## INREDC REVOLVING LOAN FUND APPLICATION

**NOTE:** Not all businesses and/or projects qualify for financing. For additional assistance, please contact INRCOG/INREDC at 319-235-0311.

## **INSTRUCTIONS:**

- 1. Applications must be typed. A nonrefundable fee of \$100 is due with the Application. Please note a 1.5% loan closing fee is due at closing on all approved and funded loans.
- 2. Only fully completed applications will be considered at the next Loan Review Committee meeting, which will be held monthly, as needed. An application may not be considered complete upon initial submission from applicant.
- 3. Complete all sections of the application. Please contact INRCOG/INREDC 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 INREDC'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 borrower will be required to provide the following information:

- 1. Payroll reports shall be submitted semi-annually to verify employment data.
- 2. Financial statements (Balance Sheet and Profit & Loss Statement) shall be submitted semi-annually.
- 3. Project progress reports shall be submitted semi-annually.
- 4. Proof of liability insurance shall be submitted annually.
- 5. Race, ethnic and gender information reporting will be required of all borrowers on an annual basis.
- 6. Other submissions may be required if EDA regulations change during the term of the loan.

All reporting requirements will be fully outlined in detail in the Loan Agreement.

Annual site visits by INREDC will be conducted during the term of all loans.

This Revolving Loan Fund is governed by Regulations promulgated by the Department of Commerce- Economic Development Administration. Changes in such regulations may require changes to the loan and reporting requirements.

# IOWA NORTHLAND REGIONAL ECONOMIC DEVELOPMENT COMMISSION

## APPLICATION FOR RLF ASSISTANCE:

| 1. APPLICANT INFOR   | RMATION       |          |                       |           |              |  |  |
|--|---------------|----------|-----------------------|-----------|--------------|--|--|
| Business:  |               |          |                       |           |              |  |  |
| Name of Business:  |               |          |                       |           |              |  |  |
| Address:   |               |          |                       |           |              |  |  |
| City:  |               |          | State:                |           | Zip:         |  |  |
| Contact Name:  |               |          | Title                 | :         |              |  |  |
| Phone:   | Fax:          |          | Ema                   | il:       |              |  |  |
| Tax ID Number (FEIN  | or SSN):      |          |                       |           |              |  |  |
| Business Structure:  |               |          |                       |           |              |  |  |
| Cooperative  | Corpora       | ation    | Limited Liability     | / Company | Non-Profit   |  |  |
| Partnership  | S-Corpo       | oration  | Sole Proprietor       | ship      |              |  |  |
| New Business   | Existing      | Busines  | s – Date Established: |           |              |  |  |
| Name of Individual C   | completing th | is Form: |                       |           |              |  |  |
| Project Location (if d   | ifferent from | above):  |                       |           |              |  |  |
| 2. <b>OWNERSHIP INFORMATION.</b> Provide the following information on the owner(s) of the business. Attach an additional sheet if necessary. |               |          |                       |           |              |  |  |
| % Annual   |               |          |                       |           |              |  |  |
| Name/Tit   | ie            |          | Address               | Ownership | Compensation |  |  |
|  |               |          |                       |           |              |  |  |
|  |               |          |                       |           |              |  |  |
|  |               |          |                       |           |              |  |  |
|  |               |          |                       |           |              |  |  |

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, including the <u>starting</u> wage rate.

| Job Title | Number of | Retained (R) or | Starting or Current Wage Rate |
|-----------|-----------|-----------------|-------------------------------|
|           | Jobs      | Created (C)     |                               |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |
|           |           |                 | \$                            |

Attach an additional sheet if necessary.

| Total | Nium    | hor   | of D | atain  | 2        | lahc: |
|-------|---------|-------|------|--------|----------|-------|
| TOTAL | IMITITI | r ner | OI K | וווגוב | $\omega$ | mnc.  |

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 <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.

