

CENTRAL ARKANSAS PLANNING & DEVELOPMENT DISTRICT, INC.
902 North Center Street, P.O. Box 300, Lonoke, AR 72086
Phone: (501) 676-2721
Fax: (501) 676-5020

REVOLVING LOAN FUND

The Revolving Loan Fund of the Central Arkansas Planning & Development District was created through a grant from the U.S. Department of Commerce, Economic Development Administration, for the purpose of assisting in the development of the economy of Pulaski, Faulkner, Saline, Lonoke, Prairie and Monroe counties in Central Arkansas. Because of the nature of federal funding, there are certain requirements which must be set to secure loan funding assistance under this program. The following briefly sets forth those requirements.

Job Creation: One job must be created for every \$15,000 of funding from the Revolving Loan Fund (RLF). Such creation usually takes the form of a new job. However, under certain circumstances, the retention of an existing job may qualify for this requirement.

Capital Formation: The Revolving Loan Fund is designed to be a financing source which fills the “gap” in financing that is not available in existing local financial markets. As “gap financing” the fund is designed to attract capital investment from the private sector. Under this program, it is preferred that loans contain a minimum of fifty (50) percent participation from local financial institutions or other investors. Current regulation allows the private sector participation to take the form of Act 9 Industrial Revenue Bonds. Sufficient equity is also recommended to provide a minimum of two private dollars to one dollar from the Fund.

The standard equity requirement of the RLF will be ten (10) percent. The RLF Board may choose to consider projects with less than ten percent equity injection from the borrower if the economic impact of the project warrants the exception. The equity requirement shall be the same for start-up and existing businesses, as well as, fixed asset and working capital loans.

Types of Activities: The Fund is designed to assist small business development, including expansion and start-up of locally owned businesses. Such loans may be used to finance the acquisition of real estate, buildings, equipment, inventory, accounts receivable or working capital. Special emphasis will be placed on those activities which create the highest value added to the economy. Those projects which expand industrial or manufacturing capacity encourage the formation of new technologies, growth industries and/or high technology firms will receive higher ranking for the limited RLF funds. In addition, emphasis will be placed on the development of businesses owned and operated by minorities, women, and members of other economically disadvantaged groups.

A borrower is eligible for RLF financing only when credit is not otherwise available on terms and conditions which would permit completion and/or the successful operation or accomplishment of the project activities to be financed.

Prohibitions: The Fund is specifically, by law, precluded from providing assistance which relocates jobs from one labor area to another. The Fund may not make loans which would create a potential conflict-of-interest between the potential borrower and the lender. Loans for refinancing of existing debt, or the speculation or investment in stocks, interest bearing securities, or real property are prohibited. Activities financed under the Fund are prohibited from discrimination and must meet the requirements of civil rights, access for the handicapped, protection of the environment, and certain other federal mandates.

Terms and Rates: The Fund may make loans with a maximum term of ten (10) years. Because new loans are made from the collected proceeds of previous loans, requests for funding with a shorter term will receive priority. In all instances, the minimum interest rate will be four (4) percent below the current U.S. Treasury rate for issues of similar size and maturity. The maximum interest rate will not supersede State Law. EDA guidelines regarding standard interest rates will be followed. Any deviation from these standard interest rates will be determined by the RLF Board.

Collateral: The Fund normally provides assistance in conjunction with local financial institutions and may require a shared first-lien security position with the private lender in the acquired assets. In addition, the Fund may require personal guarantees, the pledging of additional security, or such other collateral as required to adequately protect the investment of federal funds.

The standard collateral requirement of the RLF will be to, whenever possible, take a superior collateral position. The RLF Board may decide to take a second position if the loan will further the RLF in creating private sector jobs. The lien position of the RLF may be subordinate and made inferior to lien or liens securing other loans made in connection with a particular project. In the determination of collateral requirements, the RLF Board may consider the merits and potential economic benefits of each request. When appropriate and practical, RLF financing may be secured by liens or assignments of rights in assets of assisted firms.

Other Requirements: The operation of the Revolving Loan Fund has certain other requirements which are set forth in the RLF Plan, loan application and subsequent loan agreements. Details of such requirements will be provided in the normal progression of loan processing.

Loans will be for a minimum of \$15,000 and a maximum of \$100,000, except when unusual circumstances of a project would warrant such exception in order to benefit the community's economic base. No more than 30% of the total portfolio will be working capital loans.

