



CEDAR VALLEY GROWTH FUND I, INC.

FINANCIAL / TECHNICAL ASSISTANCE APPLICATION FORM

I. APPLICANT'S NAME			DATE OF APPLICATION		
APPLICANT'S ADDRESS (Mailing Address)			STREET ADDRESS OF PROJECT (if different)		
CITY	COUNTY	STATE/ZIP CODE	CITY	COUNTY	STATE/ZIP CODE
CONTACT PERSON			PROJECT NAME IF DIFFERENT THAN APPLICANT (includes d/b/as and a/k/as)		
TELEPHONE NUMBER			EMPLOYER ID NUMBER (Federal Tax Identification or Social Security Number)		
FAX NUMBER			WEBSITE ADDRESS		
EMAIL ADDRESS			OTHER		
II. OWNERSHIP TYPE			TYPE OF BUSINESS (Please Check One)		
Sole Proprietorship _____			Distribution _____		
Partnership, Number of Partners _____			Manufacturing _____		
Limited Liability Company/Partnership _____			Retail _____		
S-Corporation, Years Chartered _____			Service _____		
C-Corporation, Years Chartered _____			Warehousing _____		
Other, describe: _____			Other, describe: _____		
PURPOSE OF APPLICATION		PROPOSED USE OF FUNDS		LOCATION	RELOCATION
Loan <input type="checkbox"/>	Technical Assistance <input type="checkbox"/>	Expansion <input type="checkbox"/>	Retention <input type="checkbox"/>	Urban <input type="checkbox"/>	Yes <input type="checkbox"/>
Other <input type="checkbox"/>	Start-up <input type="checkbox"/>			Rural <input type="checkbox"/>	No <input type="checkbox"/>
SIC (NAICS) CODE		DATE ESTABLISHED (Incorporated, Organized, etc.)		FISCAL YEAR ENDING:	
DUNS #				ACCOUNTANT NAME:	
III. NAME OF BANK			CONTACT PERSON		
PHYSICAL ADDRESS			PHONE NUMBER		
MAILING ADDRESS			FAX NUMBER		
CITY	STATE/ZIP CODE		EMAIL ADDRESS		
IV. EXPLAIN THE NATURE OF THE PROJECT; THE PURPOSE AND ECONOMIC IMPACT; BE SPECIFIC					
V. CURRENT NUMBER OF EMPLOYEES (PRE-PROJECT) _____			NUMBER OF JOBS TO BE <u>CREATED</u> IN THE NEXT 2 YEARS _____		
			NUMBER OF JOBS TO BE <u>RETAINED</u> BECAUSE OF PROJECT _____		
VI. SOURCE(S) OF FUNDS					
SOURCE(S) OF FUNDS			USE(S) OF FUNDS		
AMOUNT (\$) %			AMOUNT (\$) %		
Conventional/Bank Financing	_____	_____	Land (with existing building, if applicable)	_____	_____
Private Investors	_____	_____	Building (new construction, remodel, etc.)	_____	_____
Equity	_____	_____	Machinery & Equipment	_____	_____
CVGFI Request	_____	_____	Acquisition Cost (purchase assets)	_____	_____
Other Public (list)	_____	_____	Working Capital	_____	_____
Other Public (list)	_____	_____	Professional Fees (appraisal, legal)	_____	_____
Other Public (list)	_____	_____	Other Expenses (list)	_____	_____
_____	_____	_____	_____	_____	_____
Total Financing	_____	100%	Total Project Cost	_____	100%
_____	_____	_____	_____	_____	_____
SOURCE OF EQUITY INJECTION (If applicable)					

VII.	COLLATERAL DESCRIPTION(If Applicable)	LIEN POSITION	LIEN POSITION
	Mortgage	_____	Accounts Receivable
	Fixtures	_____	Inventory
	Equipment	_____	General Intangibles

VIII.	NAME OF PRINCIPALS/OWNERS	TITLE/RELATIONSHIP	PERCENT OF OWNERSHIP	AMOUNT OF GUARANTEE
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

