

## OMEGA EDA RLF CARES ACT LOAN APPLICATION CHECKLIST

**- To be eligible, loan applications must include all of the following, as applicable, and be ready for presentation to the OMEGA loan committee within 60 days of submission -**

### ALL APPLICANTS

- \$100 Non-Refundable Loan Application Fee payable to OMEGA
- BANK COMMITMENT LETTER and ANALYSIS from participating bank stating terms and conditions of the bank's participation; must list borrower, term, interest rate, collateral, guarantors/co-makers, contingencies, etc., if applicable
- COMPANY OVERVIEW: Brief history and description of the company including details of product mix, markets served, proposed new products and/or markets, etc.
- MANAGEMENT: Attach resumes of all key management positions.
- EQUITY STATEMENT: State the source of the applicant's equity (savings, gift, cash) then sign and date.
- CURRENT PERSONAL FINANCIAL STATEMENT: Required of all individuals with 20% or greater interest.
- THREE YEARS PERSONAL FEDERAL TAX RETURNS: Required of all individuals with 20% or greater interest.
- SOURCES AND USES OF FUNDS: See Page 4 of OMEGA application or attach statement detailing sources and uses of all funds for project (bank, equity, OMEGA, etc.).
- COLLATERAL: See Page 5 of OMEGA application or attach list of collateral offered as security for the OMEGA loan as well as proposed lien/mortgage position and other financing, if applicable.
- EQUIPMENT LIST: List of all major equipment currently owned with make, model, serial numbers, etc. If purchasing, equipment, list all items to be purchased, include current quotes, make, model, serial numbers, etc.
- EQUIPMENT QUOTES: If purchasing equipment, provide quotes with make, model, serial numbers (if available), etc.
- PURCHASE AGREEMENT: Attach copy of all purchase agreements, if applicable.
- REAL ESTATE (purchase or lease): If purchasing real estate, attach signed purchase agreement, appraisal, etc. Appraisal cannot be more than sixty (60) days old and from a reputable company. If leasing real estate, attach signed lease agreement.

**Partnerships:**  PARTNERSHIP AGREEMENT

**Corporations:**  BYLAWS  ARTICLES OF INCORPORATION or CERTIFICATE OF INCORPORATION

**Limited Liability Corporations (LLC):**  OPERATING AGREEMENT  ARTICLES OF ORGANIZATION

**Limited Liability Partnerships (LLP):**  OPERATING AGREEMENT  ARTICLES OF ORGANIZATION

### EXISTING BUSINESSES OR BUYOUTS

- AGING: Accounts Receivable and Accounts Payable
- BALANCE SHEETS, PROFIT AND LOSS STATEMENTS: For last three fiscal years.
- CURRENT BALANCE SHEET, PROFIT AND LOSS STATEMENT: No older than 90 days.
- DEBT SCHEDULE: List all current debts - lender name, address, origination date, loan amount, present balance, interest rate, monthly payment, collateral pledged, and maturity date of loan.
- SUBSIDIARIES & AFFILIATES: List affiliates or subsidiary firms, if applicable; provide last fiscal yearend financial statements.
- THREE YEARS BUSINESS FEDERAL TAX RETURNS: Complete with schedules and attachments.

### NEW BUSINESSES (less than 3 years old)

- BUSINESS PLAN with 3 YEARS CASH FLOW ANALYSIS: Year 1 - Monthly cash flow analysis; Years 2-3 - Annual analysis.

OMEGA EDA RLF CARES ACT PRELIMINARY LOAN APPLICATION

IMPORTANT: This PAGE is subject to review by the general public; local, state, and federal agencies; as well as the OMEGA Staff, Executive Board, Loan Review Committee, and Consultants.

- Type or use Blue or Black ink only -

Legal Name of Applicant/Business:
Business Address:
Telephone: ( ) Fax: ( ) Email:
Contact Person: Title:

Business Type, please circle: Manufacturing, Commercial, Retail, Service, Other. If Other, explain:

Product/Services:

Activity, please circle: New/Startup, Expansion, Relocation, Buyout, Other. If Other, explain:

Location of Expansion (if different from present location):

Deadline for Start & Finish of Project: Projected Start Date: Projected Finish Date:

CURRENT JOBS: Number of Current (existing) Full-Time Jobs to be retained, if applicable:
JOBS CREATED: Number of Full-Time Equivalent Jobs to be created over twelve (12) months:

Scope of Project (i.e., equipment acquisition, land/building purchase, etc.) Attach additional sheet, if necessary:

COST BREAKDOWN:

Table with 2 columns: Item (Land, Land/Building, Renovations, Leasehold Improvements, Machinery/Equipment, Working Capital, Other) and Amount (\$). Includes a row for \* TOTAL COST BREAKDOWN.

