



SEDA-Council of Governments

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SEDA-COG Local Development Corporation
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Lewisburg, PA 17837

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Loan Application

Operating Company Information	
Company Name _____ Db/a/Fictitious Name: _____ Address _____ Address _____ City, State, Zip _____ County _____ Twp/Municipality _____ Contact Name _____ Title _____ Phone _____ Fax _____ Cell _____ Email _____	Principal Product/Service _____ Date Company Established _____ Current # of Employees Full-time _____ FTE* _____ Website address http:// _____ DUNS # _____ Primary NAICS Code _____ Type of Business (check one) FEIN _____ Proprietorship <input type="checkbox"/> (or Social Security # if Proprietorship) Partnership <input type="checkbox"/> # of Partners _____ LLC <input type="checkbox"/> Year of Inception _____ "S" Corp <input type="checkbox"/> Year Incorporated _____ "C" Corp <input type="checkbox"/> Year Incorporated _____
Ownership – at least 51% ownership of the company falls under that category Minority Owned Yes <input type="checkbox"/> No <input type="checkbox"/> Woman Owned Yes <input type="checkbox"/> No <input type="checkbox"/> Veteran Owned Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which category? _____ 1 = Other Veteran 2 = Service Disabled Veteran	If yes to any questions, please provide details. Yes No 1. Have you or any officer of your company ever filed for bankruptcy? <input type="checkbox"/> <input type="checkbox"/> 2. Are you or your business involved in any pending lawsuits? <input type="checkbox"/> <input type="checkbox"/> 3. Does your business export (including Mexico and Canada)? <input type="checkbox"/> <input type="checkbox"/> 4. Do you have plans to begin exporting as a result of this loan? <input type="checkbox"/> <input type="checkbox"/> 5. Are all of your production facilities located in the U.S.? <input type="checkbox"/> <input type="checkbox"/>
New Project Information – Use separate attachments to answer questions if necessary	
Address of project _____ Address of project _____ City, State, Zip _____ County _____ Twp/Municipality _____ Tax/Parcel # _____	Does this project involve the relocation of the business? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many miles? _____ Proposed number of jobs created in the next two years Full-time _____ FTE* _____ In the next three years _____ What source(s) will the equity come from for this project? _____
Description of project _____ _____	Current, average annual salary for all full-time employees \$ _____ Anticipated, avg. annual salary for all full-time jobs to be created \$ _____ The % paid for benefits versus average annual salary listed above _____%
What is the square footage of your existing building(s)? _____ What percentage do you currently occupy? _____ How many acres does your facility occupy? _____	What is the square footage of the new building or expansion? _____ What percentage will you occupy of the new building? _____ How many acres will your facility occupy? _____
Operating Company Profile	
Please provide a detailed history of the business (you may use additional pages or attach company literature) _____ _____ _____ _____ _____	

* FTE (Full-time Equivalent) jobs are calculated as the average number of hours per week/40 hours x the number of part-time, temporary, and seasonal employees.

Operating Company Profile cont.

What are your major products and/or services?

1. _____

2. _____

3. _____

Is your business a franchise? Yes No

If yes, what is the name of the franchise? _____

What geographic markets do you serve for your products and/or services?

1. _____

2. _____

3. _____

How do you/will you market and promote your products and/or services?

List your major customers (those who make up 10% or more of your annual sales)

Name	City, State	% of Sales
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your major competitors

Name	City, State
_____	_____
_____	_____
_____	_____

List your major suppliers

Name	City, State
_____	_____
_____	_____
_____	_____

Total Sales within Pennsylvania? _____ Investment in R&D (as a % of your budget)? _____

Total Sales outside U.S.? _____ Investment in employee training (as a % of your budget)? _____

Operating Company Ownership

Name	Title	Social Security #	% Ownership (Must total 100%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the members of your management or operating team. Include all Officers of the company as well.

