CHILD CARE LOAN FUND APPLICATION INFORMATION

UPPER EXPLORERLAND REGIONAL PLANNING COMMISSION
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Purpose: The purpose of the Child Care Loan Program is to provide loans to child care providers to increase quality and expand child care capacity in Northeast Iowa.

Use of Loan Funds: Loan funds may be used to improve the quality of facilities (additions, remodeling, and upgrades), fulfill licensing requirements (egress windows, fences, bathrooms, etc.), purchase equipment and supplies (toys, playground equipment, child-friendly furnishings, books, etc.).

Application Procedure: Applications for the Child Care Loan Program will be accepted by the Upper Explorerland Regional Planning Commission on a continuous basis. Completed applications will be reviewed by the Child Care Revolving Loan Fund Board within 60 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 application along with a $10 application fee to Upper Explorerland at the address listed at the top of this page.

PROGRAM CRITERIA:

1. Minimum loan is $500, maximum loan amount is up to $10,000. Exception may be made on a case by case basis.
2. The term of the revolving loan will be from one to seven years.
3. The interest rate is 3-5% per year
4. Application review requires a $10 non-refundable application fee payable to Upper Explorerland Regional Planning Commission.
5. A one (1%) percent loan origination fee will be collected at the time of loan closing. Additionally, the borrower will pay for all recording fees (approximately $25).
6. The loan will be secured by one or more of the following: a secondary mortgage on real estate; a lien on fixtures, furnishing, machinery, and equipment; a personal guarantee; and/or a promissory note.
7. Revolving loan funds cannot be used for refinancing existing debt.
8. The home childcare provider must be a homeowner.
9. Loans will be scheduled for repayment in equal monthly installments.
10. HAWC Partnerships for Children retains the right to recall a loan at any time if the borrower is not in compliance with lending criteria.
11. Provider must be a licensed or registered provider with the Department of Human Services.

Non-Discrimination Statement

This institution is an equal opportunity provider, employer, and lender.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at https://www.usda.gov/sites/default/files/documents/ad3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Office of the Assistant Secretary for Civil Rights (OASCR) about the nature and date of an alleged civil rights violation.

Child Care Loan Fund Application

1. NAME: _____
ADDRESS: _____ ZIP: _____
PHONE: _____ FAX: _____ E-MAIL: _____

2. I hereby give my permission to Upper Explorerland/HAWC Empowerment (and administering agencies) to research my credit history, make credit checks, contact my financial institution, and perform other related activities necessary for the reasonable evaluation of this proposal.

SIGNATURE OF BORROWER: _____

3. Describe what the loan will be used for/ how it will improve your services:

ACTIVITY	$AMOUNT	PROVIDED BY
1. Remodeling		
2. Child Care Equipment		
3. Other		
4. Other		
Total		

4. What is the expected start date of the project? _____ completion date _____

5. What is your relevant work/education history?

6. What type of security and in what amount will the applicant provide HAWC Empowerment in consideration of this loan?

Mortgage on _____ What seniority or position? _____
Lien on _____ What seniority or position? _____
Personal Guarantee of _____ Vehicle Title on _____

7. Required attachments. Check off each one submitted.

a. ☐ **Income projection for next 3 years**

b. ☐ **Personal Financial Statement – must be complete, signed, and dated.**

c. ☐ **Last three years personal income tax returns (federal only)**

d. ☐ **Quality Rating System rating (1-5) ____**

e. ☐ **$10 non-refundable application fee.**

View Burden Statement

FORM APPROVED
OMB No. 0575-0018
Exp Date: 3/31/2026

USDA
Form RD 400-4
(Rev. 06-25)

Position 3

ASSURANCE AGREEMENT

(Under Title VI, Civil Rights Act of 1964)

The _____

(name of recipient)

_____

(address)

As a condition of receipt of Federal financial assistance, you acknowledge and agree that you must comply (and require any subgrantees, subrecipients, contractors, successors, transferees, and assignees to comply) with applicable provisions of Federal laws and regulations prohibiting discrimination, including but not limited to:

