

Proposed Lead Lender

Name _____

Address _____

Telephone _____ Contact Person _____

Existing Primary Bank Account – Business Operating Checking/Savings

Name _____

Address _____

Telephone _____ Contact Person _____

Existing Primary Bank Account – Loans (if different)

Name _____

Address _____

Telephone _____ Contact Person _____

Primary Bank Account(s) - Personal

Name _____

Address _____

Telephone _____ Contact Person _____

Company Accountant(s) (if utilized)

Name _____

Address _____

Telephone _____ Contact Person _____

Company Attorney(s)(if utilized)

Name _____

Address _____

Telephone _____ Contact Person _____

SECTION II: Financing Information

Purpose of the loan

Amount of this loan request \$ _____

Breakdown of the expected sources and uses of all loans:

Source	Use	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL _____

Proposed repayment term _____ Months

Proposed Structure Term Debt Equity Injection (Preferred Stock)

Source of repayment

Operating Profit Personal Income Other _____

Other Sources of Income

Amount of personal (non-loan) funds you have invested in the business

Proposed collateral

Example: Building and/or Equipment and/or Inventory and/or Vehicles – All business assets, but not limited to all inventory, furniture, equipment, vehicles, accounts, contract rights, documents, instruments, chattel paper and cash and all general intangibles in whatever form and the building. *Please list accordingly as described above.*

SECTION III: Supplementary Information

- Resume of owner(s) and management
- Business Plan, stating your mission or purpose with cash flow projection with assumptions (including start-up cost for one year)
- Current personal financial statement
- Personal tax returns for the past three years
- Credit Report, may be obtained from your primary lender
- Pictures, brochures, advertising, samples of your product or service
- Copies of Driver's license (to comply with U.S. Patriot Act) of each owner of the business

If an existing business please include:

- Company tax returns from the past three years
- Company financial statements for the past three years (including balance sheet, income statement, and statement of cash flows)
- Current aging of accounts receivables and accounts payables

SECTION IV: Civil Rights Compliance

The following information is requested by the Federal Government in order to monitor compliance with applicable Federal Civil Rights laws. You are not required to furnish this information, but are encouraged to do so. The law states that a provider of services 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 the provider of services is required to note race, ethnicity, and sex on the basis of visual observation or surname.

Ethnicity (mark one)	Race (mark one or more)
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran

SECTION V: Certification and Authorization

Please read the following and sign the application form below. All owners, officers or partners must sign this application:

The information in the loan application is provided for the purpose of applying for funds under the revolving loan funds of South Central Dakota Regional Council. The undersigned says he/she is duly authorized to verify the foregoing application, that he/she has read the same and is familiar with the statements contained herein and that the same are true in substance and in fact. The undersigned specifically authorizes the South Central Dakota Regional Council to do a background check on the applicant, including the checking of references and the verification of any information on the application.

I understand that personal and/or business information may be requested pursuant to this loan application and I hereby give my consent for such information be provided to the Board. I also understand that the Board retains the sole decision as to whether this loan application is approved, disapproved or modified. It is my right to accept or decline the loan amount, rate and terms approved by the program.

RELEASE OF INFORMATION

The applicant hereby authorizes any third party to release to the South Central Dakota Regional Council, without limit, any and all financial information regarding the applicant that is requested by the South Central Dakota Regional Council, its representatives or employees. Further, the applicant hereby authorizes release of said records and information by the South Central Dakota Regional Council to a third party, as deemed necessary by the South Central Dakota Regional Council, its representatives or employees.

Signature

Date

Signature

Date

SITE SPECIFIC CHECKLIST
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 52327 (7/16)

HOME <input type="checkbox"/> CDBG <input type="checkbox"/> ESGP <input type="checkbox"/> NSP <input type="checkbox"/> (Attach All Appropriate Agency Correspondence)		
<input type="checkbox"/> Categorical Excluded Subject to 58.5	<input type="checkbox"/> Categorical Excluded Not Subject to 58.5	<input type="checkbox"/> Environmental Assessment
Location or Address of Site Reviewed		Project/Name
Project Description		
1. Is the structure vacant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Will the structure be vacated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. a. Attach State Historic Preservation Officer correspondence/clearance for this site.	Date of Clearance:	
b. Attach Tribal Historic Preservation Officer correspondence/clearance for this site.	Date of Clearance:	
4. Is the site within, partially within or will it affect a 100 year floodplain? Include FEMA Map indicating location of projects or State Water Commission Letter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Is the project located outside the city limits? If yes, attach correspondence on Wetland, Farmland Protection, Endanger Species and complete below. Is new construction or relocation of a structure proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Noise determination: Is the site within: 1,000 feet of a major roadway (4 lanes)? 3,000 feet of a railroad? 5 miles of a commercial airport? 15 miles of a military airfield? If yes and structure is uninhabitable, attach information on mitigation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is above ground storage of hazardous materials, including but not limited to propane or gasoline storage tanks, visible from the site (within one mile)? If yes, complete reverse side.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Is the site within one mile of toxic chemicals/wastes (CERCLIS list)? If yes, attach EPA correspondence.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Is the site within 3,000 feet of the end of a runway of a commercial airport or 2.5 miles from the end of a runway at a military airfield? If yes, is it in: Commercial: <input type="checkbox"/> Runway Clear Zone Military: <input type="checkbox"/> Clear Zone <input type="checkbox"/> Accident Potential Zone (APZ)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Will the project affect Air Quality?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Will the project affect Sole Source Aquifers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Will the project affect Wild & Scenic Rivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Is the density/capacity changed by more than 20%? Is the unit density changed by more than 20% (multi-family only)? Does the project involve changes in land use or zoning? Is the estimated cost of rehabilitation greater than 75% of the total estimated cost of replacement after rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Will the environmental effects of this activity be disproportionately high and/or adverse on minority and low income populations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Is the property free of hazardous materials, contamination, radioactive substances and toxic chemicals and gases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Person Completing Site Visit	DCS USE ONLY	
Name of Recipient	A site specific review was completed locally and then reviewed by State Program staff. Accordingly, it has been determined that this project is: <input type="checkbox"/> Categorical Excluded/Exempt <input type="checkbox"/> Categorical Excluded Subject to 58.5 <input type="checkbox"/> Categorical Excluded Not Subject to 58.5 <input type="checkbox"/> Environmental Assessment	
Instrument Number		
Signature & Title	<input type="checkbox"/> Costs may be incurred as of below date <input type="checkbox"/> Costs may not be incurred until an CE or an EA is completed	
Date		
	Authorized Signature	Date

ABOVE GROUND STORAGE OF HAZARDOUS MATERIALS

1. Hazardous material(s):				
2. Distance of structure from hazardous material:				
3. Size of storage facility:				
4. Is any new construction proposed?				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will proposed rehabilitation increase the value of the structure by 75 percent or more?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If the structure is vacant: Has it been condemned? Is it uninhabitable?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Comments:

NOTICE TO HOMEOWNER

The property located at _____ is located within one mile of the hazard(s) specified in number 1 of this page. This hazard could be dangerous to your safety, now or in the future and I hereby, **release** the Department of Commerce and the State of North Dakota from all such claims arising out of or resulting from the information disclosed in this document.

I, the undersigned Homeowner, affirm that I am at least 18 years of age, am freely signing this Notice, and have been informed that a hazard has been identified near my property. My signature acknowledges that I have reviewed, been advised, and fully understand the above "Notice to Homeowner." **I fully understand that by signing this form I am giving up legal rights** and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of the above Notice. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Signature of Homeowner	Date
Signature of Homeowner	Date