



City Planning and Development

Administration Division

414 E 12th Street
15th Floor
Kansas City, Missouri 64106

816-513-1500

Community Improvement District (CID)

Revolving Loan Fund Application - Newly Established CID

Applicant Name: _____

Applicant Email: _____ Phone Number: _____

Applicant Address: _____

CID Name: _____

Date CID established: _____ Number of parcels in CID boundaries: _____

Did this CID obtain a blight determination? Yes No

Will this CID provide services and improvements that are for a public purpose? Yes No

Total amount of funding requested: _____

Provide a description of the proposed use of funds, if awarded, and the respective dollar amounts:

Attach the following required document with this application form:

- Proposed budget with estimated revenues and feasibility of proposed improvements/services

Provide estimated distribution percentage of how the loan funds will be used, if awarded:

Services and improvements: _____

Sales/use tax election direct costs: _____

General administrative fees¹: _____

Name: _____ Position: _____

Signature: _____ Date: _____

¹ General administrative fees include legal fees, accounting fees, bank fees, insurance, etc.