. Additional documents may be attached to this Claim Form as necessary. This Claim Form must be submitted to the RDA at info@michianaregion.com, unless otherwise indicated by the RDA. The RDA will review this Claim Form and may request additional information. The RDA will submit approved Project Claim Forms to the IEDC for their review and evaluation. The RDA and IEDC reserve the right to deny disbursement or condition their approval of RCI Funds on conditions as they deem appropriate. Written notice of approval, conditional approval, or denial shall be sent to the Project Administrator indicated below.

SUBMISSION STATUS (please check one)

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> New Claim Form | <input type="checkbox"/> |
| <input type="checkbox"/> Amended Claim Form | <input checked="" type="checkbox"/> |

PROJECT ADMINISTRATOR INFORMATION:

Name:	<hr/>		
Title:	<hr/>		
Region Name:	<hr/> North Central Indiana		
Position within Region: (citizen, elected official, etc.)	<hr/>		
Address:	<hr/>		
City:	<hr/>	State: <hr/>	Zip: <hr/>
County:	<input type="checkbox"/> Elkhart County <input type="checkbox"/> Marshall County <input type="checkbox"/> St. Joseph County		
Primary Telephone Number:	<hr/>		
Additional Telephone Number:	<hr/>		
Email Address:	<hr/>		

PROJECT CLAIM FORM

PROJECT INFORMATION:

Project Name(s):

Project Address(es):

Brief Description of the Project:

Specify Project's Connection to
RCNI Regional Development Plan:

Specify any Deviations from
Project, as approved in Regional
Development Plan:

*Please provide extensive detail on any
changes to budget, scope, project
partners or project experience.*

Is this a "bricks & mortar" project
rather than programmatic in
nature?

☐ Yes

☐ No

Does this project include the use
of funds for broadband activities?

☐ Yes

☐ No

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EXPECTED PROJECT TIMELINE

Commencement Date:

Completion Date:

Will this project be completed by
March 31, 2020?

☐ Yes

☐ No

Description of Project Schedule:

*Please provide additional information
about the project timeline, including key
dates. Attach additional pages or forms
as necessary.*

PROJECT IMPACT:

Regional Scope of Project:

*Describe the project's ability to
impact/enhance the regional economy
and/or quality of life (beyond the
community the project is physically
located in).*

Impact on Talent Attraction:

*Describe the project's ability to
impact/enhance the regional economy
and/or quality of life (beyond the
community the project is physically
located in).*

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FINANCIAL INFORMATION

Total Expected Project Budget: _____

Itemized Breakdown of Project Budget:

*Please account for a four percent
Administration Withholding Amount,
which may be assessed by the RDA (max
\$300,000)*

Firm Public and Non-Public* Financial Commitments, Including:

Target is Non-Public Support (60%), State Support (max 20%), other public support (20%)

Non Public Support

(in kind contributions, private debt, private equity, philanthropic or private foundation dollars)

Type: _____

Amount (\$): _____

Percentage: _____

Distribution Schedule: _____

Status:

☐ Firm

☐ Pending

Details:

Is the Non-Public Support at least
60%?

☐ Yes

☐ No

State Public Support

(i.e. IRC Fund, state incentives, state grants)

Type: _____

Amount (\$): _____

Percentage: _____

Distribution Schedule: _____

Status:

☐ Firm

☐ Pending

Details:

Is the State Public Support equal
or less than 20%?

☐ Yes

☐ No

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FINANCIAL INFORMATION CONT

Other Public Support

(local revenue source permitted by law, distributions, incentive payments, local major moves money, money received by local communities through a local casino development agreement, municipal bonds, federal grants)

Type: _____

Amount (\$): _____

Percentage: _____

Distribution Schedule: _____

Status:

☐ Firm

☐ Pending

Details:

Is the Other Public Support 20% or less and at least matches the State Support Amount?

☐ Yes

☐ No

Total Disbursement Amount

Requested from RCI Fund:

\$ _____

SUPPLEMENTAL DOCUMENTATION

Please check the corresponding boxes and attach copies of the following documents to this Claim Form, wherein

- ☐ Letters of intent from financial institutions
- ☐ Local financial commitment letters
- ☐ Contracts with private and public entities
- ☐ Memorandums of Understanding with private and public entities
- ☐ Ordinances/resolutions
- ☐ Cost estimates from qualified sources
- ☐ Architecture/engineering drawings
- ☐ Development agreements
- ☐ Developer qualifications
- ☐ Environmental and permitting documents
- ☐ Proof of ownership documents
- ☐ Tenant/end user commitments

Other relevant Project documentation:

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

PROJECT CLAIM FORM

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REPRESENTATION AND AFFIRMATION

The undersigned represents that he or she is duly authorized to submit this Claim Form on behalf of the Project. Additionally, he or she affirms that the information and supplemental documentation contained in this Claim

Signature

Printed Name, Title or Position

FOR INTERNAL USE ONLY

Did the Project receive a positive
ROI in the IEDC analysis

☐ Yes

☐ No

Percentage Score from Steering Committee Analysis

_____% Percent

____XXX Score out of 100