Revolving Loan Fund Application
Lake Mills Chamber Development Corporation

1. **APPLICANT INFORMATION:**

Applicant Name: _____

Co-Applicant Name: _____

Address: _____

City, State, Zip: _____

Telephone Number _____ E-Mail Address _____

APPLICANT CO-APPLICANT

Social Security Number _____

Birthdate: _____

Current Bank: _____

2. **BUSINESS INFORMATION**

Business Name: _____

Contact Name: _____ Position: _____

Address: _____ City, State, Zip: _____

Telephone Number: _____ Cell Phone Number: _____

E-Mail Address: _____ Website: _____

TIN# _____

3. **All applicants must provide a DUNS number.** To apply for a FREE DUNS Number use instructions as attached in *Appendix A*.

DUNS Number _____

Non-Discrimination Statement

"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of

Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

4. **DESCRIPTION AND HISTORY OF BUSINESS –** (*If complete description is attached please summarize here.)*

_____
_____
_____
_____
_____

5. **PROJECT DESCRIPTION –** *(e.g. company relocation, plant expansion or remodeling, new product line, etc.)*

_____
_____
_____
_____
_____
_____

6. **DATE PROJECT WILL BEGIN:**_____
7. **PROJECTED DATE OF COMPLETION:** _____
8. **Has Any Part of this project been started? _____ Yes _____ No**

   If yes, please describe: _____
   _____
   _____

9. **How many full-time and part-time employees are currently employed by the company?**

   FULL-TIME _____ PART-TIME _____

10. **If awarded funds:**
    a. How many new, full-time employees do you project adding to the payroll within:

       12 Months _____ 24 Months _____ 36 Months _____

    b. How many new, part-time employees do you project adding to the payroll within:

       12 Months _____ 24 Months _____ 36 Months _____

11. **What is the estimated annual payroll (cumulative) for the new employees resulting from this project?**

    1st Year _____ 2nd Year _____ 3rd Year _____

12. **What is the average wage rate (not including fringe benefits) projected to be for the new employees?**

    Hourly _____ Salary _____

13. Will any of the current employees lose their jobs if the project does not proceed?

Yes _____ No _____

If yes, please explain _____

_____

_____

_____

14. How will this project benefit the community of Lake Mills and/or the County of Winnebago?

Describe _____

_____

_____

_____

SUMMARY OF PROJECT COSTS

ACTIVITY	Project COST Cost	Personal Funds	BANK Financed	LMCDC R.L. Fund	Other
Land Acquisition.....	$_____	_____	_____	_____	_____
Site Preparation	_____	_____	_____	_____	_____
Building Acquisition	_____	_____	_____	_____	_____
Building Construction (1) ..	_____	_____	_____	_____	_____
Building Remodeling (1)....	_____	_____	_____	_____	_____
Machinery & Equipment...	_____	_____	_____	_____	_____
Furniture & Fixtures.....	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
TOTAL	**_____**	_____	_____	_____	_____

Please specify any OTHER source(s) of funds:

15. Total amount of loan requested from the Lake Mills Chamber Development Corporation Revolving Loan Fund:_____

16. What will the LMCDC Revolving Loan Fund dollars be used for in this project?

_____

17. What other financing components are involved and what are the rates and terms?
Personal Funds (Grants, Donations and Personal Contributions: $_____
Bank Financing $ _____
Interest Rate: % _____
Terms: _____

18. What type of Security and in what amount will the assisted business provide the Lake Mills Chamber Development Corporation? If no security, an explanation must be provided.
Mortgage on: _____ $ _____ What Seniority or Position? _____
Lien on: _____ $ _____ What Seniority or Position? _____
Personal Guarantee: _____ $ _____
Other: _____
None (please explain): _____
_____
_____

LIST OF POSITIONS FOR JOBS TO BE CREATED/RETAINED

JOB TITLE	SKILLS, EDUCATION EXPERIENCE NECESSARY	HOURLY WAGE	NUMBER FULL-TIME	NUMBER PART-TIME	TOTAL FTE
			TOTAL		

BUSINESS ELIGIBILITY

- Applications will be accepted from businesses involved in manufacturing, service, or retail operations.
- Small businesses that employ 50 or fewer employees with a *projected gross revenue (profit) of $1 million or less are eligible. (**For the purpose of the LMCDC/RLF application, gross revenue is defined as revenue of a business before deductions for any purpose, except for sales returns. In the case of a manufacturing or merchandising business, gross revenue means gross profit (i.e., gross sales or gross receipts less cost of goods sold).*
- At least 51 percent of the outstanding interest in the project will have membership or will be owned by those who are either citizens of the United States or reside in the United States after being legally admitted for permanent residence.

I hereby certify that I / we meet the above criteria to be eligible for a LMCDC Revolving Loan.

Dated this _____ day of _____, 20_____.

