Greene County Economic Development Corporation QUANTUM FUND LOAN APPLICATION FORM

PART 1. APPLICAN	NT INFORMATIO	N				
				_		
Name of Applicant:				Corporation	Year	State
Business Address:				Partnership	Year	State
			· · · · · · · · · · · · · · · · · · ·	L.L.C.	Year	State
Mailing Address				L.L.P.	Year	State
(if different than business address):				Sole Propriet	torship	Year
Contact Person:						
Federal ID#:						
DUNS #:						
Telephone:		Cell:	E-Mail:			
Nature of Business:						
Company Attorney:			_ Accountant:			
Firm Name:			_ Firm Name:			
Address:			_ Address:			
			_			
Telephone:			Telephone:			
Ownership (Sharehold	ders / Partners)	% interest	Compai	ny Officers		Position

(attach additional listing as necessary)

Greene County Economic Development Corporation 411 Main Street

411 Main Street Catskill, New York 12414 Phone: (518) 719-3290 Fax: (518) 719-3789

E-Mail: <u>business@discovergreene.com</u>

Is the company delinquent	in the payment of any sta	ate or municipal property taxes?	∐Yes ∐No
Is the company delinquent	in the payment of any inc	come tax obligation?	☐Yes ☐No
Is the company delinquent	in the payment of any loa	ans?	☐Yes ☐No
Is the company currently in	default on any of its loar	าร?	□Yes □No
Are there currently any uns	satisfied judgments agains	st the company?	□Yes □No
Are there currently any uns	satisfied judgments agains	st any of the company's principals?	□Yes □No
Has the company ever filed	d for bankruptcy?		☐Yes ☐No
Are any of the company's	principals delinquent in ar	ny tax or loan obligations?	□Yes □No
Have any of the company's sought protection from cre		lly filed for bankruptcy or in any way	□Yes □No
If the answer to any of the and on additional pages		Yes," please provide additional com	iments in the space below
PART 2. PROJECT IN	FORMATION		
Summary Project Descripti	on:		
Project Costs		Sources of Funds	
Property Acquisition	\$	Bank	\$
New Construction	\$		\$
Renovation	\$		\$
Machinery / Equipment	\$		\$
Furnishings / Fixtures	\$		\$
Fees / Soft Costs	\$		\$
Inventory	\$		\$
Working Capital	\$		\$
O I	\$		\$
	\$		\$
Total	\$	Total	\$ \$

Current Employment. Complete the following table for all employment of the business as of the date of this application. Do not include temporary employees, subcontracted labor, or positions filled by contracted labor through an agency.

Job Category	# of Full- Time Positions	# of Part- Time Positions	Average Part-Time Hours Per Week
Management			
Production (including supervisory, shipping, etc.)			
Services (including retail)			
Sales (including retail)			
Administrative, Clerical & Maintenance			
Other (specify)			
Totals			

(attach additional listing as necessary)

Projected Employment. Complete the table below for all new employment positions expected to be created within three (3) years of the date of this application, assuming that GCEDC loan financing is made available for the project described in this application. Do not consider projected turnover of employees. Attach evidence supporting the estimate of the total number of jobs and how the job number was determined. *Note: Borrowers are required to use the services of Columbia Greene Community College in recruiting new employees.*

Specific Job Title	# Full- Time	# Part- Time	Average Part-Time Hours Per Week	Salary / Wage (average or range)	Requisite Skills, Education or Experience (indicate if training is provided by the company)
Totals					

(attach additional listing as necessary)

PART 3. REQUIRED EXHIBITS

Exhibit A - Company Background

- A brief narrative describing the company's history, current operations, products, markets, management, etc.;
- A description of the company's current operating facilities both owned and leased.
- A listing of the names, addresses, social security numbers, driver's license ID numbers, and percentage of ownership for all principals having a 20% or more ownership interest in the company.

Exhibit B - Project Information

- Description of the proposed project and the company's need to undertake it;
- Source of all project costs shown in Part 2 of this application (vendor quotes, negotiated sales prices, engineer's or contractor's estimates, catalog prices, etc.);
- Details regarding other project financing including status of other loan applications, terms, conditions, and security for all financing, sources of equity capital, and current lien status for all company assets;
- Amount of loan assistance requested with this application, proposed repayment terms, and available security.
- Description, evidence of ownership, and mortgage balances for any real property to serve as collateral.
- Schedule of collateral on SBA Form 4, Schedule A, or equivalent.
- · Credit check authorization.
- DUNS number reporting form.

Exhibit C - Financial Information

Note - Financial statements must be in a form acceptable to the lender. The applicant may wish to verify the acceptability of its statements prior to preparation.