IX.	NAME OF AFFILIATE, IF ANY		AFFILIATE FEDERAL TAX IDENTIFICATION NUMBER
	PHYSICAL ADDRESS		PHONE NUMBER
	MAILING ADDRESS		FAX NUMBER
	CITY	STATE/ZIP CODE	EMAIL ADDRESS

X. ADD ANY ADDITIONAL INFORMATION OR COMMENTS PERTINENT TO THE SUCCESS OF THIS PROJECT

XI. AFFIRMATION AND AUTHORIZATION

I/We understand that Cedar Valley Growth Fund I, Inc. (CVGF) may request other relevant information at any time. If CVGF has any reason to believe that any applicant, person or firm has willfully and knowingly provided incorrect information or made false statements in conjunction with this application, that information may be considered a material misrepresentation and may be grounds for terminating this application.

I/We certify that the information contained in this application for financial assistance is correct. I understand that misrepresentation may be cause to suspend review of this application, loan approval, or the loan.

I/We certify that pursuant to this application, credit is not otherwise available on terms and conditions, which would permit completion and/or the successful operation or accomplishment of the project to be financed without program assistance. Cedar Valley Growth Fund I, Inc. reserves the right to recall the loan if these requirements are not met.

I/We affirm that the employment practices of the applicant company do not discriminate on the basis of age, race, creed, color, sex, sexual orientation, national origin, or disability.

I/We certify that no conflict of interest exists, family relationships or financial interest, between myself and/or officers of the company and any member of CVGF, its Board of Directors, or its staff except as disclosed as an addendum to this application.

I/We authorize anyone who possesses personal, company or affiliate, educational, financial, or other information required by CVGF or its affiliated governmental agencies to evaluate this application to furnish this information to CVGF or its affiliated governmental agencies. The information required includes but is not limited to personal credit bureau reports and current and past bank history.

I/We hereby release anyone from any damages, which may result from their furnishing or obtaining information for this application.

I/We further hold CVGF harmless for any damages or losses resulting from any award (loan or technical assistance).

Signed by the undersigned this _____ day of _____, _____.

_____ APPLICANT NAME _____ APPLICANT NAME

By: _____ By: _____

_____ AUTHORIZED SIGNER PRINTED NAME _____ TITLE _____ AUTHORIZED SIGNER PRINTED NAME (IF REQUIRED) _____ TITLE

XII. **Non-Substitution of Funds Disclosure**

The undersigned lending institution hereby certifies it has reviewed the foregoing application and that credit (commercial loan(s) is not available for the project (in part or whole) or on such terms and conditions that will allow the project to proceed forward without economic development financial assistance in the amount of \$ _____ .

Reason(s) _____
(Please Specify) _____

The undersigned also certifies it has reviewed the applicant's documents in terms of compliance with the Patriot Act and has found the documentation sufficient.

Lending Institution: _____

Name and Title: _____

Signature: _____

Date: _____

APPLICATION CHECKLIST

- _____ Personal History Statement(s) for each officer/director (regardless of ownership) and each proprietor, partner and stockholder with 20% or more ownership
- _____ Personal Financial Statement(s) copy of drivers license and social security card for each proprietor, partner or stockholder with 20% or more ownership
- _____ Personal Tax Returns for the previous 3 years
- _____ Balance Sheet and Income Statement for the previous 3 years. If a new business provide a proforma balance sheet/income statement with assumptions
- _____ Balance Sheet and Income Statement dated within 90 days of the application with an aging of the accounts receivable and accounts payable
- _____ Business Tax Returns for the previous 3 years
- _____ Summary of history of the company
- _____ Summary or outline of project including copies of project bids, quotes, real estate purchase agreements, etc.
- _____ Articles of Incorporation [Organization] and By-Laws [Operating Agreement] including any amendments
- _____ Borrower Resolution by the Board of Directors authorizing the applicant to borrow, if applicable
- _____ Letter from participating lender disclosing why it cannot fund the entire project
- _____ Proof of hazard and worker's compensation insurance including name of agent/insurance company

OFFICE USE ONLY

Project Number _____
Date Approved _____
Amount Approved _____
Terms _____
Interest Rate _____
Date Disbursed _____
Date Denied _____
Reason Denied _____



Cedar Valley Growth Fund I, Inc.
3835 W 9th Street
Waterloo, IA 50702

The Application