

<h1>APPLICATION FOR FINANCING</h1>	<p><u>FOR OFFICE USE ONLY</u></p> <p><input type="checkbox"/> EDA I</p> <p><input type="checkbox"/> EDA II</p> <p><input type="checkbox"/> IRP I</p> <p><input type="checkbox"/> IRP II</p> <p><input type="checkbox"/> OTHER APPLICATION #</p>
<p><b>NOTE:</b> Not all businesses and/or projects qualify for financing.</p> <p>For additional assistance, contact SEIRPC at 319-753-4306</p>	

## Emergency Loan Program Working Capital Only

### INSTRUCTIONS:

1. Applications must be easily able to be read by SEIRPC staff.
2. 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, however, someone from SEIRPC will contact you immediately with questions or suggestions should that occur.
3. Complete all sections of the application. Please contact SEIRPC if you need assistance. Please provide an explanation for any section of the application you are not able to complete.
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 may be requested.
2. Financial statements (Balance Sheet and Profit & Loss Statement) shall be submitted semi-annually.
3. Project progress reports shall be submitted 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: \_\_\_\_\_ Email: \_\_\_\_\_

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

Business Structure:

Cooperative     Corporation     Limited Liability Company     Not for Profit

Partnership     S-Corporation     Sole Proprietorship

New Business     Existing Business - Date Established: \_\_\_\_\_

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

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

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 current wage rate. For jobs to be created, include the starting wage rate.

Job Title	Number of Jobs	Retained (R) or Created (C)	Starting or Current Wage Rate
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
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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 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	SEIRPC	Source B	Source C	Source D	Source E	Source F	Source G	Source H
Working Capital	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
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	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$

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

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

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

Exhibit B: Personal financial statement of the owner(s) of the business with more than 20% ownership in the business.

Exhibit C: 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 D: A list of collateral to be offered as security for the SEIRPC loan, IF additional collateral has been determined to be a need. (Note: An independent appraisal may be required.)

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 hereby gives permission to SEIRPC 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: 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](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) ."**

**This institution is an equal opportunity provider and employer.**

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

Signature:

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Date:

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# 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 \_\_\_\_\_