## Village of Goreville Intermediary Re-Lending Program Program Summary

#### Limitations

- ❖ IRP Loans cannot exceed 75% of the total project cost
- ❖ IRP Loans cannot exceed \$150,000.00
- ❖ IRP Loans cannot be used for agricultural, housing or refinancing purposes
- ❖ Land/Buildings can be financed for 15-20 years
- ❖ Machinery/Equipment can be financed for the Useful Life of Equipment
- ❖ Working Capital can be financed for 5-7 years
- ❖ Collateral must be valued at equal or greater than loan amount

#### Terms

- ❖ Interest Rate: fixed rate between 4.5% and 6%
- ❖ Borrower is required to purchase life insurance on the amount of the loan designating Goreville IRP as the beneficiary

#### Preferences

- ❖ Jobs created and/or retained
- ❖ Percentage of total project financed with IRP funds (the lower the better)
- Creating opportunities for training and advancement
- ❖ Jobs targeted to low and moderate income individuals

#### Costs

- ❖ Application fee, \$100.00, submitted with application
- ❖ Closing fee, \$500.00, paid at closing or can be financed as part of the loan
- ❖ Applicant pays all other closing costs recording fees, legal fees, appraisals, etc.

#### Process

- ❖ Application is received with \$100.00 application fee
- ❖ Application is presented to the Loan Review Committee
- ❖ Applicant notified in writing within 10 business days of the Committee's decision
- Southern Five begins loan processing (environmental clearance, RD approval, document preparation, etc.) approximately 45 day process
- ❖ Loan documents executed and proceeds distributed

Contact Brittany Taylor, Southern Five Regional Planning, 5 Justice Drive, Ullin, IL 62992 – Phone (618) 845-9000, Fax (618) 845-9500, Email: btaylor@southernfive.org

Southern Five is an equal opportunity provider, employer, and lender.

**Application #**APPLICATION CHECKLIST

#### **Organizational Information**

- □ Business Certification Documents in regard to the business' establishment as a sole proprietorship, a partnership, or a corporation. Include tax identification numbers, licenses, incorporation papers and stockholders.
- □ *Management Personnel* Names and contact information for business' day-to-day management, accounting personnel, and legal counsel.
- □ Financial Records Complete financial disclosures (audits, tax returns, income and balance sheets, net worth statements, etc.) for the organization and primary owners for the three previous fiscal years.

#### **Project Information**

- Market Data and Community Impact Summary of the regional market for the business' product or service and impact the business will have on the local community.
- □ Application of Project Dollars Breakdown of the project costs and ultimate recipients of project dollars, including cost estimates for construction and price quotes for machinery and other assets.
- □ *Employment Results of Project* Implication of project on local employment. Include new job creation and job retention, along with projected payroll dollars for the first three years of operation.

#### **Project Financing Information**

- □ Financing Sources Include amount and percentage of project cost for each financing source involved with the project.
- □ *Financial Commitments* Include documentation of financing already committed to the project. Make sure it includes amounts, terms, and interest rates.
- □ Collateral Description List all real estate, machinery and equipment, and other assets that will be used for collateral for financing and indicate the value, lien positions, and capital life of each item.

*I have read the program summary and the application checklist. I understan	d this
application is not guaranteed for financing and that other terms and condition	s may
apply.	

Applicant	Date

<b>Application</b>	ı #
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## **Organizational Information**

Business Name					
Business Location (Physical Location)	Street		City		State
Mailing Address	Street/P.O. Box	Cit	у	 State	Zip
Telephone		_ Fa	•		•
Email	Busir	ness Tax Id	entification	n Number	
Duns Number		· · · · · · · · · · · · · · · · · · ·			
Business Organiza	tion Type:				
	_ Sole Proprietorshi	р	Limite	ed Partner	ship
	_ "S" Corporation		Gene	eral Partne	rship
	_ Private Corporatio	n	Publi	c Corporat	tion
Business Inc	corporation State		Date		
-	or Partially Owned I _ Yes (Explain)	, ,			
List All Primary Ow Name Social		Address	Percer	ntage of Own	ership
1					
2					
3.					

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## **Management Personnel**

	Name	Mailing Address	Phone Number
Business Manager			
Accountant/CPA			
Auditing Firm (If Applicable) Legal Counsel			
Financial Institution	(Contact Name	& Institution Name)	

#### **Financial Records**

Please provide one (1) copy of:

**The Business** – One (1) of the following:

- (A) Audit reports\* prepared by a certified auditor, or
- (B) Federal and State Income Tax Returns\*, and
- **(C)** Complete year-end Income and Balance Sheets\* prepared by CPA (\*Please provide the latest three years available)

**Primary Owners** – One (1) of the following:

- (A) Personal Financial Balance Sheet prepared by a CPA, and
- (B) Federal and State Income Tax Returns for last 3 years

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## **Project Information**

### **Business Plan and Projections**

- I. Please Provide a Complete Business Plan for the project.

