

# 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.

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Applicant Signature

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Date

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Co-Applicant Signature

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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 -						
<b>Total</b>					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: \_\_\_\_\_**