

# Revolving Loan Fund Application

*Application Revision  
March 2010*



**FREMONT**  
*Where People Come First.®*

Date Submitted: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_

CITY OF FREMONT  
323 S. Front St.  
Fremont, OH 43420

Phone: 419-334-5900  
Fax: 419-334-8434  
[www.fremontohio.org](http://www.fremontohio.org)

**Submit completed Revolving Loan Fund Application to:**

Linda Swartz  
City of Fremont  
323 S. Front St.  
Fremont, OH 43420  
419-334-5900 Phone  
419-334-8434 Fax  
councilclerk@fremontohio.org

**I. Applicant Company/User**

\_\_\_\_\_  
Name of Company/User

\_\_\_\_\_  
Name of Borrower (if different from user)

\_\_\_\_\_  
Relationship of Borrower to Company/User

\_\_\_\_\_  
Street Address of Company

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number Fax Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Federal Tax Identification Number

\_\_\_\_\_  
Data Universal Number System (DUNS). (help info attached)

**II. Principal Officers (10% or more ownership)**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Percent of Ownership Social Security Number

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Percent of Ownership Social Security Number

(Attach additional information if necessary)

**III. Information on Existing Business**

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Principal Product/Service

\_\_\_\_\_  
Date Established Four Digit SIC Code

**Name of bank(s) in which business has existing accounts:**

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Contact Telephone Number

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Contact Telephone Number

**IV. Description of Proposed Project**

\_\_\_\_\_  
Location

\_\_\_\_\_  
Address Taxing District  
(Obtain from County Auditor)

\_\_\_\_\_  
City County

\_\_\_\_\_  
If relocation, indicate from where

**Describe Project**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Project/Service to be provided

Project Type:  Retention  Expansion  Start Up

**V. Project Sources and Uses of Funds**

| USES                         | SOURCES |     |        |                |                                   |
|------------------------------|---------|-----|--------|----------------|-----------------------------------|
|                              | Total   | RLF | Equity | Private Lender | Other Public<br>(Please Identify) |
| A. Land                      | \$      | \$  | \$     | \$             | \$                                |
| Building                     | \$      | \$  | \$     | \$             | \$                                |
| Construction                 | \$      | \$  | \$     | \$             | \$                                |
| Renovation                   | \$      | \$  | \$     | \$             | \$                                |
| Leasehold Imp.               | \$      | \$  | \$     | \$             | \$                                |
| B. Infrastructure:           |         |     |        |                |                                   |
| 1. Off-Site Streets          | \$      | \$  | \$     | \$             | \$                                |
| 2. Off-Site Water & Sewer    | \$      | \$  | \$     | \$             | \$                                |
| 3. Off-Site Flood & Drainage | \$      | \$  | \$     | \$             | \$                                |
| 4. Other                     | \$      | \$  | \$     | \$             | \$                                |
| C. Machinery & Equipment     | \$      | \$  | \$     | \$             | \$                                |
| D. Other (Explain)           | \$      | \$  | \$     | \$             | \$                                |
| E. Administration            | \$      | \$  | \$     | \$             | \$                                |
| TOTAL FIXED ASSET COSTS      | \$      | \$  | \$     | \$             | \$                                |
| F. Non-Fixed Asset Costs     | \$      | \$  | \$     | \$             | \$                                |
| G. Working Capital           | \$      | \$  | \$     | \$             | \$                                |
| TOTAL PROJECT COSTS          | \$      | \$  | \$     | \$             | \$                                |

**VI. Financing Collateral (Identify all sources)**

| Holder | Principal | Rate | Term | Annual D/S | SECURITY POSITION |                       |
|--------|-----------|------|------|------------|-------------------|-----------------------|
|        |           |      |      |            | Land & Building   | Machinery & Equipment |
|        | \$        | %    | Yrs. | \$         |                   |                       |
|        | \$        | %    | Yrs. | \$         |                   |                       |
|        | \$        | %    | Yrs. | \$         |                   |                       |
|        | \$        | %    | Yrs. | \$         |                   |                       |
|        | \$        | %    | Yrs. | \$         |                   |                       |

**VII. Time Frame**

Project Start Date \_\_\_\_\_

Job Creation Start Date \_\_\_\_\_

Project Completion Date \_\_\_\_\_

Job Creation Complete Date \_\_\_\_\_  
(24 months maximum from Project Completion)

**VIII. Financial Information**

|                                    | MOST CURRENT YEAR | EXPECTED RESULTS OF PROJECT |               |
|------------------------------------|-------------------|-----------------------------|---------------|
|                                    | End 20__          | Year One 20__               | Year Two 20__ |
| Annual Sales Revenue               | \$                | \$                          | \$            |
| Current Employment                 |                   |                             |               |
| New Jobs Created                   |                   |                             |               |
| Annual Pay Per Full-Time Employee* | \$                | \$                          | \$            |
| Annual Payroll                     | \$                | \$                          | \$            |

