



# Business Revolving Loan Program **LOAN APPLICATION INSTRUCTIONS**

**\*\*PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING-  
INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANTS\*\***

Completed applications will be reviewed the month following submission by the loan review committee, who will make a recommendation (along with loan terms and provisions) to the Region XII Development Corporation Board, who will make a final approval or denial. **A non-refundable application fee of 1.5% of the loan amount must be submitted with the completed application.** Submit only the completed and signed application forms and all required attachments. Incomplete applications will not be reviewed until all sections are complete and all required information is submitted. The following items make up the application packet:

**SECTION 1.** All applications must be sponsored by an organized economic development group. In many cases, this will be one of the county economic development organizations, although applications may be sponsored by local (community) economic development groups as well. All applications must be signed by an authorized representative of the economic development group. If sponsored by a group other than the county groups, the representative will be asked to attend the loan review committee meeting when the loan is reviewed.

**SECTION 2.** Complete all sections regarding business information including full legal name, address, Federal Employer Identification number, etc. NAICS codes can be found at [www.naics.com](http://www.naics.com). Applications must be signed by an authorized representative of the business applying for funds. **\*\*IMPORTANT\*\***: DUNS Numbers are now required for all applicants. For information on obtaining a DUNS number, see the instructions on the following pages.

**SECTION 3.** Provide detailed information on the business's history, organization, the proposed project, the timeline for implementation, and project costs.

**SECTION 4.** A primary goal of the RLF program is to increase employment opportunities and stabilize existing jobs in the region. Provide detailed information on the current (if a business expansion) jobs and projected jobs created as a result of the project, including wages and benefits.

**SECTION 5.** Provide detailed information on the budget for the project. Additional sheets may be attached if necessary. Include detailed information on the sources and terms of all funds in the project. Also, make sure that the sources of funds meet the minimum requirements as specified in the program description worksheet attached to this packet.

Applicants may propose specific loan terms (Section 5.3) on an RLF loan, although the actual terms extended if a loan is approved may vary after review by the loan review committee.

**SECTION 6.** Provide information on all existing and proposed debts and collateral of the business or project, and describe the security being offered for the RLF loan (i.e., 2<sup>nd</sup> Mortgage, 1<sup>st</sup> lien on equipment, etc.). Please note that the loan review committee may require alternate or additional security from that offered by the applicant.

**SECTION 7.** Complete and sign all required forms. Attach additional required and non-required items per instructions.

**\*\*APPLICATIONS ARE DUE TO REGION XII DEVELOPMENT CORPORATION  
NO LATER THAN THE 25<sup>TH</sup> OF EACH MONTH.\*\***

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

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## Obtaining a DUNS Number: A Guide for Federal Grant and Cooperative Agreement Applicants

The Federal government requires that all applicants for Federal grants and cooperative agreements (with the exception of individuals other than sole proprietors) have a DUNS number. **Because the Region XII Development Corporation Revolving Loan Fund includes Federal Funds from USDA and the Economic Development Administration, DUNS numbers are required for all RLF applicants and borrowers. Obtaining a DUNS number is a free service.** (See policy at: [http://www.omb.gov/grants/grants\\_docs](http://www.omb.gov/grants/grants_docs)). The Federal government will use the DUNS number to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

### Data Universal Number System (DUNS) Number

- The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).
- The DUNS Number is site-specific. Therefore, each distinct physical location of an entity (such as branches, divisions, and headquarters) may be assigned a DUNS number. Organizations should try and keep DUNS numbers to a minimum. In many instances, a central DUNS number with a DUNS number for each major division/department/agency that applies for a grant may be sufficient.
- In order to provide on-the-spot DUNS number assignment, the requestor should do this by telephone. (See telephone number below.)