- Financial statements of the company for the last three completed fiscal years;
- Interim financial statements of the company through the most recent month available, but in no case more than three months prior to the loan application date;
- Federal income tax returns of the company for the last three years;
- Projected balance sheet and income statement for three years following completion of the project, and projected monthly cash flows for at least the first year following completion of the project;
- Signed personal financial statements (either on SBA Form 413, a standard bank form, or in a comparable format) for each principal owning at least 20% of the company;
- For each owner of a Sole Proprietorship, Partnership, L.L.C., L.L.P., or principals with 20% or more ownership in a corporation or partnership, the personal Federal income tax returns for the last three years;
- Financial statements for any other company or individual who will act as a guarantor of the requested financing.

Exhibit D - Additional Information (as applicable)

- Documentation of other required financing including bank and other public lending agency commitment letters, bond inducements, and evidence of availability and commitment of cash equity requirements;
- For projects involving realty acquisition and/or development, evidence of site control or current ownership in the form of a binding option, sale agreement, deed, etc.;
- Any other information that may serve to document the information provided with this application or which may affect a credit decision by the lender.

PART 4. Supplemental Information

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 the individual applicants on the basis of visual observation or surname.

Ethnicity:	☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race: (Mar	k one or more) White Black or African American American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander
Gender:	☐ Male ☐ Female

This is an equal opportunity program. Federal law prohibits discrimination on the basis of race, color, national origin, sex, age, disability, political beliefs, sexual orientation or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD).

PART 5. DECLARATIONS

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the GCEDC and may be a felony under the laws of the State of New York. I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

I (we) further authorize the GCEDC to order credit reports and/or other information on my (our) personal financial background (if signatory(ies) is (are) an owner(s) of the company seeking financial assistance) and on the financial background of the company seeking financial assistance.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving loan monies. This loan request may be withdrawn at any time prior to a formal closing of the loan, subject to the terms and conditions of any written loan commitment offered by the GCEDC. However, this application is being submitted in good faith as a request for loan funds.

If Applicant is a sole proprietorship or partnership, sign below:		If Applicant is a corporation, L.L.C., or L.L.P., sign below				
Signature	Date	Name of Corporation or Company				
Printed Name and Title		Authorized Signature	Date			
Signature	Date	Printed Name and Title				
Printed Name and Title						

No person in the United States shall, on the ground of race, color, creed, religion or national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project assisted with Community Development Block Grant Funds.

ACKNOWLEDGMENT OF SIGNATORY(IES)	
State of New York)	
State of New York))ss County of)	
On the day of in the year 20 before me, the undersigned Public in and for said state, personally appeared to me known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscriwithin instrument and acknowledged to me that he/she/they executed the same in his/her/their cap and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalthe individual(s) acted, executed the instrument.	oacity(ies)
Signature of Notary Public	
Loan Applicant: Office or Capacity of signatory(ies): Notary Stamp:	
ACKNOWLEDGMENT OF SIGNATORY(IES)	
State of New York))ss County of)	
County of)	
On the day of in the year 20 before me, the undersigned Public in and for said state, personally appeared to me known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscriwithin instrument and acknowledged to me that he/she/they executed the same in his/her/their capand that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behat the individual(s) acted, executed the instrument.	oacity(ies),
Signature of Notary Public	
Loan Applicant: Office or Capacity of signatory(ies): Notary Stamp:	



F	PERSONAL FI	INANCIA	L STATE	MENT		
U.S. SMALL BUSINESS ADMINISTRATION				As of		
Complete this form for: (1) each proprietor, or (2) each lim 20% or more of voting stock, or (4) any person or entity p	nited partner who roviding a guarant	owns 20% ty on the loa	or more inter an.			•
Name				Busines	ss Phone	
Residence Address				Reside	nce Phone	
City, State, & Zip Code						
Business Name of Applicant/Borrower						
ASSETS	(Omit Cents	s)		LIA	ABILITIES	(Omit Cents)
IRA or Other Retirement Account Accounts & Notes Receivable Life Insurance-Cash Surrender Value Only (Complete Section 8) Stocks and Bonds (Describe in Section 3) Real Estate (Describe in Section 4) Automobile-Present Value Other Personal Property (Describe in Section 5)		Notes (Instal Instal Loan Morto (Unpa (Other	s Payable to I Describe in S Ilment Account Mo. Payments Ilment Account Mo. Payments on Life Insur- gages on Rea Describe in S id Taxes Liabilities Describe in S Liabilities	Banks and Others Section 2) Int (Auto) SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS		\$\$ \$\$ \$\$ \$\$ \$\$
				7	otal	\$
Section 1. Source of Income			ingent Liabi			
· ·						\$
		-		-		\$
				ot		\$ \$
Description of Other Income in Section 1.			- Opoolai Box	^		<u> </u>
Description of Other Income in Section 1.						
*Alimony or child support payments need not be disclosed in "C	Other Income" unles	s it is desire	d to have such	payments counted t	oward total income	
						statement and signed.)
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Sec	cured or Endorsed e of Collateral
				1		