| Use of Funds Activity       | Cost | INREDC | Source B | Source C | Source D | Source E |
|-----------------------------|------|--------|----------|----------|----------|----------|
| Land Acquisition            | \$   | \$     | \$       | \$       | \$       | \$       |
| Site Preparation            | \$   | \$     | \$       | \$       | \$       | \$       |
| <b>Building Acquisition</b> | \$   | \$     | \$       | \$       | \$       | \$       |
| Building<br>Construction    | \$   | \$     | \$       | \$       | \$       | \$       |
| Building Remodeling         | \$   | \$     | \$       | \$       | \$       | \$       |
| Machinery & Equipment       | \$   | \$     | \$       | \$       | \$       | \$       |
| Furniture & Fixtures        | \$   | \$     | \$       | \$       | \$       | \$       |
| Inventory                   | \$   | \$     | \$       | \$       | \$       | \$       |
| Computers                   | \$   | \$     | \$       | \$       | \$       | \$       |
| Working Capital             | \$   | \$     | \$       | \$       | \$       | \$       |
|                             | \$   | \$     | \$       | \$       | \$       | \$       |
|                             | \$   | \$     | \$       | \$       | \$       | \$       |
|                             | \$   | \$     | \$       | \$       | \$       | \$       |
|                             | \$   | \$     | \$       | \$       | \$       | \$       |
| TOTAL                       | \$   | \$     | \$       | \$       | \$       | \$       |

| TERMS OF PROPOSED FINANCING                      |    |  |  |  |  |  |  |
|--|----|--|--|--|--|--|--|
| Source of Funds Amount Type Rate Term Conditions |    |  |  |  |  |  |  |
| Source A: INREDC RLF                             | \$ |  |  |  |  |  |  |
| Source B:  | \$ |  |  |  |  |  |  |
| Source C:  | \$ |  |  |  |  |  |  |
| Source D:  | \$ |  |  |  |  |  |  |
| Source E:  | \$ |  |  |  |  |  |  |
| TOTAL  | \$ |  |  |  |  |  |  |

4

Additional comments to describe unique aspects of project or financing

| 5. REQUIRED EXHIBITS. All exhibits must be signed and dated.  |
|---|
| Exhibit A: Business Plan which shall include, at a minimum:   |
| Statement of Purpose.   |
| Description of the Business.  |
| Description of the project proposed for financing, including project timeline.  |
| Marketing plan that includes an analysis of competitors.  |
| Management – include resumes of key management personnel.   |
| Minimum of three references (banking, professional or trade).   |
| Exhibit B: With respect to medical and dental insurance plans, please outline the following:  |
| The total cost (premiums) per employee for each benefit.  |
| <ul> <li>The amount and percentage of the premiums paid by the employee.</li> </ul>   |
| A summary of the plan provisions (deductibles, co-payments, eligibility   |
| requirements, etc.).  |
| Exhibit C: Balance sheets and income statements for the previous three years.   |
| Exhibit D: A current balance sheet (not over 90 days old).  |
| <u>Exhibit E</u> : Projected operating statements with notes of explanation for three years into the future.  |
| Exhibit F: The names of affiliates and/or subsidiary firms. Provide the most recent fiscal year-end financial statement for the listed firms.   |
| Exhibit G: Personal financial statement of the owner(s) of the business with more than 20% ownership in the business.   |
| Exhibit H: Preliminary plans and specifications covering new construction, and an itemized list of machinery and equipment to be purchased.   |
| Exhibit I: 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 K: Supporting documentation such as credit reports, letters of intent, letters of reference, contracts, legal description, patents or pending patents, copies of leases, feasibility studies, etc. Attach as appropriate. |
| Exhibit L: Environmental Questionnaire and Checklist (attached to Application)  |

| c  |     |        | CEDTIE | TO A TIONI. |
|----|-----|--------|--------|-------------|
| 6. | GEI | INEKAL | CERTIF | ICATION:    |

| <b>Applicant:</b> The undersigned certifies that he/she is the  |
|---|
| The undersigned herby gives permission to INREDC and it's agents 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: Bremer, Buchanan, Butler, Grundy and Chickasaw Counties. The lender reserves the right to recall the loan if these requirements are not met. Please consult with INREDC. |
| In accordance with federal law, INREDC is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status.   |
| INREDC is an Equal Opportunity Provider.  A nonrefundable fee of \$100 is due with the Application.   |
| IF THE APPLICATION IS APPROVED THE UNDERSIGNED AGREES TO PAY A LOAN CLOSING FEE OF 1.5% OF THE TOTAL LOAN AMOUNT AT CLOSING.  |
| Applicant (typed):  |
| Signature:  |
| Date:   |
| Return Completed Application to: INRCOG   |

For additional information, please contact us by telephone at 319-235-0311 or by email at <a href="mailto:bschoon@inrcog.org">bschoon@inrcog.org</a>.