CENTRAL ARKANSAS PLANNING & DEVELOPMENT DISTRICT, INC.
APPLICATION FOR BUSINESS LOAN

Applicant: _____	Application Date: _____
Home Address: _____	City/Zip: _____
Home Tel. No.: _____	SS No.: _____
Business Name: _____	Tax ID No.: _____
Project Address: _____	Bus. Tel. No.: _____
Mailing Address: _____	City/Zip: _____
Name of Bank: _____	Bank Tel. No.: _____

Name and Title of Bank Loan Officer: _____

Amount of Loan Requested from CAPDD: _____

Description of the Proposed Project (What will the loan accomplish):

Impact of Project on Jobs: _____ Number of Current Jobs: _____

Number of new jobs to be created as a result of the project: _____

Number of current jobs which will be retained by the project: _____

Applicant's Acknowledgement:

I (We) do hereby certify that all information in this application and the exhibits thereto are true and complete to the best of my (our) knowledge. I (We) acknowledge that this application, and any funding received thereby, requires me (us) to comply with applicable federal and state statutes and regulations as more fully set forth herein.

Business Name: _____

Date: _____ Signature(s): _____

The following worksheets and the requested information will be used by the CAPDD to make an evaluation of your loan request. Please help us help you by completing this material to the best of your ability. Please use the forms where provided, and attach additional pages if you need them. We are more interested in the contents and completeness of the material than its appearance. Please write legibly.

We do not require that you have an accountant or CPA prepare this information for you. If you need assistance in compiling the information requested for this loan application, the CAPDD and/or the Small Business Development Center (SBDC) at Little Rock will be pleased to provide you with technical assistance at no cost to you. Please call (501) 676-2721 to schedule such assistance.

Your preparation of this material will help ensure that you have considered a variety of issues that affect the potential success of your plans. As you complete the information, if you are not sure of the answer, call our office for help, provide your best guess and mark it as “estimated”, or skip the question and go to the next one. If a question is not appropriate to your business situation, simply note that fact and proceed to the next item. Please do not stop at the first question you cannot answer. Lenders question how you will be able to successfully operate your business if you cannot summarize it on paper.

- _____ Exhibit 1: A history and description of the business.
- _____ Exhibit 2. A statement detailing the exact uses of the loan proceeds. Such information should include your plans for construction, a list of the equipment, furniture, or inventory to be purchased using the loan proceeds.
- _____ Exhibit 3: Complete the attached “Personal History Statement” (Form 912) for each person who is associated with the business. Please include owners, partners, officers, directors, and stockholders. The ownership indicated in Item 4, of all forms, must equal 100% of the business ownership.
- _____ Exhibit 4: A balance sheet and profit and loss statement of the business for the previous 3 years.
- _____ Exhibit 5: A current balance sheet and a current operating statement (no older than 90 days).
- _____ Exhibit 6: A pro forma balance sheet and projected operating statement for 2 years. Please provide sufficient detail to explain the assumptions you have made in projecting your future business plans.
- _____ Exhibit 7: A monthly cash flow analysis for the next 12 months or 3 months beyond the break-even point (Only for new businesses).

- _____ Exhibit 8: The names of affiliates and/or subsidiary firms. Last 2 fiscal year-end and current certified financial statements for the listed firms.
- _____ Exhibit 9: Resumes of the principals involved in day-to-day management of the business. A Resume Form is attached for you use, or to use as example of needed information.
- _____ Exhibit 10: A schedule of liabilities which contains the original date and amount, present balance owed, interest rate, monthly payment, maturity and security for each loan or debt that your business currently has outstanding. Please indicate whether the loan is current or delinquent. A Form is attached for your use.
- _____ Exhibit 11: Do you plan to secure any other debt financing in the next 12 months for you business?
_____ Yes _____ No If so, please provide details.
- _____ Exhibit 12: If your business is a franchise, include a copy of the Franchise Agreement.
- _____ Exhibit 13: Furnish a signed current personal balance sheet (Form 413 attached) for each owner, partner, or stockholder with a 20% or greater ownership. All statements must be dated within 90 days of the date of this application and be as of the same date as the business financial statements.
- _____ Exhibit 14: Applicant's Acknowledgement of Statements Required by Laws and Executive Orders (Form attached); including the Freedom of Information Act, Privacy Act, Right to Financial Privacy Act, Flood Disaster Protection Act, Floodplain Management and Wetland Protection Orders, Lead-Based Paint Poisoning Prevention Act, Equal Credit Opportunity Act, Civil Rights Act, Environmental Protection Orders, Occupational Safety and Health Act, and the Consumer Credit Protection Act.
- _____ Exhibit 15: Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?
_____ Yes _____ No If so, please provide details.
- _____ Exhibit 16: Does the borrower or his/her spouse or any member of their household, or anyone who owns, manages, or directs the business or their spouses or members of their household work for (1) CAPDD or (2) any federal or state agency which is participating in the financing of the project or (3) the participating lender?
_____ Yes _____ No If so, please provide details.

_____ Exhibit 17: Is the loan finding requested from CAPDD available on reasonable rates and terms from private sources or other federal or state programs?