(tumble)

Section 3. Stocks	and Bonds. (Use at	ttachments if necessary.	Each attach	ment mu	st be identified as a	part of this stateme	nt and signed).
Number of Shares Name of Securities		Cos		Market Value Quotation/Exchange	Date of Quotation/Exchang	Total Value	
Section 4. Real Est	ate Owned.	(List each parcel separate of this statement and sign	ly. Use attacl led.)	hment if n	ecessary. Each attac	hment must be identi	ied as a part
		Property A			Property B		Property C
Type of Property							
Address							
Date Purchased							
Original Cost							
Present Market Valu	ie						
Name & Address of Mortgage	e Holder						
Mortgage Account N	lumber						
Mortgage Balance							
Amount of Payment	per Month/Year						
Status of Mortgage							
Section 5. Other Pe	ersonal Property an				d as security, state name escribe delinquency)	and address of lien ho	der, amount of lien, terms
	or paymont and it dominated by						
Section 6. Unp	paid Taxes. (De	escribe in detail, as to type,	, to whom paya	able, whe	n due, amount, and to	what property, if any,	a tax lien attaches.)
Section 7. Other Liabilities. (Describe in detail.)							
Section 8. Life	Insurance Held.	(Give face amount and	cash surrende	er value of	policies - name of ins	urance company and	beneficiaries)
and the statements	contained in the atta	es as necessary to verify th achments are true and accu and FALSE statements ma	urate as of the	stated da	ite(s). These statemer	nts are made for the p	urpose of either obtaining
Signature:				Date:	Social	Security Number:	
Signature:				Date:	Social	Security Number:	
PLEASE NOTE:	concerning this estim Administration, Washi	age burden hours for the cornate or any other aspect of ington, D.C. 20416, and Clear 503. PLEASE DO NOT SEND	this information rance Officer, P	n, please Paper Redu	contact Chief, Adminis	trative Branch, U.S. S	mall Business

OMB Approval No.: 3245-0016 Expiration Date: 11/30/2004



U.S. SMALL BUSINESS ADMINISTRATION SCHEDULE OF COLLATERAL Exhibit A

Applicant		
Street Address		
City	State	Zip Code

LIST ALL COLLATERAL TO BE USED AS SECURITY FOR THIS LOAN

Section I - REAL ESTATE

Attach a copy of the deed(s) containing a full legal description of the land and show the location (street address) and city where the deed(s) is recorded. Following the address below, give a brief description of the improvements, such as size, type of construction, use, number of stories, and present condition (use additional sheet if more space is required).

LIST PARCELS OF REAL ESTATE					
Address	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lienholder
Description(s)					

SECTION II - PERSONAL PROPERTY

All items listed herein must show manufacturer or make, model, year, and serial number. Items with no serial number must be clearly identified (use additional sheet if more space is required).

Description - Show Manufacturer, Model, Serial No.	Year Acquired	Original Cost	Market Value	Current Lien Balance	Name of Lienholder
					-
atement or overvandrisoned for not its SC 1014 by Impris	nlue a security to more than five ye onment of not me ector General to re	obtain a guaran ars under 18 us ore than twenty quest criminal re	nteed loan from S c 1001; if subming years and/or a focord information a	BBA, you can be tted to a Federal ine of not more about me from cri	you knowingly make a false fined up to \$10,000 and/or lly Insured Institution, unde than \$1,000,000. I authorize iminal justice agencies for the s amended.
				D 4	
lame				Date_	

NOTE: The estimated burden for completing this form is 2.25 hours per response. You will not be required to respond to collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington, D.C. 20416 and Desk Officer for Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. **OMB Approval** (3245-0016). PLEASE DO NOT SEND FORMS TO OMB.



CREDIT CHECK AUTHORIZATION

Please provide the following information:
Full Name:
Social Security Number:
Current Address:
Date Of Birth:
Driver's License Number & State of Issue:
Spouse's Name:
Previous Addresses in the Last Five Years:
Number & Street, City, State, Zip:
Years:
Number & Street, City, State, Zip:
Years:
Number & Street, City, State, Zip:
Years:
I certify that I am the person named above and that I am, submitting this request for my own credit report.
SIGNATURE:
DATE:

Greene County Economic Development Corporation 411 Main Street, Catskill, NY 12414

Federal regulations require all applicants for Federal grants (including economic development loans) and cooperative agreements to obtain a DUNS number. The DUNS number is free, and is obtained in cooperation with Dun and Bradstreet, the national credit-reporting agency for commercial accounts. The Federal government requires the DUNS number to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

To obtain a DUNS number online, go to http://www.dnb.com/us/. On the left side of the page, near the bottom, you will see a heading for **D&B Resources**, and under that a "clickable" **Get a D&B D-U-N-S** #. Click on that and follow instructions. You can also call a toll free number to get your DUNS #: 1-866-705-5711. Tell them that you are a federal grant applicant (or prospective federal grant applicant), and they will lead you through the process over the phone to provide you a DUNS number.

