



State of Nevada Department of Business and Industry
New Market Tax Credits (NMTC) Referral Form

Please answer all items for the form to be considered complete. Following receipt, we will contact you as soon as possible regarding the submission, or you may be contacted directly by a Community Development Entity representative.

Business Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

- 1. Is your business currently located in (or planning to relocate to) a qualified distressed neighborhood in Nevada? Click the following link and type the address in the space at the upper right of the webpage.

https://www.cims.cdfifund.gov/preparation/?config=config\_nmtd.xml

Check here if YES [ ] and provide the qualified address, if different from your address at top:

[Empty text box for qualified address]

Check here if NO [ ] and explain why you believe the business qualifies for NMTC funding:

[Empty text box for explanation]

- 2. Briefly describe the business's operations, activities and industry:

[Empty text box for business description]

- 3. What is the estimated amount or range of your project's total financial package (including equity, debt, and other sources of funds)?

[Empty text box for financial package amount]

- 4. How much are you seeking through the NMTC Program?

[Empty text box for NMTC amount]

- 5. By initialing here [ ] and submitting this form, you acknowledge that the information provided is valid and correct to the best of your knowledge and you understand and agree that this information may be shared with Community Development Entity (CDE) investment firms, which may result in a CDE representative contacting you directly.