_____ Yes _____ No If not, please provide documentation.

_____ Exhibit 18: To the maximum extent possible, will the Borrower provide employment opportunity to low-income persons, farm families, and displaced farm families?

_____ Yes _____ No If so, please provide details.

_____ Exhibit 19: Will this project have an adverse impact on the Environment?

_____ Yes _____ No If so, please provide details.

_____ Exhibit 20: Environmental Survey (construction loans only)

_____ Exhibit 21: Does your business produce products for export?

_____ Yes _____ No

_____ Exhibit 22: Has this business or any of the principals involved obtained any previous government financing?

_____ Yes _____ No If so, please provide details.

_____ Exhibit 23: If a corporation, furnish a Resolution (example attached) of your Board of Directors authorizing the business to borrow and encumber assets. Also include a copy of the Articles of Incorporation and a Certificate of Good Standing from the Secretary of State. If a partnership, provide a copy of the Partnership Agreement.

_____ Exhibit 24: Schedule of Collateral (Form attached)

_____ Exhibit 25: Agreements and Certification

_____ Exhibit 26: RLF Disclosure Statement

_____ Exhibit 27: Letter of Commitment from participating bank or agency

_____ Exhibit 28: Statement of Borrower's Equity Injection

_____ Exhibit 29: Environmental Questionnaire

_____ Exhibit 30: Environmental Certification

Thank you for your assistance in providing the requested information about your loan proposal. If you have any questions, please give us a call at (501) 676-2721.

Exhibit 1. History and Description of the Business

Briefly describe when you business started, where it is located, what products or services you make or provide, who your customers are, how you market your products or services, and any special features of your business which you believe have or will make it successful.

Exhibit 2.**A Detailed Statement of How You Will Use the Loan Proceeds**

If you are purchasing real estate, provide us with legal description if one is available. If you are constructing a building, tell us the dimensions and any other details that would show that you are going to build. If you are buying equipment, furniture or fixtures, provide us with a list of those major items to be purchased. In short, tell us how you would spend the money.

 United States of America SMALL BUSINESS ADMINISTRATION STATEMENT OF PERSONAL HISTORY		Please Read Carefully – Print or Type Each member of the small business or the development company requesting assistance must submit this form in TRIPLICATE for filing with the SBA application. This form must be filled out and submitted by: <ol style="list-style-type: none"> 1. By the proprietor, if a sole proprietorship. 2. By each partner, if a partnership. 3. By each officer, director, and additionally by each holder of 20% or more of the ownership stock; if a corporation, limited liability company, or a development company. 	
Name and Address of Applicant (Firm Name)(Street, City, State, and Zip Code)		SBA District/Disaster Area Office	
		Amount Applied for (when applicable)	File No. (if known)
1. Personal Statement of: (State name in full, if no middle name, state (NMI), or if initial only, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary. First Middle Last		2. Give the percentage of ownership or stocked owned or to be owned in the small business or the development company.	Social Security No.
		3. Date of Birth (Month, day, and year)	
		4. Place of Birth: (City & State or Foreign Country)	
Name and Address of participating lender or surety co. (when applicable and known)		5. U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO If No, are you a lawful Permanent resident alien: <input type="checkbox"/> YES <input type="checkbox"/> NO If non- U.S. Citizen provide alien registration number: _____	
6. Present residence address: From: To: Address: Home Telephone No. (Include A/C): Business Telephone No. (Include A/C):		Most recent prior address (omit of over 10 years ago): From: To: Address:	
PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDING DISCLOSURE OF INFORMATION AND THE USES OF SUCH INFORMATION. IT IS IMPORTANT THAT THE NEXT THREE QUESTIONS BE ANSWERED COMPLETELY. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, AN UNTHRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE DENIED. IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION.			
7. Are you presently under indictment, on parole or probation? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, indicate date parole or probation is to expire.)			
8. Have you <u>ever</u> been charged with and/or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted (all arrests and charges must be disclosed and explained on an attached sheet.) <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. Have you <u>ever</u> been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation: <input type="checkbox"/> YES <input type="checkbox"/> NO			
10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.			
CAUTION: Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 by imprisonment of not more than five years and/or a fine of not more than \$10,000; under 15 USC 645 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.			
Signature		Title	Date
Agency Use Only 11. <input type="checkbox"/> Fingerprints Waived _____ Date Approving Authority <input type="checkbox"/> Fingerprints Required _____ Date Approving Authority		12. <input type="checkbox"/> Cleared for Processing _____ Date Approving Authority <input type="checkbox"/> Request a Character Evaluation _____ Date Approving Authority (Required whenever 7, 8, or 9 are answered "yes" even if cleared for processing.)	
Date Sent to OIG _____			
PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3 rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval 3245-0178.			
PLEASE DO NOT SEND FORMS TO OMB. SBA 912 (10-03) sop 5010.4 Previous Edition Obsolete			

NOTICES REQUIRED BY LAW

The following is a brief summary of the laws applicable to this solicitation of information.

