



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 - Proposed CID

Applicant Name: _____

Applicant Email: _____ Phone Number: _____

Applicant Address: _____

Proposed CID Name: _____

Years registered with the MO Secretary of State: _____

Number of parcels in CID boundaries: _____

Is this CID seeking 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 documents with this application form:

- Proposed budget with estimated revenues and feasibility of proposed improvements/services
- Applicant's business registration from the MO Secretary of State
- Proposed boundary map
- Statement of purpose regarding services and improvements to be provided
- Revenue estimate from the Finance Department if proposing sales/use tax
- Proof of any professional assistance received to date

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

Costs of establishing CID¹: _____

Costs related to gather petition signatures: _____

Name: _____ Position: _____

Signature: _____ Date: _____

¹ e.g., Legal fees, professional fees, land surveyor services