6

ATTN: RLF Loan Program

229 E. Park Ave. Waterloo, IA 50703

## 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   |

# ENVIRONMENTAL QUESTIONNAIRE & CHECKLIST (EXHIBIT L)

| I.   | Pro  | ject name and location.  |
|------|------|--|
| II.  | Brid | ef description of proposed activity/project.   |
| III. | Nat  | tional Register of Historic Places   |
|      | a)   | Are there properties listed on, nominated to or eligible for nomination to, the National Register of Historic Places on the site, or in the vicinity of the proposed activity?   |
|      |      | Yes No No  |
|      | b)   | If yes, does the proposed action have an effect on the properties?   |
|      |      | Yes No If yes, briefly describe effect.  |
|      |      |  |
|      |      |  |
|      | c)   | How has this determination been made and by whom?  |
|      |      |  |
|      |      |  |
| IV.  | Enν  | vironmental Checklist:   |
|      | Арр  | ase complete the Environmental Checklist. This must be submitted with your Application. Your olication will not be processed unless this Checklist is completed. The rating scale is located at bottom of the Checklist. |

#### **ENVIRONMENTAL CHECKLIST**

| 1.  | Unique geologic features on site or in vicinity |     | Junior high/senior high                |  |
|-----|---|-----|--|--|
| 2.  | Valuable geologic resources within 1 mile of    |     | other (specify)                        |  |
|     | site  |     |  |  |
| 3.  | Depth of impermeable layers                     | 33. | Employment                             |  |
| 4.  | Subsidence                                      | 34. | Commercial facilities                  |  |
| 5.  | Consolidation (geologic)                        | 35. | Health care/social services            |  |
| 6.  | Seismic risk                                    | 36. | Water supply system                    |  |
| 7.  | Foundation support                              | 37. | Sanitary sewer system                  |  |
| 8.  | Soil plasticity                                 | 38. | Storm sewer system                     |  |
| 9.  | Frost susceptibility                            | 39. | Solid waste disposal                   |  |
| 10. | Liquefaction                                    | 40. | Police and fire protection             |  |
| 11. | Erosion/sedimentation                           | 41. | Parks/playgrounds/open space use       |  |
| 12. | Soil permeability                               | 42. | Other recreation facilities            |  |
| 13. | Abandoned, active, planned sanitary landfill    | 43. | Public transportation                  |  |
| 14. | Wetlands  | 44. | Cultural facilities                    |  |
| 15. | Coastal/zones/shorelines                        | 45. | Site hazards                           |  |
| 16. | Mine dumps/spoil areas                          | 46. | Structural safety                      |  |
| 17. | Hydrologic balance                              | 47. | Safety (materials)                     |  |
| 18. | Aquifer yield                                   | 48. | Cultural patterns                      |  |
| 19. | Drainage  | 49. | Road safety and design                 |  |
| 20. | Flooding  | 50. | Noise:                                 |  |
| 21. | Water quality                                   |     | Airports (within 15 miles)             |  |
| 22. | Ground water                                    |     | Railroads (within 3,000 feet)          |  |
| 23. | Surface water                                   |     | Major roads (within 1,000 feet)        |  |
| 24. | Unique or endangered animal species             | 51. | Vibration                              |  |
| 25. | Vegetative community                            | 52. | Odor                                   |  |
| 26. | Plant/animal diversity                          | 53. | Light                                  |  |
| 27. | Nutrient cycling                                | 54. | Temperature                            |  |
| 28. | Special climatic conditions                     | 55. | Socio-economic character of the        |  |
|     |   |     | neighborhood                           |  |
| 29. | Forest/range fires                              | 56. | Physical character of the neighborhood |  |
| 30. | Energy resources                                | 57. | Crime levels                           |  |
| 31. | Air quality                                     | 58. | Nuisances                              |  |
| 32. | Education facilities:                           | 59. | Compatibility of land uses             |  |
|     | Elementary                                      | 60. | Aesthetic compatibility                |  |

Use the following rating scale for the above checklist.

**N/A** = not applicable to the type of activity proposed.

**<sup>0</sup>** = <u>no impacts.</u>

<sup>1 =</sup> minor impacts (i.e., those impacts which can be easily mitigated with minimal extra expense and/or minimal delay in project implementation).

<sup>2 = &</sup>lt;u>major adverse impacts</u> (i.e., those impacts which cannot be mitigated or which would require extensive mitigation and may involve long delays of project implementation).