Paperwork Reduction Act (44 U.S.C. Chapter 35)

SBA is collecting the information on this form to make a character and credit eligibility decision to fund or deny you a loan or other form of assistance. The information is required in order for SBA to have sufficient information to determine whether to provide you with the requested assistance. The information collected may be checked against criminal history indices of the Federal Bureau of Investigation.

Privacy Act (5 U.S.C. § 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file, when that file is retrievable by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provision of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. In making loans pursuant to section 7(a)(6) the Small Business Act (the Act), 15 USC § 636(a)(6), SBA is required to have reasonable assurance that the loan is of sound value and will be repaid or that is in the best interest of the Government to grant the assistance requested. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC § 636(a)(1)(B). Further, for all forms of assistance, SBA is authorized to make all investigation necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC §§ 634(b)(11) and 687b(a). For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

When this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. See 56 Fed. Reg. 8020 (1991) for other published routine uses.

Exhibit 6. Pro Forma Balance Sheet and Projected Operating Statement

Please project what you anticipate your sales to be for the next two years, how much it will cost you to produce the goods and/or services sold, what salaries you will pay, and all the other items of expense you expect your business will be required to pay. This becomes your projected operating statement.

Then project what your balance sheet will look like. How much will you have, what will your receivables and inventory be, how much will you have invested in land, buildings or equipment, how much will you owe to CAPDD and the Bank, how much will you owe your suppliers, how much net worth will you have. Answers to these questions will provide you with a pro forma balance sheet.

In addition, please explain how you computed your operating statement (profit and loss statement). For example, if you project you will need 5 full-time employees who will work 40 hours per week, and you plan to pay your employees \$5.00 an hour, the projected salary expense would be as follows:

40 hours a week x 52 weeks = 2,080 hours per employee
2,080 hours per year x 5 employees = 10,400 total hours per year
10,400 total hours per year x \$5.00 = \$52,000 total salary expense

Exhibit 9. Resumes of the Principals Involved in the Business

Please use the attached resume form to provide a written description of yourself, such as your educational background and work experience. In addition, please describe below the experience and general management abilities of yourself and others who will be active in the ownership and/or management of your business. Such information, especially which which relates specifically to your business venture, will demonstrate the potential success of the proposed project.

RESUME'

Name							
Address (Street, City, State, ZIP Code)							
Phone Number Home Work				Social Security Number			
Date of Birth			Place of Birth			Age	
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>							
Spouse's Full Name				Spouse's Occupation			
Number and Ages of Children							
Physical Impairments, Limitations, or Disabilities					General Condition of Health		
EDUCATION	Name & Address of School	Dates Attended From To		Major Courses	Graduate? Yes No		Degree
High School							
College							
Trade Tech. or Vocation							
Other							
Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15							
WORK EXPERIENCE							
Present of last Employer					Dates Employed From To		
Address					Position		
Duties & Responsibilities					Salary Beginning End		
Reason for Leaving							
Previous Employer					Dates Employed From To		
Address					Position		
Duties & Responsibilities					Salary Beginning End		
Reason for Leaving							
Previous Employer					Dates Employed From To		
Address					Position		
Duties & Responsibilities					Salary Beginning End		
Reason for Leaving							
ATTACH ADDITIONAL SHEETS IF NECESSARY							
Other information, interest, activities, references, etc.							

Signature

Date

SCHEDULE OF LIABILITIES
 Date of Schedule _____

NOTES, MORTGAGES AND ACCOUNTS TO WHICH PAYABLE	ORIGINAL AMOUNT	ORIGINAL DATE	BALANCE THIS DATE	INTEREST RATE (%)	MATURITY DATE	AMOUNT OF MO. PAYMENT	HOW SECURED	DELINQUENT OR CURRENT	HOW MUCH TO BE PAID FROM SBA LOAN PROCEEDS

This information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

 Signed

 By Title

ENVIRONMENTAL QUESTIONNAIRE

Instructions: The following shall be used as a guide if a Phase I or Phase II audit is needed, and is to be completed during an on-site inspection by the lender where commercial real estate is to be taken as collateral (residential real estate is excluded).

