

Opportunity Enterprise Commercial Development

Application #000072 · OECD

STATUS

Incomplete

DOCS NEEDED

0

all uploaded

No document requests for this application.

Borrower
Information

Eligibility

Demonstration
of Financial
Need

Certification

Review
&
Submit

Organization

Legal Name of Developer Applying ⓘ

* (required) Legal Form of Business

Select an Option

* (required) State of Formation ⓘ

Select an Option

* (required) EIN / Federal Tax ID ⓘ

Website

* (required) Business Phone ⓘ



Mailing Address

Address

City

State

Zip / Postal Code

Physical/Street Address

* (required) Is the physical / business address the same as the billing address above?

Select an Option ▼

Primary Contact

* (required) First Name

* (required) Last Name

* (required) Title

Client

Mobile Phone 

* (required) Email

* (required) Is the primary contact an owner of the applying organization?

Select an Option



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Eligibility Confirmation

* (required) Will the proposed project be at least 70% occupied by tenants that are independent of your ownership?



Select an Option



* (required) Will you have ownership or control of more than 30% of any intended tenant(s)?



Select an Option



* (required) What percentage (%) of square footage will the applicant occupy upon project completion, if any? Must be $\leq 30\%$.



Location

* (required) Select the project location classification

Select an Option



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Project Financing Summary & Demonstration of Need

* (required) Total Project Cost ⓘ

* (required) OE Loan Amount Requested ⓘ

* (required) Capital secured to date from all other sources ⓘ

* (required) Describe why this funding gap cannot be filled through other private, public, philanthropic, or other sources.



Capital-Raising Efforts

Capital-Raising Efforts 1

For each source of financing you approached, complete the fields below and click "Add" to record another source.

* (required) Organization Type

Select an Option



* (required) Organization Name

* (required) Amount requested (\$)

* (required) Outcome

Select an Option



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Certification & Submission

By submitting this application for the Opportunity Enterprise Commercial Development Program, the undersigned hereby certifies the following:

- * (required) ☐ I am duly authorized to act on behalf of the undersigned, and to submit all documents pertaining to the Opportunity Enterprise Commercial Development Program Application.
- * (required) ☐ All documents submitted in support of the Opportunity Enterprise Commercial Development Program application are true and accurate to the best of my knowledge.
- * (required) ☐ All statements and certifications made in the Opportunity Enterprise Commercial Development Program application are true and accurate and, to the best of my knowledge, conform with all policy guidelines.

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Review Your Answers

Please review your answers below before submitting. Click “Edit” to make changes.

Borrower Information

Edit

ORGANIZATION

LEGAL NAME OF DEVELOPER APPLYING

LEGAL FORM OF BUSINESS

—

STATE OF FORMATION

—

EIN / FEDERAL TAX ID

—

WEBSITE

—

BUSINESS PHONE

—

MAILING ADDRESS

ADDRESS

CITY

STATE

ZIP / POSTAL CODE

PHYSICAL/STREET ADDRESS

IS THE PHYSICAL / BUSINESS ADDRESS THE SAME
AS THE BILLING ADDRESS ABOVE?

—

PRIMARY CONTACT

FIRST NAME

LAST NAME

TITLE

Client

MOBILE PHONE

EMAIL

IS THE PRIMARY CONTACT AN OWNER OF THE
APPLYING ORGANIZATION?

—

Eligibility

Edit

ELIGIBILITY CONFIRMATION

WILL THE PROPOSED PROJECT BE AT LEAST 70%
OCCUPIED BY TENANTS THAT ARE INDEPENDENT
OF YOUR OWNERSHIP?

—

WILL YOU HAVE OWNERSHIP OR CONTROL OF
MORE THAN 30% OF ANY INTENDED TENANT(S)?

—

WHAT PERCENTAGE (%) OF SQUARE FOOTAGE
WILL THE APPLICANT OCCUPY UPON PROJECT
COMPLETION, IF ANY? MUST BE $\leq$ 30%.

—

LOCATION

SELECT THE PROJECT LOCATION CLASSIFICATION

—

Demonstration of Financial Need

[Edit](#)

PROJECT FINANCING SUMMARY & DEMONSTRATION OF NEED

TOTAL PROJECT COST

—

OE LOAN AMOUNT REQUESTED

—

CAPITAL SECURED TO DATE FROM ALL OTHER SOURCES

—

DESCRIBE WHY THIS FUNDING GAP CANNOT BE FILLED THROUGH OTHER PRIVATE, PUBLIC, PHILANTHROPIC, OR OTHER SOURCES.

—

CAPITAL-RAISING EFFORTS

Capital-Raising Efforts 1

ORGANIZATION TYPE

—

ORGANIZATION NAME

—

AMOUNT REQUESTED (\$)

—

OUTCOME

—

Certification

[Edit](#)

CERTIFICATION & SUBMISSION

I AM DULY AUTHORIZED TO ACT ON BEHALF OF THE UNDERSIGNED, AND TO SUBMIT ALL DOCUMENTS PERTAINING TO THE OPPORTUNITY ENTERPRISE COMMERCIAL DEVELOPMENT PROGRAM APPLICATION.

No

ALL DOCUMENTS SUBMITTED IN SUPPORT OF THE OPPORTUNITY ENTERPRISE COMMERCIAL DEVELOPMENT PROGRAM APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

No

ALL STATEMENTS AND CERTIFICATIONS MADE IN THE OPPORTUNITY ENTERPRISE COMMERCIAL DEVELOPMENT PROGRAM APPLICATION ARE TRUE AND ACCURATE AND, TO THE BEST OF MY KNOWLEDGE, CONFORM WITH ALL POLICY GUIDELINES.

No