### Obtaining a DUNS Number

- You should verify that you have a DUNS number or take the steps needed to obtain one as soon as possible, if there is a possibility you will be applying for future Federal grants or cooperative agreements. There is no need to wait until you are submitting a particular application.
- *If you already have a DUNS number.* If you, as the entity applying for a Federal grant or cooperative agreement, previously obtained a DUNS number in connection with the Federal acquisition process or requested or had one assigned to you for another purpose, you should use that number on all of your applications. It is not necessary to request another DUNS number from D&B. You may request D&B to supply a family-tree report of the DUNS numbers associated with your organization. Organizations should work with D&B to ensure the right information is on the report. Organizations should not establish new numbers, but use existing numbers and update/validate the information associated with the number.
- *If you are not sure if you have a DUNS number.* Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will tell you if you already have a number. If you do not have a DUNS number, D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.
- *If you know you do not have a DUNS number.* Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will ask you to provide the information listed below and will immediately assign you a number, **free of charge**.

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## Managing Your DUNS Number

- D&B periodically contacts organizations with DUNS numbers to verify that their information is current. Organizations with multiple DUNS numbers may request a free family tree listing from D&B to help determine what branches/divisions have numbers and whether the information is current. Please call the dedicated toll-free DUNS Number request line at **1-866-705-5711** to request your family tree.
- D&B recommends that organizations with multiple DUNS numbers have a single point of contact for controlling DUNS number requests to ensure that the appropriate branches/divisions have DUNS numbers for Federal purposes.
- As a result of obtaining a DUNS number you have the option to be included on D&B's marketing list that is sold to other companies. If you do not want your name/organization included on this marketing list, request to be de-listed from D&B's marketing file when you are speaking with a D&B representative during your DUNS number telephone application.

Obtaining a DUNS number is absolutely **Free** for all entities doing business with the Federal government. This includes grant and cooperative agreement applicants/prospective applicants and Federal contractors. Be certain that you identify yourself as a Federal grant applicant/prospective applicant.

### To Obtain Your DUNS Number

Please call the dedicated toll-free DUNS Number request line for Federal grant and cooperative agreement applicants or prospective grant applicants at:

**1-866-705-5711**

The number is staffed from 8 a.m. to 6 p.m. (local time of the caller when calling from within the continental United States) Calls placed to the above number outside of those hours will receive a recorded message requesting the caller to call back between the operating hours.

- The process to request number takes about 5-10 minutes.
- A DUNS number will be assigned at the conclusion of the call.

You will need to provide the following information:

- Legal Name
- Headquarters name and address for your organization
- Doing business as (DBA) or other name by which your organization is commonly known or recognized
- Physical Address, City, State and Zip Code
- Mailing Address(if different from Headquarters and/or physical address)
- Telephone Number
- Contact Name and Title
- Number of Employees at your physical location



# REGION XII

## DEVELOPMENT CORPORATION

1009 East Anthony St., PO Box 768  
 Carroll, Iowa 51401  
 (712) 792-9914 • FAX (712) 792-1751

*FOR OFFICE USE ONLY*

DATE RECEIVED: \_\_\_\_\_ STAFF: \_\_\_\_\_  
 COMMITTEE REVIEW: \_\_\_\_\_ BOARD: \_\_\_\_\_  
 PROJECT NUMBER: \_\_\_\_\_

FUND(S):  IRP1     IRP2     RBEG  
 EDA2     EDA3     EDA4

## APPLICATION FOR BUSINESS REVOLVING LOAN PROGRAM FUNDS

PLEASE TYPE OR PRINT

SECTION 1. SPONSOR INFORMATION			
All applications must be sponsored by a recognized Economic Development Organization, including local, county-wide, and multi-county groups.			
<b>SPONSOR*</b>			
<b>ADDRESS*</b>			
<b>CITY/STATE*</b>		<b>ZIP CODE*</b>	
<b>CONTACT PERSON NAME*</b>		<b>PHONE NUMBER*</b>	
<b>SIGNATURE*</b>		<b>E-MAIL*</b>	

