

<b>APPLICATION FOR FINANCING</b>	<u>FOR OFFICE USE ONLY</u> <input type="checkbox"/> EDA/RLF <input type="checkbox"/> USDA-RBEG/RLF  Date application submitted: _____
<p><b>NOTE:</b> Not all businesses and/or projects qualify for financing.</p> <p><i>Southwest Iowa Planning Council is an equal opportunity provider and employer.</i></p> <p>For additional assistance, please contact John McCurdy at SWIPCO at (712) 243-4196.</p>	APPLICATION # _____

### INSTRUCTIONS:

1. Applications must be typed.
2. **Applications are accepted on a rolling basis.** SWIPCO will evaluate the application and determine when the application is fully completed. An application may not be considered complete upon initial submission from applicant.
3. Complete all sections of the application. Please contact SWIPCO if you need assistance.
4. Please complete the attached Race and Ethnicity Survey. This information is not required at the time of application but is requested to ensure SWIPCO's compliance with equal credit opportunity laws. Upon loan approval, race, ethnic and gender information reporting will be required of all loan recipients on an annual basis.
5. An application fee of \$150 is required prior to processing the application.

### NOTICE OF REPORTING REQUIREMENTS:

Upon loan approval, the following reporting information will be required of the loan recipient:

1. To verify employment data, copies of payroll reports shall be submitted semi-annually.
2. Financial statements (Balance Sheet and Profit & Loss Statement) shall be submitted semi-annually.
3. Project progress reports shall submit semi-annual.
4. Proof of liability insurance shall submit annual.
5. A representative of SWIPCO will conduct annual site visits during the project period.
6. Race, ethnic and gender information reporting will be required of all loan recipients on an annual basis.

All reporting requirements will be outlined in detail in the Loan Agreement.

**SWIPCO requires all loan recipients to utilize automatic withdrawal for loan repayment.**



# APPLICATION FOR RLF ASSISTANCE:

## 1. APPLICANT INFORMATION

**Business:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Tax ID Number (FEIN or SSN): \_\_\_\_\_ DOB \_\_\_\_\_

**Business Structure:**

- Cooperative       Corporation       Limited Liability Company       Not for Profit  
 Partnership       S-Corporation       Sole Proprietorship

Is this a New Business or an Existing Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Name of Individual Completing this Form: \_\_\_\_\_

Project Location (if different from above): \_\_\_\_\_

Purpose for Loan: \_\_\_\_\_

**Is any officer, director, or controlling group of the Southwest Iowa Planning Council an officer, director, or holder of any direct or indirect pecuniary interest in the business?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

## 2. OWNERSHIP INFORMATION. Provide the following information on the owner(s) of the business.

Name/Title	Address	% Ownership	Annual Compensation

Add additional sheet if necessary

3a. **JOBS.** List the jobs that will be retained and/or created as the result of this project. For retained jobs, include the current wage rate. For jobs to be created, including the starting wage rate. Full-time employment equals 35 or more hours per week. Part time equals less than 35 hours per week. Note, you must determine how many full-time equivalent jobs will be created.

Job Title	Number of Jobs	Retained (R) or Created (C)	Starting or Current Wage Rate	Full-Time or Part Time Jobs
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Total Number of FTE Retained Jobs: \_\_\_\_\_ Total Number of FTE Created Jobs: \_\_\_\_\_  
 \*\*jobs should be listed as full-time equivalent (FTE). FTE=40 hours per week.

3b. Over what time frame will these new jobs be created

	FULL-TIME	PART-TIME
New jobs in first year:		
New jobs within first two years (total, including year one):		
Total new jobs within 5 years:		

3c. Current Employment

Total Current Employees	Number of Full Time Employees	Describe benefits provided to Full-time employees	Number of Part Time Employees	Describe benefits provided to Part-time employees

With respect to medical and dental insurance plans, please attach a memo as Exhibit B that outlines the following:

- a) The total cost (premiums) per employee for each benefit.
- b) The amount and percentage of the premiums paid by the employee.
- c) A summary of the plan provisions (deductibles, co-payments, eligibility requirements, etc.).

4. **PROJECT BUDGET:** The budget should attempt to identify all sources of funding being considered including owner equity/investment, your primary lender as well as all public funds (local loan funds, federal programs, city assistance, etc.) Please be as detailed as possible.