1. Determine the prior, current, and planned uses for the property. If any of these uses involves an operation that used or uses toxic chemicals, conduct a Phase I audit. (Discussion with current/prospective owners can help identify uses.)
2. To the extent possible, determine the prior, current, and planned uses of all adjoining property. If any of these uses involves an operation that used or uses toxic chemicals, conduct a Phase I audit. (Discussions with current/prospective owners, as well as a visual check, can help identify uses.)
3. Conduct a visual inspection of the facility, preferably accompanied by current owners. The following observations may trigger the need for a Phase I audit.
 - any evidence that chemicals are used in the operation of the facility
 - discarded chemical containers
 - waste piles of any type (ask about buried waste and the presence of underground storage tanks)
 - evidence of distressed vegetation or non-vegetative areas
 - oily films on standing water
 - discolored soils
 - unusual odors
4. Determine that the applicant has all relevant environmental permits and/or notifications in place. If not, conduct a Phase I audit. (Local regulatory authorities could be consulted for assistance on requirements.)
5. Determine whether the facility has ever been involved in:
 - any citations, claims, or complaints regarding environmental problems
 - any notices of violations
 - any environmental clean-up actions

(Discussions with the applicant, as well as local regulatory authorities, can identify facility abuse.)

**ATTACH: (1) ANY Lender or SBA Report on issues covered by the Questionnaire
(2) ANY recommendations**

Acknowledgement by Applicant:

I acknowledge that I have read this questionnaire, and have responded to the issues and questions posed therein to the best of my knowledge.

Business Name: _____

By: _____ Title: _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand & in Bank \$ _____	Accounts Payable \$ _____
Savings Accounts \$ _____	Notes Payable to Banks and Others (Describe in Section 2) \$ _____
IRA or Other Retirement Account \$ _____	Installment Account (Auto) Mo. Payments \$ _____
Accounts & Notes Receivable \$ _____	Installment Account (Other) Mo. Payments \$ _____
Life Insurance-Cash Surrender Value Only (Complete Section 8) \$ _____	Loan on Life Insurance \$ _____
Stocks and Bonds (Describe in Section 3) \$ _____	Mortgages on Real Estate (Describe in Section 4) \$ _____
Real Estate (Describe in Section 4) \$ _____	Unpaid Taxes (Describe in Section 6) \$ _____
Automobile-Present Value \$ _____	Other Liabilities (Describe in Section 7) \$ _____
Other Personal Property (Describe in Section 5) \$ _____	Total Liabilities \$ _____
Other Assets (Describe in Section 5) \$ _____	Net Worth \$ _____
	Total \$ _____

Section 1. Source of Income

Contingent Liabilities

Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgments \$ _____
Real Estate Income \$ _____	Provision for Federal Income Tax \$ _____
Other Income (Describe below)* \$ _____	Other Special Debt \$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need not to be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Section 2. Notes Payable to Banks and Others.

Name and Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary, Each attachment must be identified as a part of this statement and signed)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)					
		Property A	Property B	Property C	
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)					
Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)					
Section 7. Other Liabilities (Describe in detail)					
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies-name of insurance company and beneficiaries.)					
I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).					
Signature		Date		Social Security Number	
Signature		Date		Social Security Number	
PLEASE NOTE: The estimated average burden hours of the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FROMS TO OMB					

Exhibit 14. Applicant Acknowledges Statements Required By Laws and Executive Orders; including the Freedom of Information Act, Privacy Act, Right to Financial Privacy Act, Flood Disaster Protection Act, Floodplain Management and Wetland Protection Orders, Lead-Based Paint Poisoning Prevention Act, Equal Credit Opportunity Act, Civil Rights Act, Environmental Protection Orders, Occupational Safety and Health Act, and the Consumer Credit Protection Act and does hereby agree to comply with all applicable Acts/Laws.

(Applicant)

RESOLUTION OF BOARD OF DIRECTORS
OF

(Applicant)

1. RESOLVED, that the officers of this Corporation named below, or any one of them, or any one of their, duly elected or appointed successors in office, be and they are hereby authorized and empowered in the name and on behalf of this Corporation and under its corporate seal to execute and deliver to the Central Arkansas Planning & Development District, Inc. (hereinafter called "Lender") in the form required by Lender, the following documents: (a) application for a loan or loans, the total thereof not to exceed in principal amount \$ _____, maturing upon such date or dates and bearing interest at such rate or rates as may be prescribed by Lender; (b) such loan or loans and of any other loans, heretofore or hereafter made by Lender to this Corporation; (c) the promissory note or notes of this Corporation evidencing such loan or loans or any renewals or extensions thereof; and (d) any other instruments or agreements of this Corporation which may be required by Lender in connection with such loans, renewals, and/or extensions; and that said officers in their discretion may accept any such loan or loans in installments and give one or more notes of this Corporation therefore, and may receive and endorse in the name of this Corporation any checks or drafts representing such loan or loans or any such installments;
2. FURTHER RESOLVED, that the aforesaid officers or any one of them, or their duly elected or appointed successors in office, be and they are hereby authorized and empowered to do any acts, including but not limited to the mortgage, pledge, or hypothecation from time to time with Lender of any or all assets of this Corporation to secure such loan or loans, renewals and extensions, and to execute in the name and on behalf of this Corporation and under its corporate seal or otherwise, any instruments or agreements deemed necessary or proper by Lender, in respect to the collateral securing any indebtedness of this Corporation;
3. FURTHER RESOLVED, that any indebtedness heretofore contracted and any contracts or agreements heretofore made with Lender on behalf of the Corporation, and all acts of officers or agents of this Corporation in connection with said indebtedness or said contracts or agreements, are hereby ratified and confirmed;
4. FURTHER RESOLVED, that the officers referred to in the foregoing Resolution are as follows:

_____ (Typewritten Name)	_____ (Title)	_____ (Signature)
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_____ (Typewritten Name)	_____ (Title)	_____ (Signature)
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_____ (Typewritten Name)	_____ (Title)	_____ (Signature)
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_____ (Typewritten Name)	_____ (Title)	_____ (Signature)
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_____ (Typewritten Name)	_____ (Title)	_____ (Signature)
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5. FURTHER RESOLVED, that Lender is authorized to rely upon the aforesaid Resolutions until receipt of written notice of any change.

CERTIFICATION

I HEREBY CERTIFY that the foregoing is a true and correct copy of a resolution presented to and adopted by the Board of Directors of _____ at a meeting, duly called and held, at _____, on the _____ day of _____, _____, at which a quorum was present and voted, and that such Resolution is duly recorded in the minute book of this Corporation; that the officers named in said resolution have been duly elected or appointed to, and are present incumbents of, the respective offices set after their respective names; and that the signatures set opposite their respective names are their true and genuine signatures.

(SEAL)

(Secretary)

EXHIBIT 23

SCHEDULE OF COLLATERAL

Applicant		
Street Address		
City	State	Zip Code

LIST ALL COLLATERAL TO BE USED AS SECURITY FOR THIS LOAN

Section I – Real Estate

Attach a copy of the deed(s) containing a full legal description of the land and show the location (street address) and city where the deed(s) is recorded. Following the address below, give a brief description of the improvements, such as size, type of construction, use, number of stories, and present condition (use additional sheet if more space is required).

LIST PARCELS OF REAL ESTATE					
Address	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lien holder
Description(s):					

AGREEMENTS AND CERTIFICATION

I (We) agree that if the CAPDD approves this loan application, I (WE) will not for at least two (2) years hire as an employee or consultant anyone that was employed by CAPDD during the one-year period prior to the disbursement of the loan.

I (We) certify that I (We) have not paid anyone connected with CAPDD for help in securing this financial assistance. I (We) also agree to report to the CAPDD Board of Directors any CAPDD employee who offers, in return for any type of compensations, to help secure loan approval.

I (We) certify that all information in this application and exhibits is true and complete to the best of my (our) knowledge and is submitted to CAPDD so that CAPDD can determine whether to approve this application.

I (We) agree to pay for or reimburse CAPDD for the cost of any surveys, title or mortgage examination, appraisal reports, or credit reports required in the evaluation of this application.

I (We) hereby agree that, in consideration for assistance from CAPDD, I (We) will comply with all federal and state statutes and regulations applicable to the financial assistance requested hereunder; including, but not limited to, those statutes and regulations prohibiting discrimination on the grounds of race, color, sex, religion, marital status, handicap, age, or national origin as recipients of CAPDD financial assistance.

I (We) agree that as consideration for any management and technical assistance that may be provided hereunder, I (We) waive all claims against CAPDD and the SBDC and/or their consultants.

I (We) understand that I (We) need not pay any person to deal with CAPDD. However, I (We) also understand that CAPDD may charge the applicant a percentage of the loan proceeds as an origination fee for the processing and closing of the loan hereunder.

Dated this _____ day of _____, _____.

Name of Small Business Concern

Signature of Applicant

ATTEST:

CENTRAL ARKANSAS PLANNING AND DEVELOPMENT DISTRICT, INC.

Revolving Loan Fund Disclosure Statement

The Central Arkansas Planning and Development District, Inc. (CAPDD) RLF Board (RLFB) adopted a conflict of interest policy in order to avoid a possible conflict of interest.

As required by the revised OMB Circular A-102 and common Regulations – Uniform Administrative Requirements for Grants and Cooperative Agreement to State and Local Governments (29 CFR 97, March, 1988), no member of the RLFB or CAPDD, Inc. staff shall participate in the selection of, award or, or administration of a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when the (1) employee, officer, or agent, (2) any member of his immediate family, (3) his or her partner, or (4) an organization which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award.