SECTION 2. APPLICANT INFORMATION			
<b>BUSINESS NAME*</b>			
<b>FED. ID #*</b>			
<b>DUNS #*</b>			
<b>INDUSTRY NAICS CODE*</b>			
<b>ADDRESS*</b>			
<b>CITY/STATE*</b>		<b>ZIP CODE*</b>	
<b>CONTACT PERSON*</b>		<b>E-MAIL*</b>	
<b>PHONE*</b>		<b>FAX*</b>	
I, the undersigned, hereby give permission to Region XII Development Corporation to research the company's history, make personal credit checks for major shareholders, contact the company's financial institution(s), and perform any other related activities for the reasonable evaluation of this project and the financial information contained herein.			
<b>TYPED NAME COMPANY OFFICER*</b>		<b>DATE*</b>	
<b>SIGNATURE*</b>			

*\*Indicates required information*

**\*\*Note\*\***    A Non-refundable Application Fee of 1.5% of the loan amount requested is due at the time this application is submitted. Loans will not be scheduled for review until this application fee is received.

**\*\*APPLICATIONS MUST BE SUBMITTED NO LATER THAN THE 25<sup>TH</sup> OF EACH MONTH.\*\***

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**SECTION 3. APPLICANT & PROJECT INFORMATION.**

**3.1 Provide a brief description and history of the business.**

**3.2 Describe in detail the proposed project for which loan funding is requested.**

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**3.3 Provide a brief timeline for the proposed project, including the dates the project will begin and be completed. If any part of the project has already started, please explain.**

**3.4 Provide a description of the project costs. Include details on costs for specific pieces of equipment, construction costs, inventory, etc.**

**SECTION 4. EMPLOYMENT & JOB CREATION INFORMATION.**

4.1 CURRENT EMPLOYEES

FULL-TIME:	PART-TIME

4.2 How many new employees will the company create in future years as a result of this project?

	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:		

**4.3 Will any current employees lose their jobs if this project does not proceed? If so, provide the number of employees and a detailed explanation of why the jobs will be lost.**

**4.4 What is the projected hourly wage or annual salary for the new employees? Explain fully in detail, including wage information on different job classifications if necessary.**

**SECTION 5. PROJECT BUDGET (SOURCES & USES OF FUNDS)**

**5.1 Project Costs (Uses of Funds)**

A. Building or property acquisition	\$	_____
B. Building construction or remodeling	\$	_____
C. Machinery/Equipment	\$	_____
D. Working Capital (inventory, operation, startup costs, etc.)	\$	_____
E. Job Training	\$	_____
F. Other (Specify below):		_____
	\$	_____
	\$	_____

**TOTAL PROJECT COSTS (TPC)** \$ \_\_\_\_\_

**5.2 Proposed financing sources (Sources of Funds):**

A. Cash/Equity (from owners or business)	\$	_____
<i>Minimum 10% TPC-If equity, please explain in project narrative</i>		_____
B. Bank: Term Loan	\$	_____
C. Bank: Line of Credit	\$	_____
D. State Assistance (Grants, Loans, Tax Credits, etc.)	\$	_____
Explain: _____		
E. Other (Specify below):		_____
	\$	_____
	\$	_____

**F. Revolving Loan Fund Amount Requested:** \$ \_\_\_\_\_

**TOTAL SOURCES OF FUNDS** \$ \_\_\_\_\_

**5.3. Financing Terms:**

RLF Request Amount (from 5.2-F above)	\$	_____
Interest Rate Requested*	\$	_____
Term Length (number of years, balloon, etc.)*	\$	_____
Other terms (explain):*		_____

Bank Financing Amount (from 5.2-B above)**	\$	_____
Interest Rate		_____
Payment Terms (monthly, quarterly, etc.)		_____
Number of Payments		_____
Payment Amount**		_____
Other terms (explain)		_____

**TOTAL MONTHLY DEBT SERVICE** (all payments, including RLF, bank, etc.) \$ \_\_\_\_\_

\*Loans may be offered with different terms than those requested.

