



Revolving Loan Fund Application

General Information

Name of Applicant: _____

Street Address: _____ City: _____ State _____ ZIP _____

Phone: _____ Email: _____

☐ Legal Entity ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation

Federal Employer ID #: _____ DUNS #: _____ Date Business Established: _____

Contact Person: _____ Phone: _____ Email: _____

Amount of Funds Requested: _____

Ownership of Business Entity

Co-Applicant/ Owner:

Name: _____ Percentage Owned: _____

Address: _____ Phone: _____

Co-Applicant/ Owner:

Name: _____ Percentage Owned: _____

Address: _____ Phone: _____

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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). "USDA is an Equal Opportunity provider and employer."

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Uses and Sources of Funds

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

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

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: _____	\$ _____
Mitchell County Revolving Loan Fund – Terms Requested Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____	\$ _____
Total Sources of Funds	\$ _____

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Job Creation

Full-Time Hourly/ Salary Employees

Position	Starting Salary	Starting Hourly Rate	Number of Jobs Created or Brought to Mitchell Co	
			Year 1	Year 2
	\$	/HR		
	\$	/HR		
	\$	/HR		
	\$	/HR		
	\$	/HR		

Part-Time Hourly Employees

Position	Starting Hourly Rate	Number of Jobs Created or Brought to Mitchell Co	
		Year 1	Year 2
	\$ /HR		
	\$ /HR		
	\$ /HR		
	\$ /HR		
	\$ /HR		

Existing Employees

Position/Status (FT/PT)	Salary	Hourly Rate

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: _____

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Required Documents

- _____ A non-refundable application fee of \$100.00 is required with application submission.
- _____ A completed application.
- _____ Business Plan (if requesting funds for a new business)
- _____ Description of Business (if business already exists).
- _____ Description of what funds will be used for.
- _____ Three year income and expense projection.
- _____ Business balance sheets and profit and loss statements for each of the past 3 years. (if available)
- _____ Data Collection Information (attached form)
- _____ Executed Form AD-1048; "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion."
(https://www.rd.usda.gov/files/AD1048_DebarmentCert_LowerTierCovered.pdf)
- _____ Executed Form RD 400-4 "Assurance Agreement"
(https://forms.sc.egov.usda.gov/efcommon/eFileServices/eFormsAdmin/RD400-0004_970300V01.pdf)

I certify that everything I have stated in this application and on any attachments is correct. The Mitchell County Revolving Loan Fund 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 Mitchell County Revolving Loan Fund of any subsequent changes that would affect the accuracy of this Statement. Mitchell County Revolving Loan Fund is further authorized to answer any questions about Mitchell County Revolving Loan Fund'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: _____

*****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 statement:

“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:

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** _____

