

APPLICATION FOR FINANCING	<u>FOR OFFICE USE ONLY</u>
<p><u>Note:</u> Not all businesses and/or projects qualify for financing.</p> <p>For additional assistance, please contact MAPA at (402) 444-6866</p>	<input type="checkbox"/> EDA RLF <input type="checkbox"/> CDBG <input type="checkbox"/> <input type="checkbox"/> APPLICATION # _____

INSTRUCTIONS:

1. **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. MAPA staff will evaluate the application and determine when the application is fully completed. An application may not be considered complete upon initial submission from applicant.
2. Complete all sections of this application. Please contact MAPA (402-444-6866) if you need assistance.
3. Please complete the attached Race and Ethnicity Survey. This information is not required at the time of application, but is requested to ensure MAPA's compliance with equal credit opportunity laws.

NOTICE OF REPORTING REQUIREMENTS:

Upon loan approval, the follow reporting information will be required of the loan recipient:

1. To verify employment data, copies of payroll and 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 be submitted semi-annually.
4. Proof of liability insurance shall be submitted annually.
5. A representative of MAPA will conduct site visits during the project period.

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

APPLICATION FOR RLF ASSISTANCE

1. APPLICATION 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 Partnership
- New Business Existing Business – Date Established:

Name of individual completing this form:

Project Location (if different from above):

2. OWNERSHIP INFORMATION:

Please 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

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 public funds (local loan funds, federal programs, city assistance, etc.). Please be as detailed as possible.

AMOUNT BUDGETED									
Use of Funds Activity	Cost	MAPA	Source B	Source C	Source D	Source E	Source F	Source G	Source H
Land Acquisition	\$ 0	\$	\$	\$	\$	\$	\$	\$	\$
Site Preparation	\$	\$	\$	\$	\$	\$	\$	\$	\$
Building Acquisition	\$	\$	\$	\$	\$	\$	\$	\$	\$
Building Construction	\$	\$	\$	\$	\$	\$	\$	\$	\$
Building Remodeling	\$	\$	\$	\$	\$	\$	\$	\$	\$
Machinery and Equipment	\$	\$	\$	\$	\$	\$	\$	\$	\$
Computers	\$	\$	\$	\$ 0	\$	\$	\$	\$	\$
Furniture and Fixtures	\$	\$	\$	\$	\$	\$	\$	\$	\$
Working Capital	\$	\$	\$	\$	\$	\$	\$	\$	\$
Other	\$ 0	\$	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL:	\$	\$	\$	\$	\$	\$	\$	\$	\$

Terms of Proposed Financing					
Source of Funds	Amount	Type	Rate	Term	Conditions
Source A: MAPA	\$				
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:
 - Statement of purpose
 - Description of the business
 - Description of the project proposed for financing
 - 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:
 - Total cost (premiums) per employee for each benefit
 - The amount and percentage of the premiums paid by the employee
 - A summary of the plan provisions (deductibles, co-payments, eligibility requirements, etc.)
- Exhibit C: Balance sheet 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 names of affiliates and/or subsidiary firms, last 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 J: A list of collateral to be offered as security for the MAPA loan (note: an independent appraisal may be required)
- Exhibit K: Supporting documentation such as credit reports, letters of intent, letters of references, contracts, legal description, patents or pending patents, copies of leases, feasibility studies, etc. Attach as appropriate.

6. GENERAL CERTIFICATION

Applicant: The undersigned certifies that he/she is the _____ (Title) of the applicant business applying for financing from MAPA, that he/she is familiar with the records of the borrow 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 the project accurately its intended operations for the period set forth in this application.

The undersigned hereby gives permission to MAPA and its subsidiaries to research the applicant'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 MAPA region. The lender reserves the right to recall the loan if these requirements are not met. Please consult with MAPA.

MAPA is an Equal Opportunity Provider.

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.

At the time of application the undersigned agrees to pay a nonrefundable loan application fee of 1%. Each borrower will reimburse MAPA for all legal expenses incurred in the closing of the RLF loan.

Applicant:

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 (mark one):

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 (mark one):

Male

Female