\*\*If multiple bank loans are involved, please include additional sheets detailing each loan, and enter combined payment amounts on this page.



**SECTION 6. COLLATERAL**

**6.1 What type of security (i.e., mortgage, UCC-1 filing, automobile lien, etc.) and what position (first, second, etc.) will the business provide to Region XII Development Corporation to secure this loan if financing is approved? Provide a listing of all current and proposed liens against the business or property, including names of creditors, amounts, and position.**

Is any employee, officer, director, or controlling group of Region XII Council of Governments or Region XII Development Corporation an officer, director, or holder of any direct or indirect pecuniary interest in the business?\*

NO

YES (explain below):

*\*\*Lists of these persons will be provided upon request.*

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**SECTION 7. ATTACHMENTS**

**READ CAREFULLY AND INCLUDE ALL ATTACHMENTS**

**\*\* Attachments A-2 to A-8:** Required forms for all applicants that are part of this application

**\* Attachments A-9 to A15:** not part of this application but are required for all applicants

**Attachments A-16 to A-20:** Items may be applicable depending on the project.

***Incomplete applications will not be reviewed.***

Check	
A-1	_____ <b><i>* <u>Non-refundable Loan Application Fee (1.5% of loan amount requested)</u></i></b>
A-2	_____ <b><i>**</i></b> Manager’s Resolution
A-3	_____ <b><i>**</i></b> Statement of Required Acts
A-4	_____ <b><i>**</i></b> Environmental Assurance and Compliance Commitment
A-5	_____ <b><i>**</i></b> USDA-Form AD-1048: Certification Regarding Disbarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
A-6	_____ <b><i>**</i></b> USDA Form 400-4, Assurance Agreement
A-7	_____ <b><i>**</i></b> Data Collection Form <i>Region XII Development Corporation is required by the Federal Government to request ethnic, racial, and gender information from applicants for financial assistance. This information will be kept strictly confidential, and will have no bearing on the review of your application. Please provide the requested information for all owners. If there are multiple owners, please submit one form for each owner.</i>
A-8	_____ <b><i>**</i></b> Personal Financial Statements of stockholders/owners with greater than 20% ownership interest in the business
A-9	_____ <b><i>*</i></b> Business Plan
A-10	_____ <b><i>*</i></b> Balance sheets and Profit/Loss statement for the last three years or past three years of tax returns ( <i>if existing business</i> )
A-11	_____ <b><i>*</i></b> Balance sheets and Profit/Loss statement projections for the next two years
A-12	_____ <b><i>*</i></b> Letters of commitment or credit denial from private financing sources ( <i>bank</i> )
A-13	_____ <b><i>*</i></b> Detailed cost estimates of construction, machinery/equipment, etc.
A-14	_____ <b><i>*</i></b> Resumes of principals
A-15	_____ <b><i>*</i></b> Stockholder list ( <i>List Percentage of Ownership for Each Owner</i> )
A-16	_____ Copy of lease or other financing arrangements
A-17	_____ Independent appraisal of the property involved ( <i>if purchase is part of project</i> )
A-18	_____ Copy of deed to the property involved ( <i>required if purchase if part of project or mortgage on property is being offered as loan collateral</i> )
A-19	_____ Franchising agreements
A-20	_____ Other attachments ( <i>describe</i> ):
	_____
	_____
	_____

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## A-2: MANAGER'S RESOLUTION

I, \_\_\_\_\_ as \_\_\_\_\_  
(Name) (Title, i.e. manager, owner, etc.)  
of \_\_\_\_\_ an Iowa\* \_\_\_\_\_  
(Business Name) (type of company, i.e., Sub-S Corp., LLC, proprietorship, etc.)