  Please include: business description, history of business, marketing plan, competition analysis, resumes, organizational plan, start-up/expansion expenses, monthly operating expenses, personal financial statement.
- II. Please Provide Projected Income and Balance Sheets for the project for the first two full years of operation.

### Market Data and Community Impact

- What is the geographic market area for the business? (National, Regional, Local)
- **II.** Describe the customers that the business will target. (Businesses, consumers, local residents, manufacturers, retailers, etc.)
- **III.** What types and to what extent have you completed market studies for the business? Describe scope, sample sizes, and statistical conclusions.
- **IV.** Describe the project's overall impact on the surrounding community (i.e., increased traffic, generation of retail sales and real estate taxes to the community, environmental impact, quality of life, etc.)
- **V.** Please complete the attached USDA Form 1940-20 disclosing environmental information on the project.

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## **Application of Project Dollars**

• Please provide a written project description (what will be accomplished with the use of IRP loan funds)

with the use of IRP loan funds	S)	
Summary of Project Costs		
Land Acquisition	\$	%
Building Acquisition	\$	~ <i>.</i>
Rehabilitation	\$	
New Construction	\$	%
New Machinery and Equipment	\$	%
Used Machinery and Equipment	\$	%
Architectural and Engineering	\$	%
Legal and Professional	\$	%
Refinancing	\$	%
Capitalized Interest	\$	
Contingency/Working Capital	\$	
Other	\$	0/
Total Project Cost	\$	%
Sources of Funds		
Owner/Business Contribution	\$	%
Bank Financing	\$	%
Goreville IRP Loan (this application)	\$	%
Other Sources	\$	
Total Sources of Funds	\$	%
<b>Description of Real Estate</b> Number of Buildings	Existing	New Construction
Square Footage		
Type of Structure		
(Masonry, Metal, or Wood Frame)		

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## **Employment Forecast Information**

Number of Employees				
D ( : 1	Current	Year 1	Year 2	Year 3
Professional	-	-		
Clerical/Administrative				
Skilled				
Semi-skilled				
Unskilled				
Other				
TOTAL				
Annual Payroll	\$	<u>\$</u>	<u>\$</u>	\$
Number of LMI* *Number of jobs likely to be	filled by those	who are curre	ntly low income	 e.

Please list assumptions used for employment projections.

If jobs are retained jobs, explain how these jobs would be eliminated if project is not completed.

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### **Owner/Business Contribution**

List all business owners who are contributing money to the project. Include the amount they are contributing, also indicate if it is capital or in-kind contributions.

		Type (cash, in-kind work, etc.)
1 2		
3		
4		
Bank Financ	cing	
Name of Bank		
Address		
Phone Number	r Contact	Name
Amount Financ	ced	Term
Interest Rate _	Paymen	t Method
1 <sup>st</sup> Payment Dւ	ıe	(Monthly, Quarterly, Annual, etc.)
Other Sourc	ces	
Name of Sourc	ce	
A ddroop		

Phone Number	Contact Name	
Amount Financed		Term
Interest Rate	Payment Method (Month	
1 <sup>st</sup> Payment Due	(Montr	nly, Quarterly, Annual, etc.)
	Village of Gorevill nediary Re-Lending Loan Application	Program 1
A	Application #	
Goreville IRP Loan In	formation	
Amount of Loan Request _		
Minimum Term Request		
Maximum Term Request _		
Requested Payment Metho	od (Monthly, Quarterly, Annual)	
Requested 1st Payment	(Monthly, Quarterly, Annual)	

## **Collateral Description**

Include appraisals for real estate, and/or cost estimates for equipment and machinery. Also include the Village's proposed lien position.

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#### **Certification and Claims**

#### Certifications

Please provide documentation evidencing existence of business entity and authorization to enter into the loan. Submit the following as appropriate:

- I. For Corporation
  - A. Articles and Certificate of Corporation
  - B. Secretary's Certificate of Board of Director's resolution authorizing the loan.
  - C. Copy of Corporate by-laws
  - D. Current Certificate of Good Standing from Illinois Secretary of State
- II. For Partnership
  - A. Certificate of General or Managing Partner Authorizing Loan
  - B. Certificate of Partnership (for Limited Partnerships)
  - C. Copy of Partnership Agreements
  - D. Certificate of Good Standing (for Limited Partnerships)

#### III. Sole Proprietorships

A. Operating Licenses / DBA Certification

#### Claims

I (we) hereby certify that all information contained herein is true and correct. This application has been duly authorized by the Board of Directors, Principal Partners, or Sole Owner of the business on behalf of which the application is made. The applicant will comply with all certifications and requirements necessary for fulfillment of the loan terms.