1. Title VI of the Civil Rights Act of 1964, as amended, which prohibits you from discriminating on the basis of race, color, or national origin (42 U.S.C. 2000d et seq.) as implemented by 7 CFR Part 15;

2. Title IX of the Education Amendments of 1972, as amended, which prohibits you from discriminating on the basis of sex in education programs or activities (20 U.S.C. 1681 et seq.) as implemented by 7 CFR Part 15a;

3. The Age Discrimination Act of 1975, as amended, which prohibits you from discriminating on the basis of age (42 U.S.C. 6101 et seq.) as implemented by 7 CFR Part 15c;

4. Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits you from discriminating on the basis of disability (29 U.S.C. 794) as implemented by 7 CFR Part 15e;

5. Title VIII of the Civil Rights Act, which prohibits you from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex (42 U.S.C. 3601 et seq.) as implemented by 7 CFR Part 3560.2; and

Titles II (State and Local Governments) and III (Places of public accommodation) of the Americans with Disabilities Act, which prohibit you from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities (42 U.S.C. 12131-12189), as implemented by 28 CFR Part 35.190(b)(1).

Responsibilities:

1. You must cooperate with any compliance review or complaint investigation conducted by USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service).
2. You must give USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service) access to and the right to examine and copy records, accounts, and other documents and sources of information related to the grant and permit access to facilities, personnel, and other individuals and information as may be necessary to meet statutory requirements.
3. You must keep accurate records and timely submit information (including all reports, data collection and evaluation requirements) as described by law or detailed in program guidance.
4. You must inform participants, beneficiaries, and other interested persons of the protection assured them against discrimination according to the providions of this agreement and statutory requirements.

5. If you (the recipient) have been accused of discrimination on the grounds of race, color, national origin), sex, age, disability, religion, or familial status, in the past three years, you must provide a list of all such proceedings, pending or completed, including outcome and copies of settlement agreements.
6. In the event any court or administrative agency makes a finding of discrimination on grounds of race, color, national origin, sex, age, disability, religion, or familial status against you, or you settle a case or matter alleging such discrimination, you must forward a copy of the complaint and findings to USDA Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service), Civil Rights Office.

Period of Obligation

In the case of any service, financial aid, covered employment, equipment, property, or structure provided, leased, or improved with federal assistance extended to the Recipient by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service), this assurance obligates the Recipient for the period during which federal assistance is extended. In the case of any transfer of such service, financial aid, equipment, property, or structure, this assurance obligates the transferee for the period during which federal assistance is extended. If any personal property is so provided, this assurance obligates the Recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance obligates the Recipient for the period during which the federal assistance is extended to the Recipient by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service).

Employment Practices

Where a primary objective of the federal assistance is to provide employment or where the Recipient's employment practices affect the delivery of services in programs or activities resulting from federal assistance extended by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service), the Recipient agrees not to discriminate on the grounds of race, color, national origin, sex, age, or disability, in its employment practices. Such employment practices may include, but are not limited to, recruitment, advertising, hiring, layoff or termination, promotion, demotion, transfer, rates of pay, training and participation in upward mobility programs; or other forms of compensation and use of facilities.

Data Collection

The Recipient agrees to compile and maintain information pertaining to programs or activities developed as a result of the Recipient's receipt of federal assistance from Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service). Such information may include, but is not limited to the following: (1) the manner in which services are or will be provided and related data necessary for determining whether any persons are or will be denied such services on the basis of prohibited discrimination; (2) the population eligible to be served by race, color, national origin, sex, age, and disability; (3) data regarding covered employment; (4) the location of existing or proposed facilities connected with the program and related information adequate for determining whether the location has or will have the effect of unnecessarily denying access to any person on the basis of prohibited discrimination; (5) the present or proposed membership by race, color, national origin, sex, age and disability in any planning or advisory body which is an integral part of the program; and (6) any additional written data determined by Rural Development (Rural Housing Service, Rural Business and Cooperative Service, and Rural Utilities Service) to be relevant to the obligation to assure compliance by recipients with laws cited in this assurance agreement.

Under penalty of perjury, the undersigned officials certify that they have read and understand their obligations as herein described, that the information submitted in conjunction with this Document is accurate and complete, and that the recipient is in compliance with the nondiscrimination requirements set out above.

