

**General Information**

Name(s) of Applicant(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Legal Entity  Sole Proprietorship  Partnership  Corporation  Limited Liability Corporation

Federal Employer ID #: \_\_\_\_\_ Date Business Established: \_\_\_\_\_

D-U-N-S Number: \_\_\_\_\_ Contact Person \_\_\_\_\_

**Ownership of Business Entity**

<b>Co-Applicant/Owner</b>	<b>Co-Applicant/Owner</b>
Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____	Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____
<b>Co-Applicant/Owner</b>	<b>Co-Applicant/Owner</b>
Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____	Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____

- Is the Applicant a United States Citizen or Entity? Yes No
- Has the Applicant ever been in receivership or bankruptcy? Yes No
- Is there any legal action pending against the applicant? Yes No
- Has the applicant ever co-signed someone else's liabilities? Yes No
- Does the applicant have any taxes in delinquent status or in dispute? Yes No
- Are all state and federal income taxes filed? Yes No
- Other business names used by the applicant? If yes, please list. Yes No

**Uses and Sources of Funds**

**Uses of Funds** – (Enter Gross Dollar Amounts Rounded to the Nearest Hundreds.

Real Estate Acquisition – Describe:	\$
New Construction and Facility Improvements – Describe:	\$
Purchase and/or Repair of Machinery and Equipment – Describe:	\$
Inventory Purchase – Describe:	\$
Working Capital – Describe:	\$
Acquisition of Existing Business – Describe:	\$
Refinance Debt – Describe:	\$
Other – Describe:	\$ _____
<b>Total Funds Required</b>	<b>\$</b>

**Sources of Funds**

Personal Investment – Describe where funds will come from: _____	\$
Financial Institution – Name: _____ Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____	\$
Other – Source: _____ Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____	\$
Other – Source: _____ Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____	\$
PACEDC Revolving Loan Fund – Terms Requested Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____ Use of Funds: _____	\$ _____
<b>Total Sources of Funds</b>	<b>\$ _____</b>

**Job Creation**

Please complete the following tables concerning jobs created or brought into the Palo Alto County community within the first two years of operation.

**Full-Time Hourly Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Palo Alto County Community	
			First Year	Second Year
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		

**Part-Time Hourly Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Palo Alto County Community	
			First Year	Second Year
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		

**Full-Time Salaried Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Palo Alto County Community	
			First Year	Second Year
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		

**Existing Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Palo Alto County Community	
			First Year	Second Year
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		
	\$ _____/Hr	\$ _____/Hr		

**Check Benefits Provided**

- Health Insurance    Portion of premium paid by employee: \_\_\_\_\_ Is family coverage available? Y/N
- Dental Insurance    Portion of premium paid by employee: \_\_\_\_\_ Is family coverage available? Y/N
- Retirement Plan    Describe: \_\_\_\_\_

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

***USDA is an equal opportunity provider, employer, and lender.***

## **Required Attachments**

1. Name of Financial Institution you are working with. (RLF only provides GAP financing)  
*Include Commitment Letters from banks or others which state the terms and conditions of their participation. Will need permission to speak to your financial institution.*
2. To apply, applicants will need to submit a non-refundable application fee in the sum of \$250.00 for members and \$500.00 plus consulting fees for non-members. **A member** is a community within Palo Alto County that is a paid per capita member. An applicant locating his/her business in a community, which is paying per-capita, will submit a fee of \$250.00. **A non-member** is a community within Palo Alto County that has not paid their per capita. An applicant locating his/her business in a community, which is not paying per capita, will submit a fee of \$500.00, in addition to any consulting fees, which will be billed by Palo Alto County Economic Development Corporation.
3. In addition to the eventual granted loan amount, a prepaid annual member fee for the term of loan will be added to the loan amount granted. It will be computed for the life of the granted loan amount based on equivalent full time employment the borrower has projected in the loan application. Thus two checks will be issued at the time of the loan disbursement, one to the borrower for the actual loan amount and one to PACEDC for the cumulative annual member dues for the life of the loan requested. If the loan is paid in full prior to original term, a credit will be applied to remainder of term.
4. Personal resume(s) of company management and brief history of the company.
5. Business Plan.
6. Current personal financial statement.
7. Current Credit Report
8. Current balance sheet and YTD profit and loss statement for the business. (if available)
9. Business balance sheets and profit and loss statements for each of the past 3 years. (if available)
10. Three year income and expense projection
11. Federal Tax returns filed by the business for the previous three years, if the applicant is a sole proprietorship, partnership or corporation that does not have audited financial statements.
12. “Data Collection Information” **USDA Form**
13. Executed Form AD-1048 “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion.” **USDA Form**
14. Executed Form RD 400-4 “Assurance Agreement” **USDA Form**
15. Executed “Rural Business Enterprise Grant Certification Statements” **USDA Form**
16. Executed Form “Small and Emerging Private Business Enterprise” **USDA Form**

I certify that everything I have stated in this application and on any attachments is correct. The Palo Alto County Economic Development Corporation (PACEDC) is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify PACEDC of any subsequent changes that would affect the accuracy of this Statement. PACEDC is further authorized to answer any questions about PACEDC's credit experience with Applicant(s).

By signing below, each representative of the Applicant declares that he/she has read and understands the statement above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

DATA COLLECTION INFORMATION REQUIRED PER FORM 400-4, ASSURANCE AGREEMENT (item 2a)

**\*\*\*IMPORTANT NOTICE\*\*\***

**In order to meet the requirements of the Federal Register Vol 62 No. 210, Revision to the Standards for the Classification of Federal Data on Race and Ethnicity, all application forms for Rural Development financed programs must include below the signature and date block the following disclosure statements:**

**“The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient 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 regulation, this program representative is required to note race/ethnicity on the basis of visual observation or surname.”**

\_\_\_\_\_ **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**