Hereby certifies the following:

**Whereas, (for business expansion projects):** It has been determined that the company has outgrown its current facilities, which has curtailed growth **OR (for new business start-up projects):** It has been determined the need to start this company to provide a necessary good or service; and,

**Whereas,** the company has prepared a comprehensive business plan and projects future growth; and,

**Whereas,** as "Manager", I have determined that the start-up or expansion of the business has created a need for additional employees or is needed to retain the existing employees; and,

**Whereas,** the company is able and intends to raise funds through owner equity, conventional financing, and/or other sources to apply to the project costs, as detailed in the application budget; and,

**Whereas,** after exhausting all other sources of funds, there remains a financing gap which the company intends to fill by applying for a loan through the Region XII Development Corporation to enable the company to complete the project.

**NOW, THEREFORE** be it resolved that this company seeks to obtain funding in the amount detailed in the loan application from the Region XII Development Corporation and the owners of the company shall execute an application to the Region XII Development Corporation and shall execute such loan documents as are necessary to obtain and close said loan, if approved; and that the company shall make closing such a loan from the Region XII Development Corporation conditional upon the securing of adequate conventional financing and equity requirements as set forth by the Region XII Development Corporation.

On this date below has caused this resolution to be approved by its duly authorized officers, or, if a natural person, has hereunto executed this resolution.

Signature: \_\_\_\_\_  
Printed Name of \_\_\_\_\_  
Authorized Business \_\_\_\_\_  
Official: \_\_\_\_\_  
Date: \_\_\_\_\_

\*Applicants are not required to be Iowa-based, but projects must be located within the region. If applicant is based in a state other than Iowa, cross through "Iowa" and insert the correct state on the next line.

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### A-3: STATEMENT OF REQUIRED ACTS

I certify to the best of my knowledge and belief, data in the application is true and correct, including any commitment of local resources, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all applicable Federal and State requirements, including the following if this assistance is approved:

- A. Housing and Community Development Act of 1974, as amended;
- B. Age Discrimination Act of 1975;
- C. Section 504 of the Rehabilitation Act of 1973;
- D. Davis-Bacon Act, as amended (40 U.S.C. 276a-276-a-5) where applicable under Section 110 of the Housing and Community Development Act of 1974, as amended;
- E. National Environmental Policy Act of 1969;
- F. Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1979, Title II and Title III;
- G. Public Works and Economic Development Act of 1965, as amended;
- H. Americans with Disabilities Act;
- I. Equal Credit Opportunity Act;
- J. Title VI of the Civil Rights Act of 1964.

Signature: \_\_\_\_\_  
Printed Name of  
Authorized Business  
Official: \_\_\_\_\_  
Date: \_\_\_\_\_

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## A-4: Revolving Loan Fund ENVIRONMENTAL ASSURANCE AND COMPLIANCE COMMITMENT

NAME OF BUSINESS: \_\_\_\_\_  
Hereinafter called the BORROWER), AND ITS PRINCIPALS (list all),

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agree to indemnify and hold harmless REGION XII DEVELOPMENT CORPORATION, hereinafter called the LENDER), its agents, and assigns from and against any damages, cost, liability or expense, including attorney and other professional fees directly or indirectly attributable to the release, threatened release, discharge, manufacture, production, storage, disposal or presence of hazardous toxic substances, either on or under BORROWER'S property or property in which the BORROWER has an interest, including adjoining real property, brought on by the BORROWER'S conduct of business.

The indemnification will specifically survive, and is entirely independent of: 1) the BORROWER'S contractual obligation to repay the primary obligation held by LENDER as amended, extended or renewed by BORROWER; 2) the repayment in full of the BORROWER'S indebtedness to LENDER; and 3) the release of LENDER'S liens on BORROWER'S real or personal property by payment, foreclosure or other action, including LENDER'S discretionary abandonment of lien.

