

Application

Darke County Economic Development Revolving Loan Fund (EDRLF)

Part One: Applicant Information

Name of Applicant: _____ SS# _____

Name of Co-Applicant: _____ SS# _____

(Spouse required as co-applicant for a Sole Proprietorship and Partnership if applicable)

(Social security numbers will be stored as a confidential attribute associated with an individual as part of the institutional record)

Home Address: _____ Home Phone: _____
Street City State Zip

E-Mail: _____ FAX: _____

Part Two: Applicant Profile (for statistical purposes only, as required by the Ohio Department of Development)

Business Owned By: _____ Female _____ Male _____ Joint

Veteran Status: _____ Non-Veteran _____ Vietnam Era Veteran _____ Other Veteran

Ethnic Background: _____ White _____ African-American _____ Hispanic
_____ Puerto Rican _____ Native American _____ Multi-Racial
_____ Eskimo/Aleuts _____ Asian/Pacific Islander _____ Other

Part Three: Business Overview

Business Name or Proposed Business Name Telephone # Fax #

Business Address City State Zip

Business E-Mail Address _____ Federal Tax ID# _____

Business Description _____

Business Status: _____ Start-up (New or Under 12 months) _____ Existing Business (Over 12 months)

Business Structure: _____ Sole Proprietorship _____ Corporation S
_____ Partnership _____ Corporation C
_____ Limited Liability Company _____ Other: _____

Name of Lender(s): _____

Name of Lender(s): _____

Name of Lender(s): _____

Gross Annual Sales \$ _____ Current Number of FTE* Employees _____

Number of FTE* Employees to be Hired/Retained _____ Complete Attachment A – Jobs Table

*FTE = Full-Time Equivalent Positions

Part Four: RLF Loan Request

<u>PROJECT ACTIVITIES</u>	<u>RLF LOAN AMOUNT</u>	<u>OTHER FUNDING</u>	<u>SOURCE(S)</u>
Land/Building Acquisition*	\$ _____	\$ _____	_____
New Construction (Building)	\$ _____	\$ _____	_____
Building Renovation	\$ _____	\$ _____	_____
Leasehold Improvements	\$ _____	\$ _____	_____
Machinery & Capital Equipment*	\$ _____	\$ _____	_____
Furniture & Fixtures (non-cap)	\$ _____	\$ _____	_____
On-Site Infrastructure Costs	\$ _____	\$ _____	_____
Professional Fees/Licenses	\$ _____	\$ _____	_____
Interim Costs/Interest	\$ _____	\$ _____	_____
Working Capital (specify below)			
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
Off-Site Infrastructure Costs	\$ _____	\$ _____	_____
Other:	\$ _____	\$ _____	_____
Other:	\$ _____	\$ _____	_____
TOTALS	\$ _____	\$ _____	
TOTAL PROJECT COST:	\$ _____		

*Attach a list of Fixed Assets to be purchased. Provide Machinery and Capital Equipment cost estimates showing both the machinery/equipment purchase cost and installation cost.

Part Five: Overview of Business

Please attach your current Business Plan **OR** provide the following information on separate paper:

- I. Description of Business:
 - a) Type of Business
 - b) Location of Business
 - c) History of Business
 - d) Present and future position of company within the industry and community (i.e., why you are seeking RLF assistance at this time in order to start or expand your business)

- II Description of your Products and Services:
 - a) List all of your products and/or services
 - b) Describe all of your products and/or services (this should include all the ways that your business will create/maintain customers/income)
 - c) List primary suppliers of your raw materials used to make/provide each product and/or service

- III. Description of your Customers:
 - a) Define geographical areas from which you can realistically expect to draw customers
 - b) List the characteristics of your targeted customers

- IV. Description of your Competitors:
 - a) List the competitors in your targeted sales area who provide your product/service
 - b) List who you consider to be your primary competitors
 - c) List the differences between your business and your primary competitor=s

- V. Description of your Operations:
 - a) Provide a brief description of the steps in your production and marketing of your product/service to customers
 - b) Provide a copy of your major purchase, sales or bartering agreements

- VI. Description of Your Management Plan:
 - a) Description of owner and employee roles and tasks
 - b) Description of employee structure, salary and benefits currently and over the next three years
 - c) Resumes of owners, key personnel and managers
 - d) List of professional advisors, such as accountants, attorneys, architects, engineers, etc.

- VII. Current and Projected Financial Information:
 - a) **Three-Year Historical Financial Statements, with Current Year broken down by month**
 - b) **Three-Year Financial Statement/Pro-Forma including a three-year Cash Flow Statement, a three-year Profit/Loss - Income Statement, and a three-year Balance Sheet**
Note: Break down first year by month; thereafter by quarter
 - c) Description of all sources, amounts and uses of funding the business plans to pursue for its start-up and projection needs
 - d) If an established business, a copy of the prior years federal income tax statements

Part Six: Application Covenants

All information in the application and business plan are true and complete to the best of my/our knowledge and are submitted to the Darke County Revolving Loan Fund Program for the purpose of review for a loan. It is my/our understanding that this information will be confidentially reviewed by the RLF Administrator and locally-based Loan Review Committee. I/we understand there is a **One Hundred Dollar (\$100.00)** non-refundable application fee for this program; and I/we agree that a **One Hundred Dollar (\$100.00)** loan administrative and monitoring fee, payable at the time of loan closing.

Applicant Signature

Date

Co-Applicant Signature

Date

Application Fee Received on _____ Check # _____

ATTACHMENT A – JOBS CREATION TABLE

Determining Full-Time Equivalent Jobs and Jobs Available to LMI

Job Title	Hrs/Wk per Employee (A)	Wk/Yr per Employee (B)	Hourly Wage	# of Employees (C)	# of FTE Jobs (D)	# of Jobs Available to LMI	Outside Training Needed
	FT -						
	PT -						
	FT -						
	PT -						
	FT -						
	PT -						
	FT -						
	PT -						
	FT -						
	PT -						
	FT -						
	PT -						
	FT -						
	PT -						
	FT -						
	PT -						
Total					FT -		
					PT -		
					FTE -		

Attach additional sheets if necessary.

D = (A x B) x C divided by 1820

If the company's normal full time work week is not 35 hours, substitute the number of full time work hours in a year for 1820 hours.

The number of hours in a full time employee's work week is: _____