BY : _____

SIGNATURE: _____

TITLE: _____

REQUIREMENTS

I UNDERSTAND that there are requirements and fees that occur with this loan.

1. Any and all legal fees for processing the paperwork of this loan will be paid by me/my business.

Dated this _____ day of _____, 20_____.

BY:_____

SIGNATURE: _____

TITLE:_____

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity:	**Race: (Mark one or more)**
Hispanic *or Latino*	White Black *or Aftrican American*
Not Hispanic or Latino	American Indian/Alaska Native Asian
Gender: Male Female	*Native Hawaiian or other Pacific Islander*

REQUIRED ATTACHMENTS WITH APPLICATION

_____ Personal resume(s) of company management

_____Business Plan

_____ Current personal financial statement

_____ Current balance sheet and YTD profit/loss statement for business (If existing business loan)

_____ Business balance sheets and profit/loss statements for the past three years (If existing business loan)

RELEASE OF INFORMATION AND CERTIFICATION

I hereby give permission to the Lake Mills Chamber Development Corporation (LMCDC) and/or the Lake Mills Chamber Development Corporation Revolving Loan Fund Committee (RLFC) to research the company's history, make credit checks, contact the company's financial institution, and perform other related activities necessary for reasonable evaluation of this proposal. I understand that all information submitted to LMCDC/RLFC relating to this application is subject to the Open Records Law (1989 Iowa Code, Chapter 22) and that confidentiality may not be guaranteed. I hereby certify that all representations, warranties, or statements made or furnished to the LMCDC/RLFC in connection with this application are true and correct in all material respect. I understand that it is a criminal violation under Iowa law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for the purpose of procuring economic development assistance from a state agency or political subdivision.

Dated this _____ day of _____, 20_____.

BY : _____

SIGNATURE: _____

TITLE: _____

NOTE: LMCDC/RLFC will not provide assistance in situations where it is determined that any representation, warranty or statement made in connection with this application is incorrect, false, misleading or erroneous in any material respect. If assistance has already been provided by LMCDC/RLFC prior to discovery of the incorrect, false or misleading representation, LMCDC/RLFC may initiate legal action to recover USDA RBEG funds.

DATE APPLICATION SUBMITTED: Dated this _____day of_____, 20_____

_____

LMCDC Revolving Loan Fun Representative Signature

To be filled out by LMCDC Revolving Loan Fund Committee:
Status of Application
Approved: _____ Date: _____
Withdrawn: _____ Date: _____
Rejected: _____ Date: _____
Reason for Rejection/Withdrawal:
_____
_____
_____
_____

APPENDIX A

Step-by-Step Process to Register with iUpdate and obtain a DUNS Number

The DUNS number is a unique nine-character identification number provided by the commercial company Dun & Bradstreet (D&B).

1. Click or copy the following link to your browser http://fedgov.dnb.com/webform

2. Click on "Begin D-U-N-S Search / Request Process" at the top of the left hand tool bar

3. In the "Search" screen select "United States of America" (It will be at the top of the list) from the drop down list and click "Continue"

4. In the "iUpdate – Webform Page" click on "Continue to iUpdate" arrow at the bottom of the screen

5. In iUpdate, locate the center box titled "Find DUNS or Request new DUNS" and click on the "Start Now" button
   - You must successfully complete 4 easy steps to access iUpdate. You can follow the status bar at the top of the page to manage your progress.

6. You must first make sure your company is not already on file. In the "Company Look-up" screen, please enter your Business Name, City and State and click the "Search" button.

   Company Look-up
   Having trouble finding your company? Follow the below tips:

   - Remove symbols from your search criteria. Example – if your company name is D & K GLOBAL ENTERPRISES remove the "&" sign from your search
   - Avoid any type of punctuation marks
   - Only enter the first word or two of the business name. Sometime less search criteria is better
   - Avoid abbreviations if not specifically part of the legal company name
   - If the company name carries the proper name of an individual, only enter Last Name of the individual in the "Business Name" section
   - Exclude corporate status designations in the "Business Name" section. (i.e. - Inc, Corp, LLC, Co. etc)
   - If you locate your Business but the address is from a previous location, select that record as you can alter the address and other information once you are registered.

7. If you do not locate your company, click on the "Request a D-U-N-S Number" arrow at the bottom of the screen

8. You will now be in the New D-U-N-S Registration Process. Two **IMPORTANT NOTES:**

   - **PERSONAL** information is required at this step to validate your **PERSONAL** identity and eliminate fraudulent activity. **Do not** enter your **company address** as your registration will **fail.**

- Please ensure you see the ReCaptcha box at the bottom of the screen. If you do not have the ReCaptcha box, you will need to return to Step 8. When you get the box "Do you want to view only the webpage content that was delivered securely?" Click the "No" button.