FINANCING:

Table with 4 columns: Item (Applicant's Equity (CASH) Amount, Bank Loan Amount, Amount requested from OMEGA, Other), Amount (\$), Source, and Percentage (%). Includes a row for \* TOTAL FINANCING.

\* TOTAL COST BREAKDOWN = TOTAL FINANCING (i.e., if Total Cost Breakdown is \$100,000 then Total Financing is also \$100,000).

Name of Participating Bank, if applicable:

BY SIGNING BELOW, I attest to the accuracy of the information disclosed, included, attached, or otherwise made a part of this application. Additionally, I understand this document is subject to review by the general public; local, state, and federal agencies; OMEGA Staff, Executive Board, Loan Committee, Consultants, etc.

X
Applicant Signature or Signature of Authorized Representative Date

Print or Type Your Name as Signed Above

# OMEGA EDA RLF CARES ACT LOAN APPLICATION

- PLEASE TYPE or USE BLUE or BLACK INK ONLY -

- Loan applications must include all information requested on Page 1, as applicable, to be eligible for consideration -

## THE FOLLOWING INFORMATION MUST BE PROVIDED WITH LOAN APPLICATION:

- Business Plan – *Startups only*
- Monthly Cash Flow Analysis – *Startups or existing businesses expanding into new product line, etc.*
- Company Overview/Narrative - *All Applicants*
- Current Personal Financial Statements for individuals with 20% or greater company ownership - *All Applicants*
- Complete 3 Year Personal Federal Tax Returns for individuals with 20% or greater ownership - *All Applicants*
- Complete 3 Year Business Federal Tax Returns including schedules, attachments, etc. - *Existing business, buyouts*

## INSTRUCTIONS FOR COMPLETING LOAN APPLICATION:

- **Sections I, II and III:** Provide all information requested. 'Contact' refers to the proprietor, general partner, corporate officer, member, etc. 'Applicant' refers to the borrowing entity.
- **Section IV: SOURCES AND USES OF FUNDS:** List all sources of financing and use of loan proceeds. If loan use is "other", attach separate sheet outlining intended use, sign, and date.
- **Section V: SUMMARY OF COLLATERAL, KEY MAN LIFE INSURANCE:** If collateral consists of land and building, inventory, and/or accounts receivable, fill in the appropriate blanks. If collateral consists of equipment, furniture, and fixtures, and/or other, an itemized list containing make, model numbers, serial number, and description must be provided. Assignment of Key Man Life Insurance as collateral is mandatory on all loans.
- **Section VI:** Refers to borrowing entity.
- **Submit \$100 non-refundable loan application fee**, complete loan application with all required signatures, information, and/or attachments to OMEGA RLF, 326 Highland Ave., Suite B, Cambridge, OH 43725.

### **I. CONTACT INFORMATION** (*refers to the proprietor, general partner, corporate officer, member, etc.*):

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Relationship to Business/Business Title: \_\_\_\_\_ Email: \_\_\_\_\_

### **II. APPLICANT/BUSINESS INFORMATION** (*refers to the borrowing entity*):

Applicant/Business Legal Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Year Business Established: \_\_\_\_\_ Federal Tax I.D.: \_\_\_\_\_  
\* **DUNS Number:** \_\_\_\_\_ NAICS Code: \_\_\_\_\_

### BUSINESS STRUCTURE (check one):

Sole Proprietorship                       General Partnership                       Limited Partnership  
 S Corporation                               C Corporation                               Not Yet Determined  
 Limited Liability Company               Limited Liability Partnership

### CURRENT AND PROJECTED EMPLOYMENT:

Current Employees: \_\_\_\_\_ Full-Time (*include current full-time employees only*)  
Projected Year 1: \_\_\_\_\_ Full-Time

Have you or any owners of the company ever been involved in bankruptcy or insolvency proceedings? If yes, please explain on a separate sheet. YES \_\_\_\_\_ NO \_\_\_\_\_

Are you or the business involved in any pending lawsuits? If yes, please explain. YES \_\_\_\_\_ NO \_\_\_\_\_

**\* To be eligible for OMEGA financing, all applicants are required to provide a DUNS number as mandated by the Federal Government.** For more information or to obtain a free DUNS Number, go to <http://fedgov.dnb.com/webform>  
Please note, if this website is unavailable, conduct an internet search using 'DUNS' or 'get a DUNS' as the search criteria.

