

# NIACC John Pappajohn Entrepreneurial Center Revolving Loan Fund Application

## General Information

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Entity  Sole Proprietorship  Partnership  Corporation  Limited Liability Corporation

Business Name: \_\_\_\_\_

Federal Employer ID #: \_\_\_\_\_ Date Business Established: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Ownership of Business Entity

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



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## Uses and Sources of Funds

**Project Cost** – (Enter Gross Dollar Amounts Rounded to the Nearest Hundreds.)

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:	\$ _____
<b>Total Project Cost*</b>	<b>\$</b>

### 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: _____	\$
NIACC JPEC Revolving Loan Fund – Terms Requested Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____	\$ _____
<b>Total Sources of Funds*</b>	<b>\$</b>

**\* Total Project Cost should equal Total Sources of Funds**



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## Job Creation

Please complete the following tables concerning jobs created or brought into NIACC Region II within the first two years of operation.

### Jobs Created

Position	Number of jobs Created or Brought into NIACC Region II			
	Full Time		Part-Time	
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	1 <sup>st</sup> Year	2 <sup>nd</sup> Year

### Jobs Saved

Position	Number of jobs Saved in the NIACC Region II			
	Full Time		Part-Time	
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	1 <sup>st</sup> Year	2 <sup>nd</sup> Year

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the Applicant a United States Citizen or Entity?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the Applicant ever been in receivership or bankruptcy? If yes, please list.                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any legal action pending against the applicant? If yes, please list.                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the applicant ever co-signed someone else's liabilities? If yes, please list.                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the applicant have any taxes in delinquent status or in dispute? If yes, please list.                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all state and federal income taxes filed? If no, please list.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other business names used by the applicant? If yes, please list.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the applicant pledged any of its assets for any other loans?<br>If yes, please list assets pledged and loans. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is an equal opportunity provider and employer and is prohibited from discriminating on the basis of race, religion, color, creed, sex, sexual orientation, pregnancy, gender identity, marital status, national origin, age, physical or mental disability. (Not all prohibited bases apply to all programs.)*

*"USDA is an Equal Opportunity provider and employer."  
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*



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**Required Attachments**

- \_\_\_\_\_ To apply, applicants will need to submit a \$100.00 non-refundable application fee.
- \_\_\_\_\_ Business Plan.
- \_\_\_\_\_ Personal resume(s) of company management and brief history of the company.
- \_\_\_\_\_ Current personal financial statement.
- \_\_\_\_\_ Current Credit Report
- \_\_\_\_\_ Current balance sheet and YTD income statement for the business. (if available)
- \_\_\_\_\_ Business balance sheets and income statements for each of the past 3 years. (if available)
- \_\_\_\_\_ Three year income and expense projection
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Executed Form AD-1048; "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion.": <http://www.ocio.usda.gov/sites/default/files/docs/2012/AD1048-F-01-92.PDF>
- \_\_\_\_\_ Form 1940-20, Request for Environmental Information:  
[http://www.rurdev.usda.gov/SupportDocuments/IA\\_1940-20.pdf](http://www.rurdev.usda.gov/SupportDocuments/IA_1940-20.pdf)
- \_\_\_\_\_ Data Collection Information: [Racial, ethnicity and gender survey located after the signature block below]

*I certify that everything I have stated in this application and on any attachments is correct. The NIACC John Pappajohn Entrepreneurial Center Revolving Loan Fund 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 NIACC John Pappajohn Entrepreneurial Center Revolving Loan Fund of any subsequent changes that would affect the accuracy of this Statement. NIACC John Pappajohn Entrepreneurial Center Revolving Loan Fund is further authorized to answer any questions about NIACC John Pappajohn Entrepreneurial Center Revolving Loan Fund'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: \_\_\_\_\_



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**DATA COLLECTION INFORMATION  
REQUIRED PER 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 statement:**

**“The following information is requested by the Federal Government for certain types of loans, in order to monitor the lender’s compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender 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 regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below.”**

**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** \_\_\_\_\_