As required by Title IX RLF guidelines Directive 17.07.05.e(5), Prohibitions concerning RLF loans which would create a potential conflict of interest for any officer or employee of the grantee, or any current or former member of the grantee’s loan administration board or staff who reviews, approves, or otherwise participates in decisions on RLF loans, are contained in page (4) of the General Terms and Conditions of the grant agreement. Loan activities which directly benefit these individuals or people related to them by blood, marriage, or law will be prohibited in accordance with the General Terms and Conditions of the grant agreement.

Below is a list of all organizations to which I am affiliated which shall seek, or are currently using, RLF funds:

ORGANIZATION	ADDRESS	AFFILIATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Date

Letter of Commitment

_____ Date

_____ Applicant Name
_____ Applicant Street Address
_____ Applicant City, State, Zip

RE: Loan #

Dear _____:

We have approved and are now processing a line of credit for _____
in the amount of \$ _____ for working capital for _____. Our
collateral is _____.

If you need any additional information, please feel free to call.

Sincerely,

Jeanne Haltom
Director of Administrative Services
CAPDD, Inc.

STATEMENT
OF
BORROWER'S EQUITY INJECTION

This is to verify that _____'s (Borrower) equity injection
is \$ _____ of the total loan amount of \$ _____.

Borrower

Date

Applicant's Name: _____

Project Number: _____

Burden Hour Statement

This form below is estimated to take 20 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you require to complete this form should be sent to the Director, Compliance Review Division, Environmental Branch, Economic Development Administration, Room H7019, Department of Commerce, Washington, D.C. 20230, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0610-0092), Washington, D.C. 20503.

APPLICANT CERTIFICATION CLAUSE

The Applicant represents and certifies that is has used due diligence to determine that the description of the site described herein is accurate with respect to the presence or absence of contamination from toxic or hazardous substances. The term "site" includes the entire scope of the project, including future phases of the project and all areas where construction will occur.

1. Is the site currently, or has it in the past fifty years, been used for any of the following operations or activities:

- a) generation of hazardous substances and/or waste Yes No
- b) treatment, storage (temporary or permanent), or disposal of solid or hazardous substances and/or waste Yes No
- c) storage of petroleum products Yes No
- d) used/waste oil storage or reclamation units Yes No
- e) research or testing laboratory Yes No
- f) ordinance research, testing, production, or storage Yes No
- g) chemical manufacturing or storage Yes No
- h) military weapons or ammunition training or testing Yes No
- i) iron works/foundry Yes No
- j) railroad yard Yes No
- k) industrial or manufacturing operation Yes No

If any of the above operations occurred at this site, and appropriate cleanup or other action was performed in accordance with the local, state and Federal laws, provide documentation of such cleanup.

- 2. Do wells draw water from an underlying aquifer to provide the local domestic water supply? Yes No

U.S. DEPARTMENT OF COMMERCE
ECONOMIC DEVELOPMENT ADMINISTRATION

CERTIFICATION OF COMPLIANCE WITH THE CLEAN AIR
ACT AND THE FEDERAL WATER POLLUTION CONTROL ACT

Name of Project: _____ Project Number: _____

Location: _____

The UNDERSIGNED Certifies that:

- (a) It is either (1) an applicant for financial assistance from the Economic Development Administration, (2) a bidder for a construction, service or supply contract to be entered into by the recipient of EDA assistance for the purpose of accomplishing the project noted above, or (3) a bidder for a subcontract under the latter contract.
- (b) as such, those facilities under its ownership, lease or supervision which will be utilized in the accomplishment of the project noted above are not listed on the Environmental Protection Agency's (EPA) List of Violating Facilities, pursuant to Section 15.20 of 40 CFR, Part 15; and
- (c) it will notify the Economic Development Administration, if the UNDERSIGNED is an applicant, or notify the recipient of the EDA financial assistance, if the UNDERSIGNED is a bidder, of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be utilized in the project is under consideration for listing on the EPA List of Violating Facilities.

Signature and Title of Applicant's
Contractor's/Subcontractor's Authorized Representative

Date

for _____
Applicant/Contractor/Subcontractor

ACKNOWLEDGEMENT

I, _____, as _____ of
(Title)
_____ do hereby certify that the
foregoing officer who executed the certification has full authority to bind that entity. In witness whereof I set my
hand and affix the corporate, state, county, or municipal (strike out all except appropriate entity) seal this _____
day of _____, _____.

(Name and Title)

SEAL

NOTE: The above acknowledgement must be executed by a different corporate officer than the person who signed above for the entity. HOWEVER, if such entity represents a single owner, a proprietorship, or a partnership, then the acknowledgement need not to be executed.

