

## MICROENTERPRISE REVOLVING LOAN PROGRAM (MRLP) CERTIFICATE OF ASSURANCES

The applicant assures and certifies that the applicant and/or a beneficiary of the loan will comply with all appropriate state and federal laws, as they relate to the application and the acceptance and use of federal funds for this federally assisted project. In addition, the applicant gives assurances and certifies with respect to the loan that:

1. Targeted Jobs. At least 60% of the jobs created by the Microenterprise Revolving Loan Program will be filled by person(s) of low-to-moderate income levels at the time of application.
2. Equal Opportunity and Fair Housing. Applicants hereby insure that CDBG aided projects comply with equal opportunity and nondiscrimination laws, and that people in projected categories are not excluded from project participation.
3. Sections of Title V of the Civil Rights Act of 1964 (42 USC 2000d) Prohibiting employment discrimination where (1) the primary purpose of the loan is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the loan-aided activity.
4. Environmental Assessment. Applicants that plan to buy property or construct a building from proceeds of MRLP funds shall adhere to CDBG Environmental Assessment Guidelines. Finding of Environmental Assessment will need to be done on a case by case basis.
5. Anti-Displacement and Relocation Assistance Plan. Applicant that proposes to cause displacement or relocation through the use of CDBG funds shall provide a plan that will mitigate those displacement or relocation.
6. Section 504 of the Rehabilitation Act of 1973. (26 U.S.C. 794 implementing Section 504 of the Rehabilitation Act). Prohibits discrimination against the handicapped in any program or activity receiving Federal financial assistance. Applicant agrees to follow Section 504 guidelines as applicable.
7. Davis-Bacon Labor Standards. Construction work contracts financed in whole or partially with CDBG microenterprise funds must comply with Davis-Bacon and Related Acts (DBRA). Kerr-Tar Regional Council of Governments as agents for Vance County is responsible for enforcement of the DBRA provisions when they apply to the Microenterprise Revolving Loan Program projects.
8. Section 3 Requirement. While it is anticipated the Microenterprise Revolving Loan Program projects will not be involved with this requirement, Kerr-Tar Regional Council of Government as agent for Vance County must determine its applicability for individual cases and insure compliance where applicable. In cases where applicable, applicant agrees to adhere to requirements of Section 3.
9. Lead-Based Paint Hazards. Projects involving rehabilitation of residential structures require compliance with the federal Lead-based Paint Hazard Reduction Act of 1992 and the "Lead-Based Paint Hazards Reduction Guidelines" issued November 1, 1993 by the Division of

Community Assistance. Kerr-Tar Regional Council of Governments as agent Vance County must determine and address requirements if there is any rehabilitation or demolition of structures that have lead-based paint present. Applicant agrees to follow requirements of Lead-Based Paint Hazard regulation.

10. Conflict of Interest. It assures that no owner of the entity or no owner of an interest in the entity receiving the loan is related by blood, marriage, business arrangement to any officer or employee of the Kerr-Tar Regional Council of Governments, or any member of the Kerr-Tar Regional Council of Governments' Board of Directors, or a member of any other Board which advises, approves, recommends or otherwise participates in decisions concerning the loan.
  
11. Monitoring. Annual performance reports are required of assisted small businesses, and at least one on-site monitoring visit must be conducted by the COG staff each year.

PROJECT: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Applicant Official)

**KERR-TAR REGIONAL COUNCIL OF GOVERNMENTS**

**REVOLVING LOAN FUND**

Post Office Box 709, 1724 Graham Ave.  
Henderson, North Carolina 27536  
Telephone: (252) 436-2040 Fax: (252) 436-0255

**APPLICATION**

---

(All questions should be answered or indicated to be inapplicable)

TO: THE REGION K REVLOVING LOAN FUND

1. APPLICANT'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE \_\_\_\_\_

4. If applicant is a corporation, identify the officers, directors and principal shareholders, giving complete name and address for each:

5. If applicant is a partnership, give complete name and address of each partner.

**I. PROJECT DESCRIPTION**

(Generally describe the project, giving purpose of loan. Supply any information (not specifically requested in this application) you feel is necessary to an understanding of the project. Attach an additional sheet if necessary.)

