APPLICATION FOR FINANCING	FOR OFFICE USE ONLY
AFFLICATION FOR FINANCING	□ EDA I
NOTE: Not all businesses and/or projects qualify for financing.	□ EDA II
	□ IRP I
For additional assistance, contact SEIRPC at 319-753-4316	□ IRP II
	□ OTHER
	APPLICATION #

INSTRUCTIONS:

- 1. Applications must be typed.
- 2. Only fully completed applications received before the last business day of the month will be considered at the following month's Loan Review Committee meeting. SEIRPC 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 SEIRPC 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 SEIRPC'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.

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 be submitted annually.
- 5. A representative of SEIRPC will conduct 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 requirement will be outlined in detail in the Loan Agreement.

SEIRPC 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: Ema	ıil:					
Tax ID Number (FEIN or SSN):	_					
Business Structure:						
	tion Limited Liability Co pration Sole Proprietorship		ot for Profit			
☐ New Business ☐ Existing	Business – Date Established:	_				
Name of Individual Completing this Fo	orm:					
Project Location (if different from above	ve):					
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

3. **JOBS.** List the jobs that will be retained and/or created as the result of this project. For retained jobs, include the <u>current</u> wage rate. For jobs to be created, include the <u>starting</u> wage rate.

Job Title	Number of	Retained (R) or	Starting or Current Wage Rate
	Jobs	Created (C)	
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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Total Number of Retained Jobs:	
Total Number of Created Jobs:	Over what time frame will these jobs be created?
Employee Benefits: List the employee benefits provided	by the Business:
With respect to medical and dental in	nsurance plans, please attach a memo as Evhibit R that outlines the

With respect to medical and dental insurance plans, please <u>attach</u> 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	SEIRPC	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	\$			\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$

TERMS OF PROPOSED FINANCING					
Source of Funds	Amount	Туре	Rate	Term	Conditions
Source A: SEIRPC	\$				
Source B:	\$				
Source C:	\$				
Source D:	\$				
Source E:	\$				
Source F:	\$				
Source G:	\$				
Source H:	\$				
TOTAL	\$				

5. EXHIBITS.	All exhibits must be signed and dated.
Exhibit A:	Business Plan to include:
0	Statement of Purpose.
0	Description of the Business.
0	Description of the project proposed for financing.
0	Project timeline.
0	Marketing plan that includes an analysis of competitors.
0	Management – include resumes of key management personnel.
0	Minimum of three references (banking, professional or trade).
Exhibit B:	With respect to medical and dental insurance plans, please outline the following:
0	The total cost (premiums) per employee for each benefit.
0	The amount and percentage of the premiums paid by the employee.
0	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 listed firms	The names of affiliates and/or subsidiary firms. Last fiscal year-end financial statement for .
Exhibit G: in the business	Personal financial statement of the owner(s) of the business with more than 20% ownerships.
	Preliminary plans and specifications covering new construction, and an itemized list of equipment to be purchased.
	A letter from the participating lender(s) stating the terms and conditions of the participation why it will not finance the entire project.
Exhibit J: appraisal may	A list of collateral to be offered as security for the SEIRPC loan (Note: An independent be required.)
	Supporting documentation such as credit reports, letters of intent, letters of reference, I description, patents or pending patents, copies of leases, feasibility studies, etc. Attach as

6. **GENERAL CERTIFICATION**:

Applicant: The undersigned certifies that he/she is the _____ (Title) of the applicant business applying for financing from SEIRPC, 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 herby gives permission to SEIRPC and it's 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: Des Moines, Henry, Lee, and Louisa Counties. The lender reserves the right to recall the loan if these requirements are not met. Please consult with SEIRPC.

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, 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."

This institution is an equal opportunity provider and employer.

Applications are due no later than the last business day of the month. Only fully completed applications received before the last business day of the month will be considered at the following month's Loan Review Committee meeting.

If the application is approved the undersigned agrees to pay a loan closing fee of 1.5% of the total loan amount.

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

Authorization for Credit Check

l,	, hereby	give	permission	to	Southeas	st
Iowa Regional Planning Commission and/or the	heir subsidia	ries to	check my	pers	onal cred	lit
history.						
Applicant Signature:	D	ate: _				
Social Security Number:				_		
Current Address:						