Furthermore, the BORROWER, and its principals, as individuals, hereby assures the LENDER it will abide by all federal and state statutes and/or regulations regarding environmental protection issues. Additionally, the BORROWER and its principals agree to address environmental issues by area of compliance, and to operate under the latest applicable standards, including, but not limited to, the following:

AIR QUALITY: Clean Air Act of 1970, as Amended (42 U.S.C. 7401-7642) EPA Regulation 40 CFR Part 50, and Partially 40 CFR Part 51, 52, 61;

HISTORIC PROPERTIES: National Historic Preservation Act of 1966, Section 106 (16 U.S.C. 470-4704); Preservation of Historic and Archaeological Data Act of 1974 (16 U.S.C. 469-469c); Executive Order 11593 -- Protection and Enhancement of the Cultural Environment;

FLOODPLAIN: Flood Disaster Protection Act of 1973 (PL 93-234) and Implementary Regulations; Title 24, Chapter X, Subchapter B, National Flood Insurance Program (44 CFR 59-75);

WETLANDS: Executive Order 11990, Protection of Wetlands and Applicable State Legislation or Regulations;

COASTAL ZONE: Coastal Zone Management Act of 1972, as Amended (16 U.S.C. 1451-1464);

WATER QUALITY: Federal Water Pollution Control Act, as Amended (33 U.S.C. 1251-1376); Safe Drinking Water Act of 1974 (42 U.S.C. 300f-300j-10), as Amended; Kansas Storage Tank Act of 1989; Kansas Groundwater Pollution and Protection Act of 1989;

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SOLID WASTE DISPOSAL: Solid Waste Disposal Act, as Amended by the Resource Conservation and Recovery Act of 1976 (42 U.S.C. 6901-6987); U.S. Environmental Protection Agency (EPA) Implementing Regulations (40 CFR Parts 240-265);

FISH AND WILDLIFE: Fish and Wildlife Coordination Act (16 U.S.C. 661-666c);

ENDANGERED SPECIES: Endangered Species Act of 1973, as Amended (16 U.S.C. 1531-1543); and,

CHEMICALS AND HAZARDOUS WASTE: Toxic Substances Control Act, (15 U.S.C. 2601 et seq).

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Business

Date

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Current Executive Officer-Type or Print Name

Signature

---

Other Principal or Owner-Type or Print Name

Signature

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Other Principal or Owner-Type or Print Name

Signature

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Other Principal or Owner-Type or Print Name

Signature

**A-5**  
**U.S. DEPARTMENT OF AGRICULTURE**

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**Certification Regarding Debarment, Suspension, Ineligibility  
and Voluntary Exclusion – Lower Tier Covered Transactions**

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participant's responsibilities. The regulations were published as part IV of the January 30, 1989 Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

***(BEFORE COMPLETING CERTIFICATION READ INSTRUCTIONS ON FOLLOWING PAGE)***

- 1) The prospective lower tier participant (BUSINESS) certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Business Name

FR/Award Number or Project Name

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Name(s) of Authorized Representative(s)

Title

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Signature (s)

Date

### Instructions for A-5 Certification on Previous Page

1. By signing and submitting this form, the prospective lower tier participant is providing the certification in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant further agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



**ASSURANCE AGREEMENT**  
(Under Title VI, Civil Rights Act of 1964)

The \_\_\_\_\_  
*Business name (recipient)*

\_\_\_\_\_  
*(address)*

("Recipient" herein) hereby assures the U. S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and Rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, or the Farm Service Agency, (hereafter known as the " Agency") regulations promulgated there under, 7 C.F.R. §1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. §14.2) no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination.

1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
2. Recipient shall:
  - (a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.
  - (b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources of information and its facilities as may be pertinent to ascertaining such compliance.
  - (c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Agency or the U.S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
3. The obligations of this agreement shall continue:
  - (a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.
  - (b) As to any personal property acquired or improved with the aid of the Federal financial assistance, so long as Recipient retains ownership or possession of the property.
  - (c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.
4. Upon any breach or violation this agreement the Government may, at its option:
  - (a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.
  - (b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

In witness whereof,  
*Business Name (recipient)* \_\_\_\_\_

On this date has caused this agreement to be executed by its duly authorized officers, or, if a natural person, has hereunto executed this agreement.

