

DARKE COUNTY BOARD OF COMMISSIONERS

Grants Office, 520 S. Broadway, Greenville, Ohio 45331

Economic Development Revolving Loan Fund (ED RLF)

APPLICATION for RLF LOAN FUNDS

APPLICANT:

Full Name(s) _____

Address _____
Street City State Zip Code

Phone Number(s) _____ Fax Number _____

E-Mail Address _____

BUSINESS:

Name: _____

Current Address _____
Street City State Zip Code

New Address _____
(if relocating) Street City State Zip Code

Phone Number(s) _____ Fax Number _____

E-Mail Address _____

Federal I. D. #/SSN: _____

TYPE OF BUSINESS: _____ Sole Proprietor _____ Partnership _____ Other
 _____ S Corporation _____ C Corporation

NAMES AND ADDRESSES OF OTHER OWNERS WITH 10% OR MORE OWNERSHIP INTEREST:

Name Address City State Zip Code

Name Address City State Zip Code

Name Address City State Zip Code

DESCRIPTION OF CURRENT OPERATION (attach additional information as appropriate):

DESCRIPTION OF PROPOSED PROJECT(s) (attach additional information as appropriate):

FINANCIAL PACKAGE REQUESTED:

Source of Funds	Amount Requested	Use of Funds (see list below)
RLF Loan Requested (50% maximum):	\$ _____	_____
Owner Cash Equity Provided (5% to 10%):	\$ _____	_____
Other Financing	\$ _____	_____
Other Financing	\$ _____	_____
Other Financing	\$ _____	_____
TOTAL:	\$ _____	

Eligible Uses of Funds:

- Land and/or Building Acquisition
- New Construction (Buildings)
- Building Renovations
- Leasehold Improvements
- Machinery and Capital Equipment (per IRS)
- Non-Capital Equipment, Furniture and Fixtures (per IRS)
- On-Site Infrastructure Costs
- Professional Fees/Licenses
- Working Capital

INDICATE THE STATUS OF OTHER FINANCING AND WHEN IT WILL BE AVAILABLE:

Lender: _____
 Name Address Contract Person

 Phone Number/E-mail Date Financing Available

Lender: _____
 Name Address Contract Person

 Phone Number/E-mail Date Financing Available

CURRENT BUSINESS DEBT:

Lender: _____
 Name Address Contract Phone Number
 Original Loan Amt: _____ Term: _____ Payment: \$ _____
 Remaining Balance: \$ _____

Lender: _____
 Name Address Contract Phone Number
 Original Loan Amt: _____ Term: _____ Payment: \$ _____
 Remaining Balance: \$ _____

Lender: _____
 Name Address Contract Phone Number
 Original Loan Amt: _____ Term: _____ Payment: \$ _____
 Remaining Balance: \$ _____

Proposed Project Start Date: _____

Estimated Date County RLF proceeds are needed: _____

Total Number of Current Employees _____
Full Time Part Time

PROPOSED NEW JOBS:

First Year – Full Time Second Year – Full Time Third Year – Full Time

First Year – Part Time Second Year – Part Time Third Year – Part Time

STARTING WAGE RATE FOR NEW EMPLOYEES:

JOB TITLE	# HIRES	WAGE RATE
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

I (we) certify that all information in this application is true and complete to the best of my (our) knowledge and belief. I (we) understand this information is subject to verification. I (we) further certify that no portion of my (our) proposed project shall go forward prior to the approval of Darke County’s Loan Review Report Form (LRRF) and the issuance of the “Project Acknowledgement or Release of Funds/Environmental Conditions” by the Ohio Department of Development, Office of Community Development.

Signature of Applicant

Date: _____

Title: _____

Signature of Applicant

Date: _____

Title: _____