I (we) hereby grant permission to Johnson County and Southern Five Regional Planning Commission to collect information concerning the credit history of the business, primary owners, or partners for the sake of evaluating the credit worthiness of this application. The collection may include, but not be limited to, credit bureau reports, contact with credit references, and correspondence with applicant's financial institution.

Authorized Signature	Name and Title	Date

START UP/EXPA	ANSION COSTS
Land Acquisition	\$
Building Acquisition	\$
Building Rehabilitation	\$
Building Construction	\$
New Machinery & Equipment	\$
Used Machinery & Equipment	\$
Inventory	\$
Supplies	\$
Working Capital	\$
Other	\$
Total Project Costs	\$

Sources of Funds		
Owner Contribution	<b>\$</b>	
Goreville IRP	Ψ	
Other Sources	\$	
Total Sources of Funds	\$ <b>\$</b>	

## Monthly Operating Statement INCOME & EXPENSES

Line Item	
Income	
Sales	\$
Less Cost of Materials	\$
Total Income	\$
Expenses	
Employee Salaries/Wages	\$
Payroll Taxes	\$
Repairs and Maintenance	\$
Advertising	\$ \$ \$
Supplies	\$
Utilities (Water, GAnnetra) Operating	
Telephone INCOME/EXPE	ENSES
Accounting and Legal	\$
Rent Line Item	Ģ
tacome	<b>\$</b>
<b>Fisher</b> ance	
Loan Payment (principal & interest) Less Cost of Materials <u>Miscellaneous</u>	\$
	_\$
Liotal Income	_\$
Total Charles Allering Allering	\$
Employee Salaries/Wages Net Profit (Income Less	_ <b>\$</b>
Payroll Taxes \ Repairs and Maintenance	\$
•	\$
Advertising Supplies	\$ \$
• •	
Utilities (Water, Gas, etc.) Telephone	<u>Ф</u>
Accounting and Legal	<del>Ψ</del> <b>¢</b>
Rent	\$ \$ \$ \$ \$ \$ \$ \$
Taxes	<u>Ψ</u> <b>¢</b>
Insurance	<u>Ψ</u> <b>¢</b>
Loan Payment (principal & interest)	<u>Ψ</u> <b>¢</b>
Miscellaneous	<u>Ψ</u> <b>¢</b>
License & Fees	\$
Total Exponence	<u> </u>
Net Profit (Income Less	8 <u> </u>
•	Ψ
Expenses)	

## **Personal Financial Statement**

			or 		
		(na	ıme)		
complete this form for each pr	oprietor, partner or	any other per	son providing	g guaranty on the loan.	
\s of	, 201_				
Assets				Liabilities	
Cash and Savings IRA Or Retirement Account	\$ \$_			unts Payable it Cards (Total)	\$ \$
Life Insurance (Cash Value)	\$		Auto Acco	Installment unt	\$
Stocks & Bonds	\$		Real Estate Payable \$		
Automobiles Machinery & Equipment	\$		Loan on Life Insurance S Unpaid Taxes		\$
Real Estate	\$ \$		Othe	\$ \$	
Other Personal Property	\$		_	al Liabilities	\$
Total Assets	\$			Worth (total	\$
				ts minus total	<del></del>
			liabil	lities)	
let Investment Income Real Estate Income Other Income (describe bel Description of Other Income	\$ low) \$				
Alimony or Child Support Paragrams of Counted Towards In	ncome	Need to Be C	Disclosed in	Other Income Unless	It is Desired to Have Sucl
Name & Address of	Noteholder	Original Balance	Current Balance	Payment Amount & Frequency	Collateral

Type of Property Address	Property A	Property B	Property C
		1	
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of			
Mortgage Holder			
Mortgage Balance			
Payment Amount &			
Frequency			
Other Liabilities Describe in Detail, Including Amou	nt and To Whom Liability is O	wed, if Payments are Being M	ade, Amount and Frequ
Signature		Date	_
		Date	
Signature Print Name		Date	_

**Disclosure Statement and Non-Discrimination Notice** 

**Disclosure Statement:** 

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 individual applicants on the basis of visual observation or surname.

-	I do not wish to furnish this information
Ethnicity:	
	Hispanic or Latino
_	Not Hispanic or Latino
Race: (Ma	ark one or more)
	White
	Black or African American
_	American Indian/Alaska Native
_	Asian
_	Native Hawaiian or Other Pacific Islander
Gender:	
	Male
_	— Female

#### **Non-Discrimination Notice**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administrating USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600(voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found at <a href="http://www.ascr.usda.gov/complaint\_filing\_cust.html">http://www.ascr.usda.gov/complaint\_filing\_cust.html</a> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit you completed form or letter to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; by fax: (202) 690-7442; or by email: program.intake@usda.gov.

This institution is an equal opportunity provider and employer.

