

**General Information**

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Legal Entity  Sole Proprietorship  Partnership  Corporation  Limited Liability Corporation

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

D-U-N-S Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Ownership of Business Entity**

<b>Co-Applicant/Owner</b>	<b>Co-Applicant/Owner</b>
Percentage Owned: _____	Percentage Owned: _____
Name: _____	Name: _____
Home Address: _____ _____	Home Address: _____ _____
Home Phone: _____	Home Phone: _____
<b>Co-Applicant/Owner</b>	<b>Co-Applicant/Owner</b>
Percentage Owned: _____	Percentage Owned: _____
Name: _____	Name: _____
Home Address: _____ _____	Home Address: _____ _____
Home Phone: _____	Home Phone: _____

- Is the Applicant a United States Citizen or Entity?  Yes  No
- Has the Applicant ever been in receivership or bankruptcy?  Yes  No
- Is there any legal action pending against the applicant?  Yes  No
- Has the applicant ever co-signed someone else's liabilities?  Yes  No
- Does the applicant have any taxes in delinquent status or in dispute?  Yes  No
- Are all state and federal income taxes filed?  Yes  No
- Other business names used by the applicant? If yes, please list.  Yes  No

**Uses and Sources of Funds**

**Uses of Funds** – (Enter Gross Dollar Amounts Rounded to the Nearest Hundreds.

Real Estate Acquisition – Describe:	\$
New Construction and Facility Improvements – Describe:	\$
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 Funds Required</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: _____	\$
KCEDC Revolving Loan Fund – Terms Requested Payment Amount: _____ Payment Frequency: _____ Maturity Date: _____ Collateral: _____ Use of Funds: _____	\$ _____
<b>Total Sources of Funds</b>	<b>\$ _____</b>

**Job Creation**

Please complete the following tables concerning jobs created or brought into the Kossuth County community within the first two years of operation.

**Full-Time Hourly Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Kossuth County Community	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

**Part-Time Hourly Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Kossuth County Community	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

**Full-Time Salaried Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Kossuth County Community	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

**Existing Employees**

Position	Starting Regular Hourly Rate	Average Regular Hourly Rate	Number of jobs Created or Brought into Kossuth County Community	
			First Year	Second Year
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		
	\$ /Hr	\$ /Hr		

**Check Benefits Provided**

- Health Insurance Portion of premium paid by employee: \_\_\_\_\_ Is family coverage available? Y/N
- Dental Insurance Portion of premium paid by employee: \_\_\_\_\_ Is family coverage available? Y/N
- Retirement Plan Describe: \_\_\_\_\_

***This institution is an equal opportunity provider and employer.***

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 administering 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 a 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 online at [How to File a Program Discrimination Complaint](#) 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 your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

***USDA is an equal opportunity provider, employer, and lender.***

## **Required Attachments**

1. To apply, applicants will need to submit a non-refundable application fee in the sum of \$250.00 for members and \$500.00 plus consulting fees for non-members. **A member** is a community within Kossuth County that is a paid per capita member. An applicant locating his/her business in a community, which is paying per-capita, will submit a fee of \$250.00. **A non-member** is a community within Kossuth County that has not paid their per capita. An applicant locating his/her business in a community, which is not paying per capita, will submit a fee of \$500.00, in addition to any consulting fees, which will be billed by Kossuth County Economic Development Corporation.
2. Personal resume(s) of company management and brief history of the company.
3. Business Plan.
4. Current personal financial statement.
5. Current Credit Report
6. Current balance sheet and YTD profit and loss statement for the business. (if available)
7. Business balance sheets and profit and loss statements for each of the past 3 years. (if available)
8. Three year income and expense projection
9. 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.
10. Data Collection Information”
11. Executed Form AD-1048 “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion.”
12. Executed Form RD 400-4 “Assurance Agreement”
13. Executed “Rural Business Enterprise Grant Certification Statements”
14. Executed Form “Small and Emerging Private Business Enterprise”

I certify that everything I have stated in this application and on any attachments is correct. The Kossuth County Economic Development Corporation (KCEDC) is authorized to make all inquires 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 KCEDC of any subsequent changes that would affect the accuracy of this Statement. KCEDC is further authorized to answer any questions about KCEDC’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: \_\_\_\_\_