As soon as you have your DUNS number, please mail, email, fax or call it into our office for processing.

DUNS Number Reporting Form

For use with GC Economic Development Corporation Loan/Grant Projects

Name of Business:			
Address:			
City:	State:	Zip Code:	
DUNS Number (nine digits):		_	
Person completing this form:			
Date of completion:			

Federal funds will not be able to be accessed until this form is received.

Greene County Economic Development Corporation 411 Main Street, Catskill, NY 12414

Payment Process for Greene County Loan and Grant Programs

Thank you for participating in the growth and revitalization of Greene County! As part of your participation in our loan and grant programs, we have developed a payment procedure to follow to ensure that you will be paid in an efficient and effective manner.

In order to be reimbursed for a loan/grant, it is necessary to provide documentation to the Greene County Economic Development Corporation (GCEDC) by the first of the month. Payment of eligible invoices can take 10 days or more for processing and/or drawdown of funds.

Our documentation process is required to be followed in order to ensure payment. If the procedures are not followed, it may not be possible for the GCEDC to reimburse approved business expenses.

Both the amount of the Greene County loan/grant and the matching funds for the project MUST be documented using the same procedure. For Greene County loans, expenditures for the privately funded portion of the project must be documented prior to the disbursement of Greene County loan funds. Expenses must correspond to the uses of the funds identified in your contract.

The GCEDC's Procedure is as Follows:

Documentation of Loan/Grant Expenses:

Copies of paid invoices/receipts from the vendor <u>and</u> debit, credit or bank statement for reimbursement of expenses corresponding with the invoice, <u>or</u>

For economic development loans, a copy of the invoice for eligible project expenses, i.e. equipment or services ordered; a two party check will be issued.

Documentation of Required Match amount: i.e. equity, cash, other sources of financing:

Copies of paid invoices/receipts from the vendor and debit, credit or bank statement corresponding with the invoice.

For additional information, please contact Evelyn Donnelly, Secretary/Treasurer, Greene County Economic Development Corporation, 411 Main Street, Catskill, New York at (518) 719-3290 or edonnelly@greenecountyedc.com, or consult our web site at www.greenecountyedc.com.

Greene County Economic Development Corporation 411 Main Street, Catskill, NY 12414



What to Expect When You Close Your Economic Development Loan/Grant

All or Some of the Following May or May Not Apply to any One Particular Loan/Grant

- 1. It is not necessary that the Borrower is represented by counsel, but we strongly recommend legal representation. All contact information for your attorney should be stated on the loan application form and loan commitment letter.
- 2. If your loan is secured by a mortgage on real property we MAY require:
 - a. title search and title insurance;
 - b. survey;
 - c. appraisal; and
 - d. proof of insurance on real property with Greene County named as additional insured.
- 3. Life Insurance may be required.
- 4. If your loan is secured by a UCC (Uniform Commercial Code) the following shall apply:
 - a. tax identification number or social security number if borrower is an individual;
 - b. name of each item of equipment;
 - c. description of each item of equipment;
 - d. model/serial number(s);
 - e. value; and
 - f. proof of insurance naming Greene County as additional insured.
- 5. BE SPECIFIC ON LOAN APPLICATION. Give exact name of loan applicant/exact name of owner of property to be mortgaged. If corporate entity-give exact name of corporation and names and titles of officers or state if individual, give exact address of borrower and exact address of property to be mortgaged. THIS IS EXTREMELY IMPORTANT SO THAT THE LOAN COMMITMENT AND COUNTY RESOLUTION CONFORM TO ONE ANOTHER.
- 6. Corporations, LLC's, partnerships, d/b/a's, etc. must show all applicable paperwork as follows:
 - a. Bylaws;
 - b. Certificate of incorporation;
 - c. Certificate of Good Standing;
 - d. Articles of Organization;
 - e. Affidavit of Corporate Authority*;
 - f. Shareholders Affidavit*; and
 - g. Proof of filing status
- 7. All loans are secured by a personal guarantee for 1 or more borrowers.

*forms will be provided by the Office of the Greene County Attorney

Greene County Economic Development Corporation 411 Main Street, Catskill, NY 12414