Name	Title	Age	Responsibilities
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Real Estate Holding Company

Company Name _____	Contact Name _____
Db/a/Fictitious Name: _____	Title _____
Address _____	Phone _____
Address _____	Fax _____
City, State, Zip _____	Cell _____
County _____ Twp/Municipality _____	Email _____

Type of Business (check one)

Proprietorship "S" Corp Year Incorporated _____

Partnership # of partners _____ "C" Corp Year Incorporated _____

LLC Year of Inception _____ FEIN (Social Security # if Proprietorship) _____

DUNS # _____ Primary NAICS Code _____

Real Estate Holding Company Ownership

Name	Title	Social Security #	% Ownership (Must total 100%)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Affiliated Businesses – List any other businesses owned by any owner with 20% or more ownership in operating or real estate holding company

Business Name	Owner	Title	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous SBA, Federal Government, or State Government Debt including Student Loans

Please complete for the operating company, real estate holding company, affiliated company, or any associate or principal of the applicant.

Name of Borrower _____	Name of Borrower _____
SSN/Tax ID _____ Loan Number: _____	SSN/Tax ID _____ Loan Number: _____
Lender Name _____	Lender Name _____
Approved/Declined (Please Circle) _____ Date of Loan _____	Approved/Declined (Please Circle) _____ Date of Loan _____
Loan Amount _____ Current Balance _____	Loan Amount _____ Current Balance _____
Is the loan: Current <input type="checkbox"/> Past Due <input type="checkbox"/> If so, # of months _____ Paid Off <input type="checkbox"/>	Is the loan: Current <input type="checkbox"/> Past Due <input type="checkbox"/> If so, # of months _____ Paid Off <input type="checkbox"/>
Collateral securing loan _____	Collateral securing loan _____
Did this loan result in a loss to the Government or State? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did this loan result in a loss to the Government or State? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please complete for the operating company, real estate holding company, affiliated company, or any associate or principal of the applicant.

Name of Borrower _____	Name of Borrower _____
SSN/Tax ID _____ Loan Number: _____	SSN/Tax ID _____ Loan Number: _____
Lender Name _____	Lender Name _____
Approved/Declined (Please Circle) _____ Date of Loan _____	Approved/Declined (Please Circle) _____ Date of Loan _____
Loan Amount _____ Current Balance _____	Loan Amount _____ Current Balance _____
Is the loan: Current <input type="checkbox"/> Past Due <input type="checkbox"/> If so, # of months _____ Paid Off <input type="checkbox"/>	Is the loan: Current <input type="checkbox"/> Past Due <input type="checkbox"/> If so, # of months _____ Paid Off <input type="checkbox"/>
Collateral securing loan _____	Collateral securing loan _____
Did this loan result in a loss to the Government or State? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did this loan result in a loss to the Government or State? Yes <input type="checkbox"/> No <input type="checkbox"/>

Contact Information

Banking Relationship Contact

Bank Name _____

Account Officer _____

Phone _____ Fax _____

Cell _____

Email _____

Do you have a line of credit? Yes No Amount _____

If yes, with which bank? _____

What other banks, if any, have you contacted about this project? _____

Attorney Contact

Name _____

Name of Firm _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Cell _____

Email _____

Insurance Agent Contact for Hazard, Liability, Workers Compensation, and Property Insurance

Contact Name _____

Name of Agency _____

Phone _____ Fax _____

Email _____

Insurance Agent Contact for Life Insurance (if applicable)

Contact Name _____

Name of Agency _____

Phone _____ Fax _____

Email _____

Personal Information and Resume Form – To be completed by each 20% or more owner, guarantor, and key management

Name _____ SSN # _____
 First Middle Last
 Former name _____
 First Middle Last
 Date of birth _____ Place of birth _____
 Residence phone (_____) _____ Business phone (_____) _____
 Residence address _____
 Street City State ZIP From To
 Previous address _____
 Street City State ZIP From To
 Are you employed by the U.S. Government? _____ Agency/Position _____
 1. Are you a U.S. Citizen? (if no, please provide a copy of your Alien Registration or Visa Card) Yes No
 2. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal charges are brought in any jurisdiction? Yes No
 3. Have you been arrested in the past six months for any criminal offense? Yes No
 4. For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) plead guilty; 3) plead nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Yes No

Education – List any college or technical training you have received. Attach resume if necessary

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Military service background Non-Veteran Other Veteran Service Disabled Veteran
 Branch _____ From _____ To _____
 Honorable discharge? Yes No Rank at discharge _____

Work Experience – List chronologically, beginning with present employment. Attach resume if necessary

Company name/location _____
 From _____ To _____ Title _____
 Duties _____
Company name/location _____
 From _____ To _____ Title _____
 Duties _____
Company name/location _____
 From _____ To _____ Title _____
 Duties _____

The following information is requested by the Federal Government for certain types of loans and assistance in order to monitor the lender's compliance with the Equal Credit Opportunity Act. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may not discriminate on the basis of this information or 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 this information, please check the appropriate box below.