AMOUNT BUDGETED									
Use of Funds Activity	Cost	SWIPCO	Source B	Source C	Source D	Source E	Source F	Source G	Source H
Land Acquisition	\$	\$	\$	\$	\$	\$	\$	\$	\$
Site Preparation	\$	\$	\$	\$	\$	\$	\$	\$	\$
Building Acquisition	\$	\$	\$	\$	\$	\$	\$	\$	\$
Building Construction	\$	\$	\$	\$	\$	\$	\$	\$	\$
Building Remodeling	\$	\$	\$	\$	\$	\$	\$	\$	\$
Machinery & Equipment	\$	\$	\$	\$	\$	\$	\$	\$	\$
Computers	\$	\$	\$	\$	\$	\$	\$	\$	\$
Furniture & Fixtures	\$	\$	\$	\$	\$	\$	\$	\$	\$
Working Capital	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

TERMS OF PROPOSED FINANCING					
Source of Funds	Amount	Type	Rate	Term	Conditions
Source A: SWIPCO	\$				
Source B:	\$				
Source C:	\$				
Source D:	\$				
Source E:	\$				
<b>TOTAL</b>	<b>\$</b>				

**5. EXHIBITS. All exhibits must be signed and dated.**

Exhibit A: Business Plan to include:

- o Statement of purpose
- o Description of the business and history
- o Describe your B/I and its growth potential
- o Identify local/regional competition, explain why you believe you are/can be successful
  
- o Description of the project proposed for financing
- o Project timeline
- o Marketing plan that includes an analysis of competitors
- o Management – include resumes of key management personnel
- o Minimum of three references (banking, professional or trade)

Exhibit B: With respect to medical and dental insurance plans, please outline the following:

- o The total cost (premiums) per employee for each benefit
- o The amount and percentage of the premiums paid by the employee
- o A summary of the plan provisions (deductibles, co-payments, eligibility requirements, etc)

Exhibit C: Balance sheets and income statements for previous three years

Exhibit D: A current balance sheet (not over 90 days old)

Exhibit E: Projected operating statements with notes of explanation for three years into the future

Exhibit F: The names of affiliates and/or subsidiary firms. Last fiscal year-end financial statement

Exhibit G: Personal financial statement of the owner(s) of the business with 20% or more ownership in the business

Exhibit H: Preliminary plans and specifications covering new construction, and an itemized list of machinery and equipment to be purchased

Exhibit I: A letter from the participating lender(s) stating the terms and conditions of the participation and the reason why it will not finance the entire project

Exhibit J: A list of collateral to be offered as security for the SWIPCO loan (Note: An independent appraisal may be required)

Exhibit K: Supporting documentation such as letters of intent, letters of reference, letters of approval from economic development, contracts, legal description, patents or pending patents, copies of leases, feasibility studies, etc. Attach as appropriate

6. **GENERAL CERTIFICATION:**

**Applicant:** The undersigned certifies that he/she is the \_\_\_\_\_ (Title) of the applicant business applying for financing from SWIPCO, that he/she is familiar with the records of the borrower and contents of this application, and that he/she is authorized to submit and sign the application. The information contained in this application, including all exhibits, is to the best knowledge of the undersigned, complete and accurate and presents fairly the condition of the applicant and project accurately its intended operations for the period set forth in this application.

The undersigned hereby gives permission to SWIPCO and its subsidiaries to research the company's history, make credit checks, contact the company's financial institution, and perform other related activities for the reasonable evaluation of this application.

The purpose of the RLF is to support business activities for which credit is not otherwise available on terms and conditions which would permit completion and/or the successful operation or accomplishment of the project in the following eligible areas: Cass, Fremont, Harrison, Montgomery and Page Counties. The lender reserves the right to recall the loan if these requirements are not met. Please consult with SWIPCO.

In accordance with federal law and U.S. Department of Agriculture policy, SWIPCO is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-w, Whitten Building, 1400 Independence Ave., SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**SWIPCO is an Equal Opportunity Provider.**

**Applications are accepted on a rolling basis.** Fully completed applications will be considered at the next RLF Loan Board meeting.

The undersigned gives SWIPCO permission to share application and review information with all other entities participating in this activity

Applicant (typed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Race and Ethnicity Survey

The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.

I do not wish to furnish this information

Ethnicity: \_\_\_\_\_

Hispanic or Latino

Not Hispanic or Latino

Race: (Mark one or more)

White      Black or African American

American Indian/Alaska Native      Asian

Native Hawaiian or Other Pacific Islander

Gender: Male      Female

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date