



Tri County Council  
For Western Maryland

Print Form

**LOAN APPLICATION**  
**TRI-COUNTY COUNCIL FOR WESTERN MARYLAND, INC.**  
**Western Maryland Revolving Loan Fund (RLF)**

OFFICE USE ONLY
Date
Ck#
Fund
Amt
DD
CL#

\*APPLICATION PROCESSING FEE \$250.00 (application will not be accepted without payment)

\*\*Applications must be submitted by the 15<sup>th</sup> of the month to be considered for the monthly meeting.

**I. General Information**

**A. Applicant Information**

Business Name		Applicant Name	
Business Address		Home Address	
City		City	
State and Zip		State and Zip	
FEIN Number		Home Phone	
Contact Person		Cell Phone	
Phone			
Email			

**B. Summit Financing Solutions Loan Fund Request (5 years max working capital, 15 years max for fixed assets)**

Working Capital	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	State and Year of Incorporation	
Fixed Assets	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Year Organized	
Both	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>	Number of Years in Business	
Term Requested in Years		NAICS Code			
Amount Requested					

**C. Management/Ownership**

Name	Social Security #	Married	Title	% Ownership	Annual Salary
		<input type="checkbox"/>			
		<input type="checkbox"/>			
		<input type="checkbox"/>			

If owner is not the applicant, please provide current address for each below

Name	Address	City	State	Zip

## D. Physical Facilities

	If Leased		If Owned
Annual Rent		Annual Mortgage	
Leased From		Building Size	
Contact Name		Lot Size (in acres)	
Contact Phone		Appraised Value	

## E. Business References

	Name	Address	City, State	Phone
Legal Counsel				
Accountant				
Supplier #1				
Supplier #2				
Supplier #3				

## II. FINANCIAL INFORMATION

**A. Is the business or any of the management personnel an endorser, guarantor, or co-signer for any obligations not listed on its/their financial statement?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain on a separate sheet.

**B. Is the business or any of the management personnel a party to any claim or lawsuit?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain on a separate sheet.

**C. Has the business or any of the management personnel/owners ever declared bankruptcy?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain on a separate sheet.

**D. Does the business or any of the management personnel/owners owe any taxes for prior or current years?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain on a separate sheet.

**E. Has the business or any of the management personnel/owners filed taxes for prior and current years?**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If no, explain on a separate sheet.

## F. Total Project Financing Information

### 1. Sources and Uses of Funds

#### Detailed Sources of Funds

	Amount	Rate	Term	Monthly Payment
TCC Loan Request				
Bank				
Other				
Total Financed				
Owners Investment				
TOTAL				

#### Use of Funds by Source

	TCC	BANK	OWNER	OTHER	TOTAL
Land					
Building					
Renovations					
Construction					
Equipment					
Working Capital					
Other					
TOTAL					

\* Total source of funds and use of funds should be equal

### III. EMPLOYMENT INFORMATION

To qualify for funding, TCCWMD applicants are required to estimate the number of jobs which will be created or retained by the proposed project. Projects that will not have an economic impact will be considered ineligible for funding. Please answer the following questions:

**A.** How many permanent full-time/part-time employees does your business have at present?

Full Time	Part Time

**B.** How many permanent full-time/part-time jobs will be created by the proposed project at the time that all financing is in place (or within 36 months)?

Full Time	Part Time

**C.** How many existing jobs will be retained? This pertains only to a situation where the applicant's business would otherwise be forced to relocate, or shut down, without TCCWMD assistance?

Jobs Being Retained

**If your loan is approved, you will be required to fill out an annual Evaluation of Employment as an update to your loan file. The Evaluation of Employment will be sent to you in the Spring of each year and will be used to evaluate the numbers provided above.**

#### **IV. PRIVATE FUNDING REQUIREMENTS**

##### **A. Letter of Credit Denial**

Applicants must show that total project financing can not be obtained through normal lending channels. Therefore, a letter of credit denial from a bank must be submitted. The amount denied should correspond with the “Total Amount Financed” figure shown on the previous page. The letter of credit denial should be on the bank’s letterhead or standard form.

##### **B. Private Funding Commitment**

Private funding is required as a condition of the RLF eligibility; therefore, a copy of the bank’s letter of commitment is required before a decision on your loan request can be made. Information regarding the rate, term and amount of private funding, along with any collateral taken, must be addressed in the letter.

\*The private funding requirements must be submitted before your application can be approved. Without the above commitment your application will not be processed.

#### **V. HISTORY OF BUSINESS/PROPOSED PROJECT**

Submit a narrative history of your business, including the nature of your business and its product(s), key milestones, market characteristics, and your business strategy. Include with this an explanation, purpose and expected results of the proposed expansion project. If the project involves a start-up venture, state your goals and objectives. For start ups, much of this should be included in your business plan.

#### **VI. DOCUMENTATION REQUESTED**

Financial Statements:

- a. Annual Financial Statements and/or Tax Returns for the last three years.
- b. Latest Interim Financial Statement.
- c. Personal Financial Statements of all management/ownership personnel listed on page 1.
- d. Projected Financial Statements (three years)

#### **VII. CONTINGENT LOAN APPROVAL**

Applicants with an approved loan, upon disbursement of funds, will complete the Authorization Agreement for Withdrawals form authorizing TCCWMD to electronically transfer payments through Automated Clearing House Network (ACH). The transfer will be the typical payment amount shown on the invoice and transfer will occur on the 1st day of each month. If the 1st falls on a weekend or holiday, the payment will be processed the next business day. If the transaction is rejected due to insufficient funds, a service fee will be charged to your account. Client acknowledges that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law.

