

General Information

Name(s) of Applicant: _____

Street Address: _____ City _____ State _____ ZIP _____

Telephone: _____ Fax: _____

Legal Entity Sole Proprietorship Partnership Corporation Limited Liability Corporation

Federal Employer ID #: _____ Date Business Established: _____

D-U-N-S Number: _____ Contact Person: _____

Ownership of Business Entity

Co-Applicant/Owner	Co-Applicant/Owner
Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____	Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____
Co-Applicant/Owner	Co-Applicant/Owner
Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____	Percentage Owned: _____ Name: _____ Home Address: _____ _____ Home Phone: _____

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

Uses and Sources of Funds

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

Real Estate Acquisition – Describe:	\$
New Construction and Facility Improvements – Describe:	\$
Purchase and/or Repair of Machinery and Equipment – Describe:	\$
Inventory Purchase – Describe:	\$
Working Capital – Describe:	\$
Acquisition of Existing Business – Describe:	\$
Refinance Debt – Describe:	\$
Other – Describe:	\$ _____
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: _____	\$
KCEDC Revolving Loan Fund – Terms Requested Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____ Use of Funds: _____	\$ _____
Total Sources of Funds	\$ _____

Job Creation

Please complete the following tables concerning jobs created or brought into the Kossuth County community within the first two years of operation.

Full-Time Hourly Employees

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Kossuth County Community	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

Part-Time Hourly Employees

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Kossuth County Community	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

Full-Time Salaried Employees

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Kossuth County Community	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

Existing Employees

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Kossuth County Community	
			First Year	Second Year
	\$ _____ /Hr	\$ _____ /Hr		
	\$ _____ /Hr	\$ _____ /Hr		
	\$ _____ /Hr	\$ _____ /Hr		
	\$ _____ /Hr	\$ _____ /Hr		

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: _____

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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender."

Required Attachments

1. To apply, applicants will need to submit a non-refundable application fee in the sum of \$250.00 for members and \$500.00 plus consulting fees for non-members. **A member** is a community within Kossuth County that is a paid per capita member. An applicant locating his/her business in a community, which is paying per-capita, will submit a fee of \$250.00. **A non-member** is a community within Kossuth County that has not paid their per capita. An applicant locating his/her business in a community, which is not paying per capita, will submit a fee of \$500.00, in addition to any consulting fees, which will be billed by Kossuth County Economic Development Corporation.
2. Personal resume(s) of company management and brief history of the company.
3. Business Plan.
4. Current personal financial statement.
5. Current Credit Report
6. Current balance sheet and YTD profit and loss statement for the business. (if available)
7. Business balance sheets and profit and loss statements for each of the past 3 years. (if available)
8. Three year income and expense projection
9. Federal Tax returns filed by the business for the previous three years, if the applicant is a sole proprietorship, partnership or corporation that does not have audited financial statements.
10. "Data Collection Information"
11. Executed Form AD-1048; "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion."
12. Executed Form RD 400-4 "Assurance Agreement"
13. Executed "Rural Business Enterprise Grant Certification Statements"
14. Request for Environmental Information

I certify that everything I have stated in this application and on any attachments is correct. The Kossuth County Economic Development Corporation (KCEDC) 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 KCEDC of any subsequent changes that would affect the accuracy of this Statement. KCEDC is further authorized to answer any questions about KCEDC'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: _____

DATA COLLECTION INFORMATION REQUIRED PER FORM 400-4, ASSURANCE AGREEMENT (item 2a)

*****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 statements:

“The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient 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 regulation, this program representative is required to note race/ethnicity on the basis of visual observation or surname.”

_____ **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**