



Fayette County Economic Development

101 North Vine Street ♦ West Union, IA 52175 ♦ 563-422-5073 ♦ 800-477-5073 ♦ Fax 563-422-6322

APPLICATION

FAYETTE COUNTY ECONOMIC DEVELOPMENT COMMISSION LOCAL REVOLVING LOAN FUND (LRLF)

Purpose: The purpose of the Fayette County Economic Development (FCEDC) Local Revolving Loan Fund (LRLF) is to provide micro-financing to new and expanding businesses for which credit is not otherwise available on terms and conditions, which permit completion and/or the successful operation of proposed business activities.

Eligible Projects: Any business improvement or start-up project in Fayette County is an eligible project. Project activities which can be funded with LRLF funds include, but are not limited to: land acquisition, site preparation, building acquisition, building construction, building remodeling, machinery & equipment, furniture & fixtures, and working capital for business start-up and expansion activities.

Eligible Applicants: Applicants eligible for LRLF funds include, but are not limited to: individuals, partnerships, businesses, corporations, and non-profit organizations in Fayette County. Municipalities and county governments are not eligible applicants.

Application Procedure: Applications for the LRLF will be accepted by FCEDC on a continuous basis. The FCEDC Loan Review Committee will review completed applications within 30 days of receipt. Applicants will be formally notified of approval, contingency approval, or denial within 10 days of the review. To apply, applicants will need to submit an LRLF application to the Commission at the address listed at the top of this page.

PROGRAM CRITERIA:

1. Project must involve a minimum of 10% personal or business equity.
2. Applicant can apply for up to 90% of the total project costs.
3. Minimum loan is \$500, maximum loan is \$3,000.
4. Interest Rate is 2%.
5. The maximum term of the loan is 2 years. The loan may be amortized over a shorter term.
6. The Fayette County Economic Development Commission reserves the right to recall any LRLF loan if the above requirements are not met.
7. A business is eligible to receive funding only one time from this loan pool.

16. Type of Business Organization:
 _____ Partnership _____ Sole Proprietorship _____ Not yet established
 _____ S Corporation _____ C Corporation _____ Other _____
17. Is your Business _____ For-Profit _____ Nonprofit
18. Do you have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens against you, or pending against you? _____ YES _____ NO
 If yes, please describe: _____

19. Has the business, or any principal of the business, been involved in bankruptcy or insolvency proceedings? _____ Yes _____ No If yes, please explain: _____

20. Have you had any past credit problems that we should be aware of? _____ Yes _____ No
 If yes, please explain: _____

21. What kind of insurance do you currently carry? (check all that apply)
 _____ Business _____ Health _____ Life _____ Homeowners/renters _____ Auto

SECTION II: BUSINESS PLAN INFORMATION

22. Have you completed a business plan? ____ Yes ____ No
 (If you answered yes, please attach a copy of the Business Plan to this application. If you answered no, please complete a business plan)
23. When and by whom was the Business Plan prepared? _____

24. If you have not completed a Business Plan, would you like assistance in preparing one?
 _____ Yes _____ No

SECTION III: FINANCING INFORMATION Please be specific

25. Purpose of the loan request: _____

26. Describe how this loan will help your business: _____

27. Have you applied to another lender(s) for financing? ____ Yes ____ No
 If yes, what is the status of your application? _____

28. How did you hear about the Local Revolving Loan Fund? _____

29. Total amount of Loan Request: \$ _____ Please specify and describe the use of loan funds on the next page.

30. **Proposed Use of Funds:**

<u>Description:</u> (Please be specific):	<u>\$ Amount:</u>
What supplies or merchandise will you buy? _____	\$ _____
What tools and equipment will you buy? _____	\$ _____
What improvements will you make to your place of business? _____	\$ _____
What will you spend on marketing, advertising or trade shows? _____	\$ _____
How much do you plan to spend for other purposes? (describe uses) _____	\$ _____

31. I would like to pay this loan off in _____ months.

32. Proposed collateral: _____ Business Assets _____ Mortgage _____ Co-Signer _____
Other _____

33. Describe any other sources of household income: _____

34. Amount and source of personal (non-loan) funds that you have invested or plan to invest in the business/project:
Cash Amount: \$ _____ Source: _____
(savings, credit card, personal loan, other)

SECTION IV: REFERENCES

35. Credit references (other banks, suppliers, utilities, credit cards, business and/or personal):
Name: _____ Address: _____
Account number: _____ Telephone: _____
Name: _____ Address: _____
Account number: _____ Telephone: _____
Name: _____ Address: _____
Account number: _____ Telephone: _____

36. Personal references:
 Name: _____ Address: _____
 Telephone: _____
 Name: _____ Address: _____
 Telephone: _____

SECTION V: RESUMES

37. Please include a current resume for all principals of the business.

SECTION VI: DEMOGRAPHIC INFORMATION

38. The following information is being obtained for statistical purposes only.
 Please check those that apply:

Business Owned by:	Veteran Status:	Race/Ethnicity:
<input type="checkbox"/> Female (100%)	<input type="checkbox"/> Non-Veteran	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Female (>51%)	<input type="checkbox"/> Vietnam-era Veteran	<input type="checkbox"/> African American
<input type="checkbox"/> Male (100%)	<input type="checkbox"/> Other Veteran	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Male (>51%)		<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Asian/Pacific Islander
		<input type="checkbox"/> Other

SECTION VII: CERTIFICATIONS

Please read the following and sign the Application form below. All owners, officers or partners must sign this Application.