Step 1 - Personal Information

This information is required at this step to validate your **PERSONAL** identity. **Do not enter** your **company address** as your registration will fail.

- Legal First Name and Legal Last Name:
  - Ensure you enter **your** Legal First Name and Legal Last Name. Examples – What is your name on your Driver's License, Mortgage, Mailing Address, etc..
  - Avoid the use of nicknames, initials, and suffixes such as JR, SR, II, etc.
- Enter **your** current physical **home** address.
- Home Telephone:
  - What telephone number do you most commonly use as your **Home Telephone Number?** (i.e. your cell phone is used as your Home telephone number)

Step 2 – Company Info.

- Complete the company information sections. This will provide us the data necessary to build your D-U-N-S Number.

Step 3 – Review Details

- Review your company details. If correct proceed to Step 4.

Step 4 – Request Confirmation

- Click the "Submit" button to complete your request.

Note: Under normal circumstances the DUNS is issued within 1-2 business days when using the D&B online process.

It is recommended that you go directly to the D&B website to register for your DUNS number; however, you may call D&B at 1-800-333-0505 for assistance. If calling in:

- enter option "2" to register your business for Federal Assistance, then
- enter option "1" for Federal Registration.
- A service representative will answer and may suggest optional "products" to purchase – remember, obtaining a DUNS number is absolutely **FREE** for all entities doing business with the Federal Government.

APPENDIX B

Job Information

Jobs/FTEs - Jobs are measured in terms of FTEs. The Department of Labor, Bureau of Labor Statistics defines a full-time job as a job that provides/requires at least 35 hours in the work week and a part-time job as a job that provides for less than 35 hours per work week. We will use this standard for calculating the FTEs/jobs created and saved for all RBS programs. Long- term temporary positions, with terms of 12 months or more will be considered comparable to permanent positions. Part-time and seasonal jobs will be converted to full-time equivalents (FTE). Jobs will be projected and verified on an annualized basis, which is, measured in terms of FTEs over a 12-month period. For short-term temporary positions and seasonal jobs FTEs will be calculated for the fractional year based on historical employment of the current positions or similar positions by the business. If the total FTEs of part-time or seasonal jobs is a fraction, it should be rounded up to the next whole number.

The following is an example of calculating jobs:

50 permanent employees working 40 hours/week: **50 employees x 1 FTE each =**	50 FTEs
4 long-term temporary employees working 35 hours/week: **4 employees x 1 FTE each =**	4 FTEs
20 Seasonal employees working 40 hours/ week for 3 months: **20 employees x 1 FTE each x ¼ year =**	5 FTEs
8 short-term employees working 20 hours/week for 4-month term: **8 employees x ½ FTE each x $^1/_3$ year = 1.33, rounded up =**	2 FTEs
Total jobs =	**61 FTEs or Jobs**

Projected Job Counts (Use Exhibit A)

Jobs Created – The number of jobs projected to be created or saved should be based on a typical year after the project is completed, and if the project is a new business or expansion of a business, the business start-up or expansion is completed and the business is fully ramped up. The number of jobs projected that will be directly created due to the financial assistance.

Jobs Saved – The total number of jobs projected that will be directly saved due to the financial assistance.

Verified Job Count (Use Exhibit B)

Intermediaries of revolving loan funds ,for the term of the Agency loan (IRP and RMAP) or life of the revolving fund (REDLG, and RBEG), will verify jobs annually for each ultimate recipient loan for the later of three years after closing the ultimate recipient loan or three years after full start-up or ramp-up of the ultimate recipient project.

Total Jobs – The total number of **actual** jobs the project has **created** and **saved**.

APPENDIX 3

Applicants must also fill out the attached 400-4 form and include with application upon submission.

Position 3

USDA
Form RD 400-4
(Rev. 06-10)

ASSURANCE AGREEMENT

(Under Title VI, Civil Rights Act of 1964)

FORM APPROVED
OMB No. 0575-0018
OMB No. 0570-0062

The _____
(name of recipient)

_____
(address)

("Recipient" herein) hereby assures the U. S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and Rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, Risk Management Agency, or the Farm Service Agency, (hereafter known as the "Agency") regulations promulgated thereunder, 7 C.F.R. § 1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. § 15.2) 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.

1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
2. Recipient shall:

   (a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.

   (b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources of information and its facilities as may be pertinent to ascertaining such compliance.

   (c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Agency or the U. S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
3. The obligations of this agreement shall continue:

   (a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.

   (b) As to any personal property acquired or improved with the aid of the Federal financial assistance, so long as Recipient retains ownership or possession of the property.

   (c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.
4. Upon any breach or violation this agreement the Government may, at its option:

   (a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.

   (b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

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.

_____
Recipient

(S E A L)

_____
Date

Attest: _____ _____
Title *Title*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0018 and 0570-0062. The time required to complete this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.