Rights and remedies provided for under this agreement shall be cumulative.. The United States has the right to seek judicial enforcement of these obligations.

In witness whereof, _____ on this
(name of recipient)
date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement.

(S E A L)

_____
Recipient

_____
Date

Attest:

_____
Title

_____
Title

PERSONAL FINANCIAL STATEMENT **CONFIDENTIAL**

To: _____

Address: _____
_____
_____

Personal Financial Statement as of _____
(DATE)

APPLICANT'S NAME(S): _____
_____

HOME ADDRESS _____
_____
_____

HOME PHONE _____

IMPORTANT: DIRECTIONS TO APPLICANT

Read directions before completing Financial Statement.
Please check appropriate box

☐ Individual credit—If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension or repayment or credit, complete the Financial Statement below only as itapplies to you, individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.

☐ Joint Credit — If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested,

☐ Individual relying upon income or assets of spouse or other person. — complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant sign this statement.

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

Assets	*In Even Dollars*	*Liabilities and Net Worth*	*In Even Dollars*
Cash on hand and in Banks—See Schedule A	$	Notes Payable: This Bank—See Schedule A	$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See Schedule A	
Listed Securities—See Schedule B			
Unlisted Securities—See Schedule B		Notes Payable—Relatives	
Other Equity Interests—See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned—See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable—See Schedule D		Real Estate Mortgages Payable—See Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
		Other Liabilities: Itemize	
		TOTAL LIABILITIES	$
		NET WORTH	$
TOTAL ASSETS	$	**TOTAL LIABILITIES AND NET WORTH**	$

Sources of Income	*In Even Dollars*	*General Information*	
Salary	$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income			Phone No.
*Other Income: Itemize		Partner, officer or owner in any other venture? ☐ No ☐ Yes If so, explain:	
TOTAL	$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under ☐ court order ☐ written agreement ☐ oral understanding.		Are any assets pledged? ☐ No ☐ Yes Detail in Schedule A	
		Income taxes settled through (Date)	

Contingent Liabilities	*In Even Dollars*	*General Information (continued)*
As endorser, co-maker or guarantor	$	Are you a defendant in any suits or legal action? ☐ No ☐ Yes
On leases		If so, explain:
Legal claims		Have you ever taken bankruptcy? ☐ No ☐ Yes
Provision for federal income taxes		If so, explain:
Other special debt, e.g., recourse or repurchase liability		Do you have a will? ☐ No ☐ Yes With whom?
		Do you have a trust? ☐ No ☐ Yes With whom?
TOTAL	$	Number of dependents _____ Ages _____

Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions. List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	*Name on Account*	*Balance on Deposit*	*High Credit*	*Amount Owing*	*Monthly Payment*	*Secured by What Assets*
	TOTAL		**TOTAL**			

Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)

Number of	*Indicate:*			*Pledged*	
Shares, Face Value (Bonds), or % of Ownership	*1. Agency or name of company issuing security or name of partnership* *2. Type of investment or equity classification* *3. Number of shares, bonds or % of ownership held* *4. Basis of valuation**	*In Name of*	**Market Value*	*Yes* (▤)	*No* (▤)
		TOTAL			

*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Schedule C: Real Estate Owned (and related debt, if applicable)

Description of Property or Address	*Title in Name Of*	*Date Acq.*	*Cost + Improvements*	*Present Mkt. Value*	*Mortgage or Land Contract Payable*		
					Bal. Owing	*Mo. Payt.*	*Holder*
		TOTAL					

Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)

Description of Property or Address	*Title in Name Of*	*Date Acq.*	*Balance Receivable*	*Monthly Payment*	*Mortgage or Land Contract Payable*		
					Bal. Owing	*Mo. Payt.*	*Holder*
		TOTAL					

Schedule E: Life Insurance Carried

Name of Company	*Face Amount*	*Cash Surrender Value*	*Loans*	*Beneficiary*
TOTAL				

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature _____ Date Signed _____ Social Security No. _____ Date of Birth _____

Spouse's or Co-Applicant's Signature _____ Date Signed _____ Social Security No. _____ Date of Birth _____