**- Applications without a DUNS Number will be rejected. -**

**PROFESSIONAL SERVICES/REFERENCES:**

BANK: \_\_\_\_\_  
Address: \_\_\_\_\_

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

ATTORNEY: \_\_\_\_\_  
Address: \_\_\_\_\_

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

ACCOUNTANT: \_\_\_\_\_  
Address: \_\_\_\_\_

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

INSURANCE CO: \_\_\_\_\_  
Address: \_\_\_\_\_

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

**III. MANAGEMENT INFORMATION:** Complete for each principal with 20% or more ownership. If necessary, attach additional sheets. Identify each sheet as an exhibit to the appropriate section, sign, and date.

<b>Owner #1</b>			
Name & Title: _____		Ownership: _____%	
Social Security Number: _____			
<u>Source of Income</u>		<u>Contingent Liabilities</u>	
Salary	\$ _____	Endorser/Co-Maker	\$ _____
Investment Income	\$ _____	Legal Claims/Judgments	\$ _____
Real Estate Income	\$ _____	Federal Income Tax	\$ _____
Other, explain:	\$ _____	Other, explain:	\$ _____

<b>Owner #2</b>			
Name & Title: _____		Ownership: _____%	
Social Security Number: _____			
<u>Source of Income</u>		<u>Contingent Liabilities</u>	
Salary	\$ _____	Endorser/Co-Maker	\$ _____
Investment Income	\$ _____	Legal Claims/Judgments	\$ _____
Real Estate Income	\$ _____	Federal Income Tax	\$ _____
Other, explain:	\$ _____	Other, explain:	\$ _____

**IV. SOURCES AND USES OF FUNDS:** List all sources and uses of financing; attach addtl sheets if necessary.

	Applicant's CASH EQUITY	BANK	OMEGA	OTHER FINANCING	TOTAL PROJECT COST
Acquire Land					
Acquire Land & Building					
Renovations					
Leasehold Improvements					
Machinery/Equipment					
Working Capital					
Other, specify:					
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**NOTE: The above amounts must match Total Cost Breakdown on Page 2.**



REAL ESTATE OWNED (Refers to Borrowing Entity): List each parcel separately; attach additional sheets, if necessary.

**Parcel #1**

Title in Name of: \_\_\_\_\_  
Property Type (land, building, private home, etc.): \_\_\_\_\_  
Property Address: \_\_\_\_\_

Original Loan Amount: \$ \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Date of Mortgage: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

Mortgage Holder Name, Address, Phone #: \_\_\_\_\_

Status of Mortgage (current or delinquent). If delinquent, explain: \_\_\_\_\_

**Parcel #2**

Title in Name of: \_\_\_\_\_  
Property Type (land, building, private home, etc.): \_\_\_\_\_  
Property Address: \_\_\_\_\_

Original Loan Amount: \$ \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_  
Date of Mortgage: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

Mortgage Holder Name, Address, Phone #: \_\_\_\_\_

Status of Mortgage (current or delinquent). If delinquent, explain: \_\_\_\_\_

OTHER PERSONAL PROPERTY (Refers to Borrowing Entity): Describe property; if financed, include name and address of lien/ mortgage holder, original loan amount, monthly payment, and current balance. Attach additional sheets, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER ASSETS (Refers to Borrowing Entity): Please describe.

\_\_\_\_\_

UNPAID TAXES: Please describe in detail; refer to attachments, if necessary. \_\_\_\_\_

\_\_\_\_\_

OTHER LIABILITIES: Please describe in detail; refer to attachments, if necessary. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENTS AND CERTIFICATIONS**

**- Please Read Carefully Before Signing -**

**CERTIFICATION:** Applicant(s) certify: (a) All information in this application and the exhibits/attachments are true and complete to the best of their knowledge and is submitted to the Ohio Mid-Eastern Governments Association (OMEGA) Loan Review Committee in order that the Committee may decide whether to approve a loan and/or to participate with a lending institution in a loan for the proposed project; (b) Applicant(s) gives assurance that Applicant(s) will comply with Sections 112 & 113 of Volume 13 of the Code of Federal Regulations. These code sections prohibit discrimination on the grounds of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, familial status, political beliefs, etc. by recipients of federal financial assistance and require appropriate reports and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. Applicant(s) realizes that if Applicant(s) does not comply with the non-discrimination requirements, OMEGA can call, terminate, or accelerate repayment of the loan.