**HISTORICAL FINANCIAL INFORMATION**

|                      | 20__ | 20__ | 20__ | ____ Interim Month |
|----------------------|------|------|------|--------------------|
| Annual Sales Revenue | \$   | \$   | \$   | \$                 |
| Depreciation         | \$   | \$   | \$   | \$                 |
| Earnings Before Tax  | \$   | \$   | \$   | \$                 |
| Profit After Tax     | \$   | \$   | \$   | \$                 |

\* Full-time employee is one employee working a 35-hour work week, year round.  
Part-time employees should be adjusted accordingly.

**IX. Job Definition - Expressed as Full-Time Equivalents (FTE's)**

|                            |                            |
|----------------------------|----------------------------|
| # Total Existing _____     | # New _____                |
| # Women Current _____      | # Women Projected _____    |
| # Minority Current _____   | # Minority Projected _____ |
| # Retained (claimed) _____ | # Total LMI _____          |

A full-time employee (FTE) is an employee working a 35-hour week, year round. Part-time employees must be adjusted to FTE. At least fifty-one percent (51%) of the jobs created or retained must be made available to or taken by persons of low- to moderate-income (LMI) households. The maximum RLF cost per job is \$25,000. The total LMI must include the number of new/or created jobs for persons from LMI households.

**Please attach a brief but detailed narrative description of the proposed project** including a description of the product/ services, unique site characteristics, whether site will be owned/leased, type of machinery/equipment to be purchased, all the participating parties, amount of acres, size of building, amount of water or sewer lines, etc.

**Please attach a brief explanation as to the NEED for RLF funds.** Explain how the identified gap was calculated and how the use of the RLF funds addresses the determined need.

**X. Determining Full-Time Equivalent (FTE) Jobs**

Use this form to indicate the number of jobs to be created within 18 months of project completion (completion must be within one year of receipt of funds), by job classification:

| JOB TITLE<br>(a) | PER EMPLOYEE               |                           |                    | NO. OF EMPLOYEES<br>(e) | * FTE JOBS<br>(FT & PT)<br>(f) |
|------------------|----------------------------|---------------------------|--------------------|-------------------------|--------------------------------|
|                  | HRS/WK PER EMPLOYEE<br>(b) | WK/YR PER EMPLOYEE<br>(c) | HOURLY WAGE<br>(d) |                         |                                |
|                  | FT                         |                           |                    |                         |                                |
|                  | PT                         |                           |                    |                         |                                |
|                  | FT                         |                           |                    |                         |                                |
|                  | PT                         |                           |                    |                         |                                |
|                  | FT                         |                           |                    |                         |                                |
|                  | PT                         |                           |                    |                         |                                |
|                  | FT                         |                           |                    |                         |                                |
|                  | PT                         |                           |                    |                         |                                |
|                  | FT                         |                           |                    |                         |                                |
|                  | PT                         |                           |                    |                         |                                |
|                  | FT                         |                           |                    |                         |                                |
|                  | PT                         |                           |                    |                         |                                |
|                  | FT                         |                           |                    |                         |                                |
|                  | PT                         |                           |                    |                         |                                |
|                  | FT                         |                           |                    |                         |                                |
|                  | PT                         |                           |                    |                         |                                |
|                  | FT                         |                           |                    |                         |                                |
|                  | PT                         |                           |                    |                         |                                |
|                  |                            |                           |                    | TOTAL                   | FT                             |
|                  |                            |                           |                    |                         | PT                             |
|                  |                            |                           |                    |                         | FTE                            |

(Attach additional sheets if necessary)

\*  $FTE = (b) \times (c) \times (e) \div 1820 \text{ hrs.}$

If the company's normal full-time work week is not 35 hours, substitute the number of full-time work hours in a year for 1820 hours. The hours in a full-time employee's work week is \_\_\_\_\_.

**X. The following information must be submitted with your Project Application.**

1. Three Years of Historical Financial Statements (Balance sheet, P&L)
2. Three Years of Projected Financial Statements (Balance sheet, P&L)
3. Interim Financial Statements (not more than 90 days old)
4. Personal Financial Statements (10% ownership or more)
5. Third Party Cost Estimates
6. Description of New Project
7. Resumes of Officers and Key Management Personnel
8. One Year (month by month) Cash Flow Statement
9. Letter of Intent from Private Lender
10. Information Concerning Current Working Capital Line
11. Narrative Description Substantiating Job Creation Claim

**XI. Submission Acknowledgement**

As authorized agent of the applicant company, I hereby submit this Project Application. I understand that any false statement in this record may subject the applicant company and signer to criminal prosecution. I understand that this document in no way constitutes a commitment by the community.