Indicate gender (optional) I do not wish to furnish this information Male Female
 With which race do you more closely identify? Choose only one (optional) I do not wish to furnish this information
 Black/African American American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Asian White/Caucasian Other _____
 What is your ethnicity (optional)? I do not wish to furnish this information Hispanic/Latino Non-Hispanic/Latino

Credit Report Authorization

I hereby authorize the release of any and all personal and business credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan including, but not limited to: personal and business tax returns, insurance policy coverage and premium payments including business real and personal property and life insurance (if required), workers compensation, and property tax payments. I further authorize SEDA-Council of Governments (SEDA-COG), SEDA-COG Local Development Corporation (LDC), and its successors to release such information to any entity as required in the processing or servicing of my loan(s).

Signature _____ Title _____ Date _____
 Spousal Signature (if required) _____ Date _____ Social Security Number _____

Legal Notices

Notice to Applicants

This is notice as required by the "Right to Financial Privacy Act of 1978," of the access rights to financial records held by financial institutions that are or have been doing business with you or your business, including financial institutions participating in this loan. Access rights continue for the term of any approved loan without further notice or authorization.

This notice authorizes SEDA-COG and/or the SEDA-COG Local Development Corporation ("Lender"), and its successors to use or transfer financial records on an application for an approved loan, as necessary, to process, service, or foreclose a loan or collect on a defaulted loan. No other transfer of your financial records will be permitted.

I/We authorize disclosure of all information submitted in connection with this application to Lender.

I/We give the following assurances:

1. That I/We will comply with Sections 112 and 113 of Volume 13 of the Code of Federal Regulations. These code sections prohibit discrimination on the grounds of race, color, sex, religion, marital status, handicap, age, or national origin by recipients of federal financial assistance and require appropriate report and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/we do not comply with these nondiscrimination requirements, Lender can call, terminate, or accelerate repayment on my/our loan.
2. That, to the best of my/our knowledge, my/our project has no affect upon historical/archaeological properties and is in compliance with the requirements and objectives of the National Historic Preservation Act of 1966, as amended; Presidential Executive Order 11593, May 13, 1971; and Procedures for the Protection of Historic and Cultural Properties.
3. That my/our project does not involve the relocation of an establishment from one area to another and does not result in the transfer of contract or subcontract work causing unemployment at the location where such work was previously performed. For the purposes of this paragraph, "area" means that geographic area which will allow employees of relocated businesses to retain their jobs. That the project, if applicable, will comply with the requirements of Federal laws which apply to prevailing wage rates (Davis-Bacon).
4. That if my/our project involves construction for public use, I/we will comply with accessibility to the handicapped standards of 41 CFR, Subpart 101-19.6.
5. That my/our project has no substantial environmental impact and that I/we will comply with all applicable federal, state and local environmental protection standards and regulations.
6. If your loan request is approved, you will be required to provide some or all of the following items at closing or during the loan term as outlined in the standard loan commitment letter. These criteria are separate from any collateral security for the loan and will assist Lender to properly service the loan.
 - a. Corporate documents to verify the authorization of the loan request and evidence of the firm's good standing.
 - b. Evidence of current insurance policy covering real and personal property, general public liability, and flood hazard with Lender designated as a lender loss payee/mortgagee.
 - c. Key man life insurance, if appropriate, with assignment made to the Lender.
 - d. Subordination agreements related to shareholder debt and/or other private lender debt, if appropriate.
 - e. Notification to Lender requesting its approval for additional corporate borrowing during the term of the loan.
 - f. Annual reporting of the number of persons actively employed.
 - g. Interim and year-end Profit and Loss statement and Balance Sheet submissions including but not limited to tax returns, both business and personal, personal financial statements, and schedule of debts.
 - h. Annual impact reporting information.
7. All obligations for closing costs and other legal fees associates with the loan throughout the term of the loan will be the responsibility of the borrower.

