Revolving Loan Fund Application

APPLICANT (COMPANY) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY_____

EMAIL _____

BUSINESS PHONE _____ CELL PHONE _____

PREPARER OF APPLICATION _____

PREPARER PHONE NUMBER _____

DATE _____

1. TYPE OF PROJECT: (CIRCLE ONE) NEW BUSINESS EXISTING BUSINESS

2. PROJECT LOCATION: _____

3. PROJECT DESCRIPTION: _____

   _____

   _____

   _____

4. MANAGEMENT: List all key management personnel/owners and attach a resume for each.

   NAME _____ TITLE_____

   NAME _____ TITLE_____

   NAME _____ TITLE_____

   TYPE OF ORGANIZATION: (Please check one)

   _____ Sole Proprietorship _____ Partnership _____ Corporation

   SUBSIDIARIES AND AFFILIATES – Please attach names and addresses of all.

   DUAL INTERESTS – Have the principals of the applicant business any financial interest in: Vendors of project items, are they prospective customers of applicant's products? (Please circle one)

   YES NO

   If YES, please provide all the details:

   _____

   _____

   _____

RECEIVERSHIP/BANKRUPTCY – Has any officer of the company or affiliates ever been in receivership or bankruptcy? (Please Circle one- If yes, provide details on a separate sheet)

YES NO

5. PROJECTED USES or COST OF PROJECT: Breakdown of costs. Use separate sheet if necessary.

DESCRIPTION	DOLLAR AMOUNT
Land and Land Improvements – Attach Legal Description & Assessed Value of Land	$
Buildings – Attach plans and costs	$
Machinery and Equipment – Attach cost sheet and supplier name	$
Working Capital – Attach detail	$
Other Project Costs – Attach details	$
TOTAL PROJECT COSTS	**$**

6. PROJECTED SOURCES OF FUNDS:

SOURCE	NAME AND ADDRESS	% OF COST	TERM IN YEARS	INTEREST RATE	DOLLAR AMOUNT
FC EDA		%		%	$
EQUITY-Company		%		%	$
CITY		%		%	$
BANK		%		%	$
OTHER		%		%	$
OTHER		%		%	$
TOTAL		%		%	$

7. COLLATERAL POSITIONS:

COLLATERAL DESCRIPTION	POSITION OF LIEN	CREDITOR	ASSESSED VALUE OF COLLATERAL
			$
			$
			$
			$
			$

8. CURRENT (Retained) AND PROJECTED EMPLOYMENT: Employment anticipated by this project. Full time equivalent employment equal to 2,080 hours per year.

_____ EXISTING JOBS $_____ WAGE PER HOUR

_____ JOBS CREATED AFTER 1ST YEAR $ _____ PROJECTED WAGE PER HOUR

_____ JOBS WHEN FULLY OPERATIONAL $ _____ PROJECTED WAGE PER HOUR

Will operation of this facility result in the reduction of employment in other facilities now operated by the applicant of its affiliates? (Please circle one)

YES NO

If YES, please provide details on a separate sheet.

9. ACCOUNTANT(s) NAME

_____

ADDRESS

_____

_____

PHONE

_____

ATTORNEY(s) NAME

_____

ADDRESS

_____

_____

PHONE

_____

10. ATTACHMENTS to be submitted with application
    - Business Plan
    - Marketing Plan
    - Certificate of Incorporation
    - Historical Balance Sheets and Profit Loss Statements – Last three (3) years
    - Current Balance Sheet
    - Cash Flow Projection – (12 months) template attached
    - Proof of FC-EDA Staff Site Visit
    - DUNS: _____
    - Tax ID or Social Security Number: _____
    - NAICS: _____
    - Please provide any documents requested in the application if applicable, i.e.:
        - Resumes
        - Legal Description and Assessed Value of Land
        - Building Plans and Costs
        - Machinery/Equipment Cost Sheet and Supplier Name

11. There shall not be any discrimination against any person performing any services required by this contract or against any applicant for employment because of sex, race, creed, color, religion, national origin, age, marital status, handicap or reliance on public assistance.

    The applicant further certifies that it shall be in compliance with M.S. 363.03 as amended, all relevant federal laws regarding affirmative action and employment opportunity and all succeeding laws regarding discrimination in employment.

_____	_____
Signature	Position
_____	_____
Social Security Number	Date
_____	_____
Signature	Position
_____	_____
Social Security Number	Date