The information provided in this Application is accurate to the best of my knowledge. I understand that personal and/or business information may be requested pursuant to this Loan Application, and I hereby give my consent for such information to be provided. I also understand that the Lender retains the sole decision as to whether this Loan Application is approved, denied, or modified. It is my right to accept or decline the loan amount, rate and terms approved by the Lender. I understand that credit reports may be obtained in connection with this application. Upon my request, I will be informed whether or not credit reports were obtained, and if so, the name and address of the consumer reporting agency that furnished the report. I certify that neither I, nor my business, have been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. I certify that I am not late by 60 days or more on any child support payments.

Name (Printed): _____ Name (Printed): _____

Signature: _____ Signature: _____

Date: _____ Date: _____

SECTION VIII: APPLICATION CHECKLIST

Please submit the following information with this application:

1. Completed Business Plan
2. Completed Personal Financial Statement (form is enclosed)
3. Existing businesses: Completed Business Balance Sheet and Profit and Loss Statement (form is enclosed)
4. Individual and Business Tax Returns (if applicable) for the past 3 years
5. Income Statement, Balance Sheet, and Cash Flow Projections for next 3 years. Cash Flow Projection should be monthly for first year, quarterly for second, and annual for third.
6. Resumes of owners/principal managers

Additional information may be required as determined by the Lender.

PERSONAL FINANCIAL STATEMENT

**All owners of 20% or more of the company need to complete both the Personal Financial Statement and the Personal Balance Sheet*

1. **ANNUAL GROSS INCOME:** Please show actual gross income for the previous twelve months for all household members.

<u>NAME:</u>	<u>GROSS INCOME:</u>	<u>FROM WHAT SOURCE:</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTAL GROSS INCOME	\$ _____	

2. **ANNUAL HOUSEHOLD EXPENSES:** Please show personal expenses for the previous twelve months. **Do not include business expenses in this section.**

Mortgage payments (12 months)	\$ _____
Rent/Mortgage payments (12 months)	\$ _____
Car payments (12 months)	\$ _____
Installment debt/credit cards	\$ _____
Insurance	\$ _____
Property	\$ _____
Auto	\$ _____
Health/Life	\$ _____
Real Estate Taxes	\$ _____
Income Taxes	\$ _____
Utilities	\$ _____
Heat	\$ _____
Lights/Electric	\$ _____
Phone	\$ _____
Water	\$ _____
Misc. (cable etc.)	\$ _____
Medical expenses (not covered by insurance)	\$ _____
Education (include student loans)	\$ _____
Food	\$ _____
Other (list): _____	\$ _____
TOTAL ANNUAL EXPENSES:	\$ _____

3. **NET INCOME** (Total Gross Income minus Total Annual Expenses) \$ _____

4. Do you receive food stamps? (Y/N) _____ Do you receive fuel assistance? (Y/N) _____

PERSONAL BALANCE SHEET

<u>WHAT YOU OWN</u>	<u>CURRENT VALUE</u>
Cash on hand or in banks: Bank accounts (name of bank, checking and/or savings)	
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Investments (retirement accounts, mutual/money market funds, stocks, bonds)	
_____	\$ _____
Residential real estate (describe)	
_____	\$ _____
Other real estate (describe)	
_____	\$ _____
Life Insurance (company, policy number & cash value, if any)	
_____	\$ _____
Automobiles (make, model, year, mileage, condition)	
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
Money other people owe you (notes, mortgages)	
_____	\$ _____
Other valuable assets (jewelry, furnishings, art, collections, etc.)	
_____	\$ _____
TOTAL VALUE:	\$ _____

WHAT YOU OWE:

<u>OWE TO WHOM?</u>	<u>BALANCE OWED</u>	<u>MONTHLY PAYMENT</u>	<u>PAYOFF DATE:</u> (Where Applicable)
Mortgages			
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
Auto Loans			
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
Personal Loans			
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
Credit Cards			
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
4. _____	\$ _____	\$ _____	_____
5. _____	\$ _____	\$ _____	_____
Student Loans			
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
Child Support			
_____	\$ _____	\$ _____	_____
Unpaid Taxes			
_____	\$ _____	\$ _____	_____
Other			
_____	\$ _____	\$ _____	_____
TOTAL AMOUNT OWED		\$ _____	\$ _____

NET WORTH (Total Value minus Total Amount Owed) \$ _____

Signature 1 _____ Date _____ Social Security No. _____

Signature 2 _____ Date _____ Social Security No. _____
(if joint household ownership team)

