RLF APPLICATION

Applicant	Date of Application	
Street Address	City	State Zip Code
Name of President or Chief Executive Officer		Telephone No.
Name of Borrower(s) Receiving Assistance (SBC)		Employer ID Number
Name of Small Business Concern and/or (d/b/a)		Telephone No. Fax No. E-Mail
Street Address of Project (if Address of SBC is different, Explain)		SIC Code (office use only)

Date Established	Ownership: Minority _____ Female _____	Existing Business _____ New Business _____
Name of Principal in Charge of the Small Business Concern		Relocation Yes ____ No ____

Name of Business Bank Account	Account Officer	Telephone No.

Economic Impact (Complete Section A only)

A. Impact on Project on Jobs: Retained ___ + No Created___ = Total ___; Existing Jobs____Minority Employee Opportunities ____

B. RLF Amount $_____ /$10K = _____;

Name(s) Address(es) and Amount of Private Sector Source(s) of Financing (Bank, etc.)

Name of Institution _____

Address _____

Amount $ _____   Account Officer _____   Telephone # _____

Use of Proceeds		**Project Cost and Request Summary**			
			Private Lender	RLF	Other	Total Project
Land Acquisition	$_____	Amount	$_____	$_____	$_____	$_____
Land Improvements	$_____	Terms (Yrs)	$_____	$_____	$_____	$_____
Purchase/Remodel Bldg.	$_____	Annual %	$_____	$_____	$_____	$_____
New Construction	$_____	Debt Service	$_____	$_____	$_____	$_____
Purchase/ Repair M & E	$_____	Collateral	$_____	$_____	$_____	$_____
Purchase/ Repair F & E	$_____	Guarantee	$_____	$_____	$_____	$_____
Other (contingencies)	$_____					
Totals	$_____					

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Collateral	Cost or Net Book Value	Prior Liens	Appraised Values	Comments on Collateral/Guarantors (office use only)
Land	$ _____	$ _____	$ _____	
Building(s)	$ _____	$ _____	$ _____	
M & E	$ _____	$ _____	$ _____	
F & E	$ _____	$ _____	$ _____	
Other	$ _____	$ _____	$ _____	
Totals	$ _____	$ _____	$ _____	

AGREEMENTS AND CERTIFICATION

1. Agreement of Nonemployment of Commission Personnel: I/We agree that if the Loan Administration Board approves this application I/We will not for at least two years hire an employee or consult anyone who was employed by the entity accepting this loan application.

2. Privacy Act of 1974 Information: Certain information such as personal balance sheets is used to evaluate your application. Such information may be given to Federal. State or local agencies for law enforcement purposes. Omission of an item means your application might not receive full consideration.

3. I/We authorize disclosure of all information submitted in connection with this application to the financial institution agreeing to participate in the funding of this project.

4. As considered for any Management and Technical Assistance that may be provided, I/We waive all claims against the Commission entity, their elected officials, employees, agents or consultants providing such service.

5. Whoever makes any statement knowing it to be false, or whoever willfully overvalues any security, for the purpose of obtaining for himself or for an applicant any loan, or extension thereof by renewal, deferment of actions, or otherwise, or the acceptance, release, or substitution of security therefore, or for the purpose of influencing in any way any action of any person dealing with this loan application, or for the purpose of obtaining money, property, or anything of value, under the provisions of the EDA RLF forfeits all rights to loan proceeds and may be prosecuted to the fullest extent provided by law.

6. Whoever knowingly and willfully falsifies, conceals or covers up a material fact by any trick, scheme or device, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry forfeits all rights to loan proceeds and may be prosecuted to the fullest extent provided by law.

7. The undersigned in consideration for assistance from the EDA RLF hereby agree that it will comply with all Federal Laws and Regulations enforced to the extent that they are applicable to such assistance, including conditions set forth in this application.

Name of Business_____

By_____

Title_____

Attest _____

Title_____