U.S. DEPARTMENT OF COMMERCE
ECONOMIC DEVELOPMENT ADMINISTRATION

CIVIL RIGHTS ASSURANCE

As the authorized representative of the applicant, I certify that the applicant agrees that, as a condition to receiving any Federal financial assistance from the Department of Commerce, it will comply with all Federal laws relating to nondiscrimination. These laws include, but are not limited to: (a) Title VI of Civil Rights Act of 1964 (42 U.S.C. 2000d-1), which prohibits discrimination on the basis of race, color, or national origin; (b) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicap; (c) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 *et. seq.*), which prohibits discrimination on the basis of age; and applicable regulatory requirements to the end that no person in the United States shall, on the grounds of race, color, national origin, handicap or age, be excluded from participation in, be denied the benefits or, or be otherwise subjected to discrimination under any program or actively conducted by the applicant. THE APPLICANT HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE shall apply to all aspects of the applicant's operations including those parts that have not received or benefited from Federal financial assistance.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any person property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applicant for Federal financial assistance which were approved before such date.

The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, it successors, transferees, assignees, and subrecipients and the person whose signature appears below who Is authorized to sign this assurance on behalf of the Applicant.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT/ORGANIZATION	DATE	
APPLICANT/ORGANIZATION MAILING ADDRESS	BUREAU OR OFFICE EXTENDING ASSISTANCE Central Arkansas Planning & Development District, Inc.	

EMPLOYER'S NONRELOCATION CERTIFICATION

Part 1: Introduction

To be executed by primary beneficiaries of grant assistance under the Public Works and Economic Development Act of 1965, as amended (PWEDA). Primary beneficiary is defined as an entity providing the economic justification for the grant assistance.

The Economic Development Administration's (EDA) regulations at 13 CFR 316.4 prohibit EDA from making financial assistance available which will be used to assist employers who transfer jobs from one commuting area to another. A commuting area (area) is that area defined by the distance people travel to work in the locality of the project receiving EDA financial assistance. The nonrelocation requirement stated above shall not apply to businesses which:

- (1) Relocated to the area prior to the date of applicant's request for EDA assistance;
- (2) Have moved or will move into an area primarily for reasons which have no connection to the EDA assistance;
- (3) Will expand employment in the area where the project is to be located substantially beyond employment in the area in which the business had originally been located;
- (4) Are relocating from technologically obsolete facilities to competitive;
- (5) Are expanding into the new area by adding a branch, affiliate, or subsidiary while maintaining employment levels in the old area or areas; or
- (6) Are determined by EDA to be exempt.

Part 2: Name of Applicant _____

Part 3: Employer Certification

Name of Employer: _____ Street Address: _____

Telephone Number: _____ City, State, Zip Code: _____

The entity name above certifies and assures that:

- (1) Except as explained in the attached *Exhibit* * _____, it is not its intention to transfer one or more jobs from one commuting area to another. (If the employer has already or has plans to relocate jobs from another commuting area, a full explanation is provided in *Exhibit* _____ to demonstrate that the circumstances meet one of the exceptions described in Part 1 above or provides other justification for EDA to determine that the business is exempt from the nonrelocation requirement in this case.)
- (2) It has not located and that it will not locate in the project area prior to the date of EDA's approval of the proposed financial assistance for the purpose of avoiding the restrictions of this nonrelocation requirement.
- (3) The undersigned is authorized to make the foregoing certification and assurances and to execute this Certification on behalf of the Employer.

Executed this _____ day of _____, _____ by _____
(Name)

(Title**) (Signature)

** If the person signing this form is not a corporate officer, the company's corporate officer or corporate counsel must certify in writing that the signatory is authorized to legally bind the company. Written certification should be attached to this form.

Attachments

- * _____ *Exhibit 6a*: Explanation of past or planned relocation of jobs from another commuting area.
- _____ *Exhibit 6b*: Corporate Counsel Certification

WARNING

Note: Section 710(a) of the Public Works and Economic Development Act of 1965, as amended, provides that: "Whoever makes any statement knowing it to be false, or whoever willfully overvalues any security, for the purpose of obtaining for himself or for any applicant any financial assistance or any extension thereof by renewal, deferment or action, or otherwise, or the acceptance, release, or substitution of security therefore, or for the purpose of influencing in any way the action of the Secretary of for the purpose of obtaining money, property, or anything of value, under this Act, shall be punished by a fine of not more than \$10,000 or by imprisonment for not more than five years, or both."

RECORDING/FILING FEE AGREEMENT

Borrower agrees to pay and Lender agrees to accept the sum of _____ Dollars and no/100 (\$____.00) as the cost of filing loan documents with the Arkansas Secretary of State and recording said documents with the County Clerk's Office.

IN WITNESS WHEREOF, THIS AGREEMENT IS EXECUTED BY THE UNDERSIGNED THIS _____ DAY OF _____, _____.

By: _____

By: _____

By: _____

Attest: _____