**AUTHORITY TO COLLECT PERSONAL INFORMATION:** This information is pursuant to Public Law 93-579 (Privacy Act of 1974). Effect of Non-Disclosure: Omission of an item may result in your application not receiving full consideration. Applicant(s) authorizes disclosure of all information submitted in connection with this application to the OMEGA Loan Review Committee, OMEGA Executive Board, OMEGA Loan Administrator, OMEGA Staff, and its consultants. Applicant(s) understand that all information may be subjected to public review under Public Disclosure Laws. As consideration for any advice, management and/or technical assistance that may be provided, Applicant(s) waive all claims against the OMEGA Loan Review Committee, OMEGA Executive Board, OMEGA Loan Administrator, OMEGA Staff, and its consultants. OMEGA may check credit and trade references in reviewing this application, and disclose information about its credit experience with applicant(s), as authorized by law. OMEGA may also check the personal credit history of the principal owner(s), spouses, if applicable, and/or key individual(s). In addition to the information requested on this application, OMEGA may subsequently request additional information from Applicant(s). Applicant(s) confirms that this application is given to OMEGA for the purpose of obtaining credit; Applicant(s) have read it and it is true and complete. Applicant(s) authorize OMEGA to obtain information from others concerning credit standing and other relevant information impacting this application and provide to others information about OMEGA's transactions and experiences with the application, applicant(s), and/or business.

**SIGNATURES:** The undersigned certify that the information provided on and with this form, including financial statements, is complete and correct and that Applicant(s) are authorized to execute this form on behalf of the Applicant. Applicant(s) authorize the Ohio Mid-Eastern Governments Association (OMEGA) to obtain credit reports, and to release credit information to others including, without limitation, companies/agencies affiliated with OMEGA regarding Applicant from time to time. Applicant(s) also authorize OMEGA to obtain copies of its tax returns and information from the IRS and/or participating bank(s), and agrees to execute whatever forms OMEGA requests to obtain such information. If this is an application for a SECURED business term loan, additional documentation may be requested from Applicant(s) for execution and submittal to OMEGA for approval.

**REQUIRED SIGNATURES BASED ON BUSINESS ENTITY:** SOLE PROPRIETOR - The owner; PARTNERSHIP - All general partners; LIMITED LIABILITY COMPANY - All members or manager(s); CORPORATION - Officers.

**NON-DUPLICATION OF FEDERAL SUPPORT:** The undersigned hereby certifies that they have not applied for and/or received other federal funding for the same purpose as the purpose stated in this application. The undersigned also certifies that no OMEGA EDA RLF CARES Act loan proceeds will be used to fund expenses for which the undersigned has received other federal funding. If duplicate funding is determined, OMEGA will demand immediate repayment of the portion of the OMEGA EDA RLF CARES Act loan allocable to those expenses and may take any other action against the undersigned permitted by the loan documents, the EDA RLF CARES Act plan, and applicable law, as OMEGA deems appropriate for prudent management of the loan portfolio.

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## INFORMATION FOR FEDERAL MONITORING PURPOSES

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, surname, etc. If you do not wish to furnish the information, please check the appropriate line below.

### **ETHNICITY** (mark one)

Hispanic or Latino \_\_\_\_\_  
Not Hispanic or Latino \_\_\_\_\_

### **RACE** (mark one or more)

White \_\_\_\_\_  
Black or African American \_\_\_\_\_  
American Indian/Alaskan Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Native Hawaiian or other Pacific Islander \_\_\_\_\_

### **GENDER**

Female \_\_\_\_\_  
Male \_\_\_\_\_

"This institution 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. You may also write a letter containing all the information requested in 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).

**To be eligible, loan applications must include all information listed on Page One, as applicable, and be ready for presentation to the loan committee within 60 days of submission; otherwise, the application is null and void.**

Enclose \$100 non-refundable loan application fee, signed loan application with all required information, signatures, and/or attachments and submit to:

OMEGA RLF, 326 Highland Avenue, Suite B, Cambridge, OH 43725