\_\_\_\_\_  
*For the Recipient-Type or Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Attested by:*

\_\_\_\_\_  
*Title*

According to the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0018. The time required to complete this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

# A-7: DATA COLLECTION FORM

## IMPORTANT NOTICE TO ALL APPLICANTS FOR ASSISTANCE

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observations or surname. The information on this page will not be used in evaluating your application or to discriminate against you in any way. The information on this sheet will be kept strictly confidential. Please note that this sheet will be removed from the application prior to distribution of application materials to Loan Review Committee members.

<b>Business Name:</b>	
<b>Owner Name :*</b>	

*\*\*If the business seeking assistance is owned by more than one individual, please provide the following information for each individual owner.*

I DO NOT WISH TO PROVIDE THIS INFORMATION.

NOTE: MARK ONLY ONE BOX PER SECTION

RACE	ETHNICITY	GENDER
<input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN-AMERICAN <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER	<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NON-HISPANIC OR LATINO	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<p style="margin: 0;"><i>FOR OFFICIAL USE ONLY</i></p> <p style="margin: 0;">INFORMATION COMPLETED BY:    <input type="radio"/> Applicant    <input type="radio"/> Region XII Staff: _____</p>		

# A-8

## PERSONAL FINANCIAL STATEMENT



**Lender:**

Region XII Development Corporation  
 Business Revolving Loan Program  
 1009 E. Anthony St., PO Box 768  
 Carroll, IA 51401-0768

**IMPORTANT: DIRECTIONS TO APPLICANT (Read Carefully)**

*For projects with multiple owners of 20% or more of the business seeking financing, a personal financial statement must be completed for each of these owners. **Complete all sections.** If additional space is needed to complete any section, provide the information on a separate sheet and include with this statement. Be as clear and detailed as possible with all information. All information will be kept strictly confidential and used only for consideration of the loan application with which this statement is being given. Alternate forms of a personal financial statement may be accepted (i.e., SBA form) but only if it includes all of the information requested in this form.*

<b>Business Name</b> _____	<b>Business Phone</b> _____
<b>Name(s)</b> _____	<b>Residence Phone</b> _____
<b>Personal Residence Address</b> _____	<b>Cell Phone</b> _____
<b>City, State, ZIP</b> _____	<b>Other Phone</b> _____
<b>Business Name</b> _____	
<b>E-Mail Address</b> _____	

ASSETS	\$	LIABILITIES AND NET WORTH	\$
Cash on hand & in Banks (see schedule A)		Accounts Payable, including credit cards (see schedule A)	
IRA & Retirement Accounts (see schedule B)		Other Notes Payable to Banks and Others (see schedule A-2)	
Other Stocks, Bonds, Securities, etc. (see schedule B)		Notes Payable to Relatives (see schedule A-2)	
Real Estate (see schedule C)		Mortgages or Contracts on Real Estate (see schedule C)	
Accounts & Notes Receivable (see schedule D)		Loans on Life Insurance (see schedule E)	
Life Insurance-Cash Surrender Value Only (see schedule E)		Automobile Loans (see schedule F)	
Automobiles-Present Value (see schedule F, include year/make/model)		Unpaid Taxes (see schedule G)	
Other Assets & Personal Property (Itemize below, use schedule H to describe in more detail if necessary)		Other Liabilities (Itemize below, use Schedule I to describe in more detail if necessary)	
		<b>TOTAL LIABILITIES</b>	
		<b>NET WORTH</b>	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

SOURCES OF INCOME	\$	GENERAL INFORMATION	
Salary		Employer	
Bonuses and Commissions		No. of Years	
Net Investment Income		Current Position	
Real Estate Income		Address	
*Other Income (Describe below)			
<b>TOTAL</b>		Phone No.	
*Description of Other Income:		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		If so, explain below:	