WHAT YOU OWE:

<u>OWE TO WHOM?</u>	<u>BALANCE OWED</u>	<u>MONTHLY PAYMENT</u>	<u>PAYOFF DATE:</u> (Where Applicable)
Mortgages			
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
Bills, Accts. Payable, due suppliers			
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	_____	_____	_____
4. _____	\$ _____	\$ _____	_____
Business Loans			
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
Auto Loans			
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
Credit Cards	\$ _____		
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
4. _____	\$ _____	\$ _____	_____
5. _____	\$ _____	\$ _____	_____
Unpaid Taxes	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
TOTAL AMOUNT OWED	\$ _____	\$ _____	
NET WORTH (Total Value minus Total Amount Owed)		\$ _____	

BUSINESS PROFIT AND LOSS STATEMENT

SECTION I: Historical Financial Information for the past five fiscal years, as applicable:
(To be completed by existing businesses only – please fill in year)

	Year _____	Year _____	Year _____	Year _____	Current Year to Date
Gross Sales	\$_____	\$_____	\$_____	\$_____	\$_____
Cost of goods sold	\$_____	\$_____	\$_____	\$_____	\$_____
Operating expenses	\$_____	\$_____	\$_____	\$_____	\$_____
Net business income	\$_____	\$_____	\$_____	\$_____	\$_____
Loan payments	\$_____	\$_____	\$_____	\$_____	\$_____
Owners draw (salary)	\$_____	\$_____	\$_____	\$_____	\$_____

 Signature Title

 Date

 Signature Title

 Date

Request for Credit History

Requestor: Fayette County Economic Development
101 North Vine Street
West Union, IA 52175
director@fayettecountyia.com

Please furnish a credit report on the following person(s) for the reason stated below:

Head of Household:

Name: _____
Address: _____
City, State, Zip: _____
Social Security Number: _____
Date of Birth: _____

Co-Applicant or Spouse:

Name: _____
Address: _____
City, State, Zip: _____
Social Security Number: _____
Date of Birth: _____

Reason for Request: _____

To Be Completed by Applicant(s)

Permission to Release information:

I authorize the credit bureau to release a copy of my credit report to the requestor listed above.

A copy of this authorization may be accepted as an original.

Applicant Signature

Date

Co-Applicant Signature

Date

ASSURANCES

The applicant hereby assures and certifies that he or she will comply with the regulations, policies, guidelines, and requirements, as they relate to the application, acceptance and use of the Revolving Loan Fund money for this project. Also, the applicant gives assurance and certifies with respect to the loan that:

1. It possesses legal authority to apply for the loan.
2. It will give the Fayette County Economic Development Commission and any authorized representative access to and the right to examine all records, books, papers, or documents related to the loan.
3. The project will be properly and efficiently administered, operated and maintained.
4. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
5. It will comply with Title VI of the Civil Rights Act of 1964 (PL 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this project.
6. It will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibiting employment discrimination where the primary purpose of a loan is to provide employment. It will comply with the civil rights laws listed below. The application of these laws is described and explained in the EDA's Civil Rights Guidelines.
 - a. Section 112 of Public Law 92-65 (42 USC 3123). Prohibits sex discrimination in assistance provided under the Public Works and Economic Development Act of 1965, as amended.
 - b. Section 504 of the Rehabilitation Act of 1973 (26 USC 794). Prohibits discrimination against disabled persons in any program or activity receiving Federal financial assistance.
 - c. Age Discrimination Act of 1975 (42 USC 6102). Prohibits discrimination on the basis of age in any program or activity receiving Federal assistance.
7. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of violating facilities and that it will notify the Fayette County Economic Development Commission of the receipt of any communication from the Director of the EPA Office of Environmental Review indicating that a facility to be utilized in the project is under consideration for listing by the EPA.
8. It will cause work on the project to be commenced within a reasonable time after receipt of notification from the Loan Review Committee indicating that funds have been approved and that the project will be prosecuted to completion with reasonable diligence.
9. It will comply with the national flood insurance requirements on any project assisted with Local Revolving Loan funds.
10. It will not dispose of or encumber its title or other interests in the site and facilities during the period of the loan.
11. It will have sufficient funds available to meet the non-LRLF share of the cost of the project.
12. It will assure that any structure constructed with Local Revolving Loan Funds, to which the public has access, will be constructed so as to allow access by the disabled.

The applicant further agrees that in the event it fails to comply with its undertakings hereunder, the Fayette County Economic Development Commission may call, cancel, terminate, accelerate repayment or suspend in whole or part the financial assistance provided or to be provided by the Local Revolving Loan Fund, and that the Fayette County Economic Development Commission may take any other action that may be deemed necessary or appropriated to effectuate the requirements of this document.

The Applicant acknowledges that he or she has read, understood, and agrees to the provisions of the above document.

Date: _____

By _____, _____
Title
_____, _____
Title

Attest: _____