#### **VIII. FEES**

TCCWMD charges all applicants a non-refundable application fee of \$250.00. This fee is due upon submittal of the application.

TCCWMD also charges approved applicants a loan placement fee which is equal to one percent (1.5%) of the approved loan amount on loans over \$25,000. Approved loan requests of \$25,000 or less will be assessed a loan placement fee of \$100. The loan placement fee is due at the settlement and can be paid directly by the applicant or deducted from the loan proceeds.

## **IX. AGREEMENTS AND CERTIFICATIONS**

### **A. Agreement**

1. I/We agree that the project will adhere to all local, state and federal air and water pollution standards.
2. I/We agree that the project will adhere to all local, state and federal historic preservation laws and regulations.
3. I/We agree I/We will obtain and maintain flood hazard insurance if required pursuant to National Flood Plain Policy.
4. I/We agree that if construction is financed by this loan, accessibility to the handicapped will be assured by compliance with the standard of Sub-Part 101-19.6, Title 41 of the CFR.
5. I/ We agree to provide an annual operating statement to TCCWMD within 60 days of close of the fiscal year of the applicant organization.
6. I/We agree that if TCCWMD approves this loan application, I/We will not, for at least two years, hire as an employee or consultant anyone that was employed by TCCWMD during the one year prior to the disbursement of the loan.
7. I/We agree that in the event the business is closed, fails, or is relocated to a location outside the TCCWMD region due to a management/ownership decision and the liquidation of collateral does not retire the outstanding balance, the remaining loan balance will be refinanced at an interest rate that will be equivalent to the current commercial rates in the TCCWMD region of Western Maryland. This refinanced interest rate will be reviewed periodically and will remain adjustable until the outstanding balance is paid in full.
8. I/We agree that if the information contained in the contingent EDA forms to be submitted after loan approval does not comply with all EDA regulations and guidelines, even though the loan request has been approved by the Loan Committee, the loan may be deemed ineligible for funding.

### **B. Certification:**

1. I/We certify all information in this application is true and complete to the best of my/our knowledge and is submitted so the Loan Committee can decide whether to grant a loan or participate with the lending institution in a loan to me/us.
2. I/We assure that I/we will comply with Title VI of the Civil Rights Act of 1964, as amended (42USC 2000d-2000d 4), the requirements imposed by or pursuant to regulations issued for the Department of Commerce and designated as 15 CFR Sub-title A Part 8, and any amendments thereto. I/We agree to comply with the requirements imposed by or pursuant to the regulations of the Economic Development Administration promulgated in 13 CFR Part 311 (as explained in the April 1979, EDA Civil Rights Guidelines) and any amendments thereto. I/We agree to comply with Section 504 of the Rehabilitation Act of 1973 ( 26 USC 794) and 15 CFR Part 8b, Subsections a, b, c, and e (Regulations of the Department of Commerce implementing Section 504 of the Rehabilitation Act), and the Age Discrimination Act of 1975 (42 USC 6101). Such requirements hold that no person in the United States shall on the grounds of race, color, national origin, sex, handicap, or age be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which Federal financial assistance has been extended.  
All applicants will need to certify in the loan application that they do not discriminate against employees or applicants for employment.

3. I/We certify that facilities under my/our ownership, lease or supervision which will be utilized in the accomplishment of project or services financed by Tri County Council for Western Maryland, are not listed on the Environmental Protection Agency's (EPA) list of violating facilities pursuant to Section 15.20, Part 15 Title 40 CFR.
4. I/We assure that I/We will comply with the requirements of Federal, State, and Local laws concerning access for the handicapped and prevailing wage rates required by the Davis-Bacon Act 40 U.S.C. 3141.

**C. Authority to Collect Personal Information: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974).**

**Effect of Non-Disclosure: Omission of an item means your application might not receive full consideration.**

1. I/We authorize disclosure of all information submitted in connection with this application to the financial institution agreeing to participate in the project financing. I/We waive all claims against TCCWMD and its consultants.
2. I/We certify that the total amount of financing for this project was not available through normal lending channels and TCCWMD's participation in this project was necessary.
3. I/We realize that if I/we do not comply with the Agreements and Certifications, my/our loan can be called, terminated or repayments accelerated.

By signing this authorization, I represent and warrant to Lender that the information provided is true and correct and that there has been no material adverse change in my financial condition as disclosed in my most recent financial statement to Lender. The undersigned further authorizes TCCWMD to obtain credit information and make inquiries as necessary to verify the accuracy of the statements made and to determine creditworthiness. The undersigned further gives TCCWMD the right to contact the other lenders identified in this loan for purposes of checking the current status of that loan.

☐ Yes, I have read and agree to the terms and conditions listed above.

If Applicant is a proprietor or general partner, sign below:

Signature	Print Name	Date

If Applicant is a Corporation, sign below:

	Signature	Print Name	Date
President			
Corporate Secretary			

## APPLICATION CHECKLIST

<input type="checkbox"/>	BANK DENIAL LETTER
<input type="checkbox"/>	BANK COMMITMENT LETTER
<input type="checkbox"/>	BUSINESS PLAN
<input type="checkbox"/>	BUSINESS FINANCIAL STATEMENTS
<input type="checkbox"/>	BUSINESS TAX RETURNS
<input type="checkbox"/>	PROJECTED FINANCIAL STATEMENTS (3 YEARS)
<input type="checkbox"/>	PERSONAL TAX RETURNS (3 YEARS)
<input type="checkbox"/>	PERSONAL FINANCIAL STATEMENTS
<input type="checkbox"/>	APPLICATION FEE \$250.00