<b>CONTINGENT LIABILITIES</b>	<b>\$</b>	<b>GENERAL INFORMATION (CONTINUED)</b>	
As endorser, co-maker or guarantor:		Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes	
On leases:		If so, explain:	
Legal claims & judgments:			
Provision for federal income taxes:		Have you ever taken bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Other special debt (detail below):		If so, explain:	
<b>TOTAL</b>		Income taxes settled through (year)	

<b>Schedule A: Bank Accounts; Notes or Loans Payable to Banks and Others.</b> List here the names of all the institutions at which you maintain a deposit account, where you have obtained loans, lines of credits, or credit cards, or have an outstanding account.						
<i>Complete for All Accounts</i>		<i>Complete for Savings &amp; Checking Accounts</i>		<i>Complete for Outstanding Accounts (i.e., Medical Bills), Credit Cards, or Other Loans (i.e., Student Loan)</i>		
Name of Institution or Lender	Account Type (checking, savings, credit card, etc.)	Balance on Deposit	Credit Limit	Current Balance	Monthly Payment	Secured by What Assets (i.e., boat, motorcycle, etc.)
<b>TOTAL</b>			<b>TOTAL</b>			

<b>Schedule B: IRA &amp; Retirement Accounts, Stocks, Bonds, Securities, etc.</b> Use attachments if necessary. Each attachment should be identified as part of this statement and signed.				
Type of Investment	Name and Description of Account, Stock, Bond, Security, etc.	Held in Name of	Market Value	Pledged*
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
*If yes, explain below:			<b>TOTAL</b>	

<b>Schedule C. Real Estate Owned.</b>	List each parcel separately. Use attachments if necessary; each attachment must be identified as part of this statement and signed.		
	Property A	Property B	Property C
Type of Real Estate (i.e., Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Current Market Value			
Mortgage Holder			
Mortgage Balance			
Monthly Payment Amount			
Mortgage Status (current, delinquent, etc.)			

**Schedule D: Accounts and Notes Receivable.** Describe any accounts receivable including mortgages and land contracts. If any are pledged as security, include name of lienholder, amount of lien, payment terms, and loan status.

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**Schedule E: Life Insurance.** Provide name of insurance company, face value, cash surrender value, and beneficiaries. Include information on any loans against policies.

Name of Company	Face Value	Cash Value	Loans	Beneficiaries
<b>TOTALS</b>				

**Schedule F: Automobiles.** Describe all automobiles, RV's, boats, motorcycles, etc. owned including year, make, model, and current value. If any are pledged as security, include name of lienholder, amount of lien, payment terms, and loan status.

Year	Make	Model	Value	Loans Payable		
				Lender Name	Monthly Payment	Balance Owed
<b>TOTALS</b>				<b>TOTALS</b>		

**Schedule G: Unpaid Taxes.** Describe in detail, as to type, to whom payable, when due, amount due, and to what property, if any, a tax lien attaches.

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**Schedule H: Other Assets.** Describe all other assets including household items, personal goods, etc., not described elsewhere in this statement. If any is pledged as security, include name of lienholder, amount of lien, payment terms, etc.

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**Schedule I: Other Liabilities.** Describe any other liabilities; include name of lienholder, amount of lien, payment terms, and loan status.

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I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Lender named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Lender. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Lender of said change(s) and unless said Lender is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Lender to verify the accuracy of the statements made herein and to determine my/our creditworthiness, including contacting any of the lenders, account holders, etc. described herein. I/we authorize and instruct any lender, person or consumer reporting agency to furnish to the Lender any information that it may have or obtain in response to such credit inquiries.

**I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.**

**I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements on this form, pursuant to 18 U.S.C. §§ 1001, 3571, and 1014.**

Signature _____	Date _____
Printed Name _____	Social Security No. _____
Signature _____	Date _____
Printed Name _____	Social Security No. _____