By signing this application for funding, I hereby acknowledge I am granting permission for the City of Fremont to perform background checks and request credit reports for the applicant business, as well as the owners/partners/members of the applicant business.

-----  
Signature

-----  
Typed Name

-----  
Title

-----  
Date

**Required format of Letter of Commitment, Contingent on RLF Funding, from your private lender.**

**Financing Commitment Letter (Commercial)  
(Adapt language to fit type of lender)**

(Date)

Dear Developer/Owner/Tenant:

We are writing to you in reference to your request for a (construction/permanent/combined) loan on the (name of project) at (address). We have reviewed the following project cost estimates for the project and find them reasonable: (List as appropriate)

|                         |          |
|-------------------------|----------|
| Acquisition             | \$ _____ |
| Construction/Rehab      | _____    |
| Machinery and Equipment | _____    |
| Other                   | _____    |
| TOTAL                   | \$ _____ |

We have completed the underwriting analysis on the project, reviewed your company's creditworthiness, and are prepared to provide a portion of the overall financing necessary for the development of the project. Our commitment cannot be for any greater amount than noted below, because (indicate reasons). Please consider this our firm commitment to make a loan subject to the following provisions:

|                     |          |
|---------------------|----------|
| Amount of Loan      | \$ _____ |
| Interest Rate       | _____    |
| Term                | _____    |
| Financing Fee       | (insert) |
| Expenses at Closing | (insert) |

Security: Our loan will be secured by a valid \_\_\_\_\_ mortgage lien on \_\_\_\_\_. All work must be in accordance with plans and specifications on file with us. Any changes that will decrease the value of the project must be authorized by us.

|                    |          |
|--------------------|----------|
| Insurance Required | (insert) |
| Guarantee          | (insert) |

Closing Requirements: Prior to closing of this loan, we will require the following: (Include verification that the community will make funds available in the amount of \$\_\_\_\_\_ for the purpose of \_\_\_\_\_.)

Settlement Date: (insert)

(If possible, add details about the project, capability of the owner/developer, benefits of the project, etc., that might show the lender's attitude about the project, or more extensive involvement in its development).

If this commitment is acceptable to you, please execute and return the enclosed copy of this letter.

Sincerely,

(Typed Name)  
(Title)

**ACCEPTANCE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Note: A letter is needed from all other funding sources, including banks, indicating their commitment to lend to your project. Lenders' letters should follow the format of this letter, and include the contents of this letter.

**Required format of letter needed from the applicant:**

**Owner/Developer Commitment Letter**

(Date)

Mayor Terry M. Overmyer, Chairman  
Fremont Revolving Loan Fund Committee  
City of Fremont  
323 S. Front St.  
Fremont, OH 43420

Dear Mayor Overmyer:

This letter will confirm my/our commitment to move forward with the development of (name of project). This project includes \_\_\_\_\_ activities.

I/We will spend no less than \$ \_\_\_\_\_ on the total development of this project, with the financing proposed as follows:

|                |          |
|----------------|----------|
| Private Lender | \$ _____ |
| Equity         | _____    |
| RLF            | _____    |
| Other          | _____    |
| TOTAL          | \$ _____ |

Development of the project will allow the current employment of \_\_\_\_\_ to increase to \_\_\_\_\_ 18 months after project completion, a gain of \_\_\_\_\_ new jobs created because of this project. Of these, it is my/our goal to employ \_\_\_\_\_ % persons from low- and moderate-income households (LMI) and \_\_\_\_\_ % minorities, recognizing that some persons may qualify to meet the goal for both categories. (Also, indicate any commitment to job training programs, if applicable.)

As explained in the application, I/we would not proceed with this project at this time without RLF assistance. (If there is less than 15% equity, describe why the business or its principals cannot/will not provide additional funds for working capital, exhaustion of resources, an inadequate rate of return, etc.)

If the funding from RLF is approved, I/we are prepared to move forward quickly on the development of this project, with completion no more than 12 months after approval of the RLF funds. I/We expect to start the project on \_\_\_\_\_ and complete it by \_\_\_\_\_. I/We know of no reason why this project cannot go forward immediately (note any reasons for lack of immediate commencement).

I certify that I have the authority to make this commitment on behalf of the company/business, and that we have the resources to finalize the financing package identified above and shown in the community's application for funds.

Sincerely,

(Typed Name)  
(Title)