

COMPANY SUMMARY

Company Name		Legal Form of Business		Date Founded	Date Inc.
		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Other _____ <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation			
Type of Business	NAICS	Specific Product or Service		Federal ID #	DUNS #
<input checked="" type="checkbox"/> Manufacture <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Other ()					
Contact Person, Title		Telephone	Fax	E-Mail Address	

Principals/Owners, Officers, and Management- Attach Resumes (use separate sheet if necessary)						
Name	Gender	Title/Position	Soc. Sec. or Fed. ID # (for those owning 20% or greater)	% Owned	Years Experience (industry/company)	Race/Ethnicity * Choose letter
	<input type="checkbox"/> M <input type="checkbox"/> F	President			/	
	<input type="checkbox"/> M <input type="checkbox"/> F	Vice President			/	
	<input type="checkbox"/> M <input type="checkbox"/> F	Secretary			/	
	<input type="checkbox"/> M <input type="checkbox"/> F	Plant Manager			/	
	<input type="checkbox"/> M <input type="checkbox"/> F				/	

* Race/Ethnicity (Place letter in last column above)						
A. American Indian or Alaska Native	B. Black or African American	C. Asian	D. Hispanic or Latino	E. Native Hawaiian or Other Pacific Islander	F. White	G. Other

Affiliated Companies (use separate sheet if necessary)	Function of Affiliates

LOCATIONS

Mailing Address ***WHERE CORRESPONDENCE IS TO BE SENT***				Political Districts		
				PA House	PA Senate	US Congress
City, State (if other than PA)	ZIP Code	County	Municipality			

ADDRESS ***SITE WHERE PROJECT FUNDS ARE TO BE UTILIZED (IF DIFFERENT FROM ABOVE)***				Political Districts		
				PA House	PA Senate	US Congress
City, State (if other than PA)	ZIP Code	County	Municipality			

Is the site where the funds being utilized:

Enterprise Zone
 Brownfield
 Act 47 Community
 Keystone Opportunity Zone
 Prime Agricultural Area
 Uses PA Port

FACILITY DATA

Existing Facility Size	Ownership
Sq. Ft.	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

If Owned:	Purchase Price (Year)	Appraised Value (Year)	Outstanding Mortgage Balances		Annual Mortgage Payments
	()	()			
If Leased:	Owner	Owner's Mailing Address	Owner's Federal ID #	Lease Expires (mm/yyyy)	Annual Lease Payments

New Facility Size	Expansion/Replacement	Company to occupy entire space?	Appraised Value
Sq. Ft.	<input type="checkbox"/> Expansion <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If company is not using entire space, please explain (use separate sheet if necessary)

LEGAL CONTACT INFORMATION

Company	Contact	Address	Phone
	Email Address		Fax #

INSURANCE CONTACT INFORMATION

Company	Contact	Address	Phone
	Email Address		Fax #

MARKETING INFORMATION

Major CUSTOMERS	Location (City and State)	% of Sales (last fiscal year or 1 st year projected)

Major SUPPLIERS	Location (City and State)

Major COMPETITORS	Location (City and State)

FINANCING REQUEST

<u>USE OF FUNDS</u>	Total Project Costs (include all costs, including SAPDC costs)	Use of SAPDC Proceeds (of the total, list only how SAPDC proceeds are going to be applied)
Land Acquisition		
Building Acquisition		
Building Construction		
Building Renovations		
Leasehold Improvements		
Machinery and Equipment		
Working Capital (SAP&DC restricted to new employee and inventory costs)		
Other _____		
TOTAL		

SOURCE OF FUNDS

	SAPDC	OTHER	OTHER	OTHER	TOTALS
Name					
Term					
Interest Rate					
Amount of Financing					
Annual Debt Service					
Monthly Payment					

IMPACT NUMBERS RESULTING DIRECTLY FROM PROJECT

SALES PROJECTIONS

In U.S. Dollars

	Year 1	Year 2 (change from year 1)	Year 3 (change from year 2)
Increase in Sales			
Increase in SITE Sales			
Increase in out-of-state SITE Sales			
In-State SITE Sales captured from out-of-state competition			

COMPANIES APPLYING FOR FUNDS THROUGH THE SERVICE INDUSTRY LOAN FUND MUST COMPLETE THE FOLLOWING:

	YEAR 1	% of Sales	YEAR 2	% of Sales	YEAR 3	% of Sales
% Business-to-Business Sales	_____	_____	_____	_____	_____	_____

JOB CREATION

	# of Employees TOTAL*	Annual Payroll of Total Employees	Average Annual Wage	Non-mandated Benefits (%)
Existing Employment				
Existing SITE Employment*				

Race/National Origin (employees): (Indicate number in each category)		American Indian or Alaska Native		Asian		Native Hawaiian or Other Pacific Islander		Other
		# Female Employees		Black or African American		Hispanic or Latino		White
Veteran/Disabled (employees): (Indicate number in each category)		Veteran		Disabled				

	# of Employees TOTAL	Annual Payroll of Total Employees	Average Annual Wage	Non-mandated Benefits (%)
New SITE Employment (Yr 1)				
New SITE Employment (Yr 3)				

(also include in Yr 3 Figures)

COMPANIES APPLYING THROUGH THE SERVICE INDUSTRY LOAN FUND MUST ADDITIONALLY PROVIDE A DETAILED LIST OF POSITIONS TO BE CREATED WITHIN 3 YEARS AS A RESULT OF THIS PROJECT. THIS INFORMATION SHOULD FOLLOW THE FORMAT BELOW:

Title	# Persons	# Hours Per Week	Beginning Hourly Rate	Non-mandated Benefits (%)
_____	_____	_____	_____	_____

JOB RETENTION (as a result of project)

	# of Employees TOTAL
Number of Employees to be <u>Retained</u> at SITE	

ITEMS REQUIRED FOR LOAN APPLICATION

1. **FINANCIAL STATEMENTS FOR EACH CORPORATION/PARTNERSHIP/LIMITED LIABILITY COMPANY/SOLE PROPRIETORSHIP** (as appropriate for your business structure)
 - a. Personal Tax Returns for the past three years for the Principals with 20% or greater ownership
 - b. Personal Financial Statements of Principals with 20% or greater ownership (less than 90 days old)..signed and dated
 - c. Business Statements (professionally prepared):
 - Existing Business
 - 3 year historical balance sheet, income and cash flow statements
 - Interim balance sheet and income statement (if year-end financial statements are over 90 days)
 - 1 year projected balance sheet, income and cash flow statements
 - New Business
 - 3 year projected balance sheet, income and cash flow statements
 - c. Participating Bank (or matching source) credit analysis
2. **BUSINESS PLAN** (including but not limited to)
 - Background and history of company
 - List of owners of the company and the ownership percentage of each
 - List of company officers and their titles
 - Names of affiliates and/or subsidiaries
 - Uses and sources of project costs
 - Analysis of what new project will accomplish
 - Strategic market positions
 - Evaluation of the industry - how the market will support and sustain business operations (industry trends, outlook)
 - Brief biography of the owners and key management
3. **LETTERS OF COMMITMENT** from all other sources including private, other public, and/or equity injections.
4. **DOCUMENTS TO SUBSTANTIATE ALL PROJECT COSTS** (i.e. Copies of Bids/Quotes, Sales Agreements, etc.)
5. **FEES**
 - Origination Fee – up to 2% of the loan amount (minimum \$250) plus all relative third party fees.
 - Legal Fees are payable at closing. Borrower is responsible for all legal fees incurred by the Commission's solicitor in preparing and negotiating required closing documents.
6. **ORGANIZING DOCUMENTS** (i.e. Articles of Incorporation, Partnership Agreement, Operating Agreement, By-Laws, etc. as appropriate for your business structure)
7. **COMPLETED LOAN APPLICATION**
8. **CERTIFICATION**
9. **COPY OF DRIVERS LICENSE** for the Principals with 20% or greater ownership.
10. **SIGNED CONSENT TO RELEASE OF INFORMATION**

ALL INFORMATION IS DUE FIFTEEN DAYS PRIOR TO THE MONTHLY LOAN REVIEW MEETING. LRC MEETINGS ARE NORMALLY HELD THE FRIDAY PRIOR TO THE THIRD WEDNESDAY OF EACH MONTH. PLEASE REFER TO THE "EVENTS" CALENDAR FOR THE SCHEDULED MEETING DATES.