**\*\*\*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 statements:

“The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient 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 regulation, this program representative is required to note race/ethnicity 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: (Mark one or more)**

\_\_\_\_\_ **White**  
\_\_\_\_\_ **Black or African American**  
\_\_\_\_\_ **American Indian/Alaska Native**  
\_\_\_\_\_ **Asian**  
\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**

**Gender:**

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

**U.S. DEPARTMENT OF AGRICULTURE**

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**Certification Regarding Debarment, Suspension, Ineligibility  
and Voluntary Exclusion - Lower Tier Covered Transactions**

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Organization Name

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PR/Award Number or Project Name

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Name(s) and Title(s) of Authorized Representative(s)

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Signature(s)

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Date

Position 3

USDA  
Form RD 400-4  
(Rev. 06-10)

**ASSURANCE AGREEMENT**  
(Under Title VI, Civil Rights Act of 1964)

FORM APPROVED  
OMB No. 0575-0018  
OMB No. 0570-0062

The \_\_\_\_\_  
(name of recipient)

\_\_\_\_\_  
(address)

("Recipient" herein) hereby assures the U. S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and Rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, Risk Management Agency, or the Farm Service Agency, (hereafter known as the "Agency") regulations promulgated thereunder, 7 C.F.R. § 1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. § 15.2) no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination.

1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
2. Recipient shall:
  - (a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.
  - (b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources of information and its facilities as may be pertinent to ascertaining such compliance.
  - (c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Agency or the U. S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.
3. The obligations of this agreement shall continue:
  - (a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.
  - (b) As to any personal property acquired or improved with the aid of the Federal financial assistance, so long as Recipient retains ownership or possession of the property.
  - (c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.
4. Upon any breach or violation this agreement the Government may, at its option:
  - (a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.
  - (b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

In witness whereof, \_\_\_\_\_ on this  
(name of recipient)

date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement.

(S E A L)

\_\_\_\_\_  
Recipient  
\_\_\_\_\_  
Date

Attest: \_\_\_\_\_ Title \_\_\_\_\_ Title

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0018 and 0570-0062. The time required to complete this information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.



## Rural Business Enterprise Grant Certification Statements

The undersigned has requested a \$ \_\_\_\_\_ loan from the Kossuth County Revolving Loan Fund established by a Rural Business Enterprise Grant (RBEG) from USDA Rural Development. In accordance with RD Instruction 1942-G, we hereby certify to the following:

All activities provided under the grant will be located in a rural area and/or benefit a rural area as defined in RD Instruction 1942-G, 1942.304.

At least 51 percent of the outstanding interest in the project has membership or is owned by those who are either citizens of the United States or reside in the United States after being legally admitted for permanent residence.

The business meets the definition of a "Small and Emerging Private Business Enterprise" which is any private business, which will employ 50 or fewer employees, and has less than \$1 million in projected gross revenues.

To the best of my knowledge and belief, this certification is true and correct. This document has been duly authorized by the governing body of the applicant.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Business

**Re: Small and emerging private business enterprise**

In order to be eligible for Revolving Loan Funds from the Rural Business Enterprise Grant (RBEG) program, I understand that our business must meet the following definition of a "Small and Emerging Private Business Enterprise":

"Any private business which will employ 50 or fewer employees and has less than \$1 million in projected gross revenues."

For the purposes of the RBEG program, gross revenue is defined as revenue of a business before deductions for any purpose, except for sales returns. In the case of a manufacturing or merchandising business, gross revenue means gross profit (i.e., gross sales or gross receipts less cost of goods sold)."

Revenue for a given period consists of the inflow of cash and receivables from sales made in that period. Also, earnings on investments, such as interest earned on a bank savings account or on a government bond and the dividends received through ownership of capital stock, are part of the gross revenue.

Based on the projected revenue/profit from the "Business Plan" or the attached documentation, I certify that \_\_\_\_\_ meets this definition and is eligible to receive funds from the Revolving Loan Fund.

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(Owner)

(Date)