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

Effects of Non-disclosure – Omission of an item means your application may not receive full consideration.

Agreement of Non-employment of SEDA-COG Personnel – I/we agree that if Lender approves this loan application, I/we will not, for at least two years, hire as an employee or consultant anyone that was employed by Lender during the one year period prior to the disbursement of the loan. Furthermore, the undersigned hereby certifies that no officer, director, or employee of Lender has any substantial ownership, employment, fiduciary, creditor, contractual, or consultative relationship with the applicant or project.

The purpose of the SEDA-COG RLF is to support business activities for which credit is not otherwise available on terms and conditions which would permit completion and/or the successful operation or accomplishment of the project to businesses in the 11-county SEDA-COG region. The purpose of the financing by the SEDA-COG LDC is to support small business growth in the State of Pennsylvania for healthy and expanding businesses or start-up businesses through the SBA 504 loan program, while the SEDA-COG PIDA, Intermediary Relending Program (IRP), Telecommunications, Equity, and Marcellus (TEAM), and First Industries Fund (FIF) loan programs are targeted to businesses in the 11-county SEDA-COG region. All projects must meet specific program requirements and thresholds and the lender reserves the right to recall the loan if these requirements are not met.

Confidentiality

Because Lender are public agencies, their meetings are open to the general public. Therefore, certain information about your project may be released to the public through the newspaper or radio. This includes, but is not limited to, use of funds, funding source, and loan amount. Lender cannot control what other parties choose to report about your project. In addition, since loans through the State of Pennsylvania are funded with State tax dollars, the Commonwealth may issue their own press releases concerning loans they have approved. Press releases directly from Lender generally only include information about the company, funding source and amount, use of funds, and jobs to be created (if applicable). The Borrower hereby grants to Lender a non-transferable right and license to use the trade name(s) of the Borrower for the purpose of marketing and advertising their products and services, in print or electronic medium, including on their websites. Lender shall also be permitted to issue an appropriate press release regarding the relationship between Borrower and Lender. This authorization does not apply to franchise trade names.

Legal Notices cont.

SBA 504 Applicants

If the Applicant/small business defaults on the SBA-guaranteed loan and SBA suffers a loss, the names of the small business and the guarantors of the SBA-guaranteed loan will be referred for listing in the CAIVRS database, which may affect eligibility for further financial assistance.

Release and Indemnification

The undersigned applicant has submitted an application to Lender for one or more loans for use in a business either now existing or to be formed or acquired. In conjunction with the consideration of such loan(s), and in furtherance of its mission to provide economic assistance to businesses within its constituent counties, Lender may, from time to time, provide advisory services in connection with the formation and operation of the applicant’s business and the means of obtaining appropriate financing for such business.

It is expressly acknowledged that Lender makes no representation or warranty as to the probability of success of Borrower’s business. It is further acknowledged that Lender is under no obligation, either contractual or otherwise, to provide or locate funds needed by the undersigned in either the start-up or operation of the business. Except as expressly set forth in writing, Lender makes no commitment that any such funding will be made available.

In consideration of consultation services being provided, the undersigned hereby releases and discharges Lender from all liability for any loss or damage resulting from the failure of the business, including, without limitation, the inability of such business to obtain necessary financing or to meet projections established in any business plan prepared or reviewed by Lender . Additionally, the undersigned hereby agrees to indemnify and hold it harmless from all loss or liability which may result from the operation of the said business.

Authorizations

I hereby authorize the release of any and all personal and business credit reports and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan including, but not limited to: personal and business tax returns, insurance policy coverage and premium payments including business real and personal property and life insurance (if required), and property tax payments. I further authorize Lender and its successors to release such information to any entity as required in the processing or servicing of my loan(s).

Signatures

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Print Name

Print Name

Signature of Applicant Date

Signature of Co-Applicant Date

Title: _____

Title: _____

Company Name: _____

Company Name: _____