**II. PLAN FOR FINANCING PROJECT**

(NOTE: Region K MRLP loans will ordinarily range between \$25,000 - \$200,000)

A. Financing

1.) Bank Loan(s) (identify):

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

2.) Other Private Resources:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

3.) Kerr-Tar Revolving Loan Fund Program

Amount: \_\_\_\_\_

4.) Other Public Sources:

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

5.) Applicants Equity:

Existing facilities and property at cost Amount: \_\_\_\_\_

Cash Amount: \_\_\_\_\_

6.) Other

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

B. Terms of loan (NOTE: Working Capital loans cannot exceed five years and shall be amortized during its term. Fixed assets loans will not be for a great term than the life of the fixed assets or 15 years, whichever is shorter.)

Repayment: \_\_\_\_\_

Requested Interest Rates: \_\_\_\_\_

C. Is this loan request for: Fixed Assets \_\_\_\_\_; Working Capital \_\_\_\_\_

D. The purpose of Revolving Loan Fund is to support business activities for which credit is not otherwise available on terms and conditions which would permit completion and/or the successful operation of accomplishment of the project in the following eligible areas: Franklin, Granville, Person, Vance and Warren Counties. The Kerr-Tar Regional Council of Governments reserves the right to recall the loan if these requirements are not met. In

the following spaces, please submit evidence that without these RLF funds, this proposed project will not take place.

---

---

---

E. Identify all lending institutions and agencies that have been contacted concerning financing of project, which you do not anticipate will participate in the project.

Approved

Disapproved

1. \_\_\_\_\_

Please state reasons for disapproval and include turndown letter from private institution, agency, etc.

---

---

---

---

### III. GENERAL INFORMATION

A. Is this:

- 1.) A new venture?  Yes  No  
2.) An expansion of existing business?  Yes  No

B. Does Project involve a relocation?  Yes  No

C. (For loans to corporations) Has the Board of Directors approved loan application?  Yes  No

D. Do you have a Market Analysis of effect of project?  Yes  No

### IV. SALES INFORMATION

A. Sales

- 1.) Last year's sales (for established businesses only) \$ \_\_\_\_\_  
2.) This year's projected sales (for established businesses only) \$ \_\_\_\_\_  
3.) One year projected sales after Disbursements of loan (all applicants) \$ \_\_\_\_\_

- B. Income (before taxes)
- 1.) Last year's net income (for established businesses only) \$ \_\_\_\_\_
- 2.) This year' projected income (for established businesses only) \$ \_\_\_\_\_
- 3.) One year projected net income after loan is disbursed (all applicants) \$ \_\_\_\_\_

**V. COST ELEMENTS OF PROJECT**

- A. Land improvements (e.g. landscaping) \$ \_\_\_\_\_
- B. Land \$ \_\_\_\_\_
- C. Construction \$ \_\_\_\_\_
- D. Machinery/equipment \$ \_\_\_\_\_
- E. Architect/engineer \$ \_\_\_\_\_
- F. Other costs interim \$ \_\_\_\_\_
- G. Interest \$ \_\_\_\_\_
- H. Legal \$ \_\_\_\_\_
- I. Accounting \$ \_\_\_\_\_
- J. Working Capital \$ \_\_\_\_\_
- K. Contingency \$ \_\_\_\_\_
- L. Other \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL PROJECTED COST** \$ \_\_\_\_\_

These estimates are based on:

\_\_\_\_ Tentative plans of applicant;

\_\_\_\_ Detailed plans and specifications;

\_\_\_\_ Other

## VI. SUMMARY OF COLLATERAL OFFERED

(Attach separate sheets describing nature and value of assets offered as collateral, attach a copy of real **estate**>>>

	<u>Original Cost</u>	<u>Present Market Value</u>	<u>Present Liens or Mortgage Balance, if any,</u>
A. Land	_____	_____	_____
B. Buildings	_____	_____	_____
C. Business machinery and equipment	_____	_____	_____
D. Business Furniture	_____	_____	_____
E. Accounts receivable	_____	_____	_____
F. Inventory	_____	_____	_____
G. Other (specify)	_____	_____	_____

H. Which of the above collateral is being purchased or constructed as a part of the project: (A. \_\_\_\_; B. \_\_\_\_; C. \_\_\_\_; D. \_\_\_\_; E. \_\_\_\_; F. \_\_\_\_; G. \_\_\_\_; )

I. If applicant is a corporation, are any individuals willing to guarantee the loan? (Yes\_\_\_\_ No\_\_\_\_). If applicant is an individual or partnership, are any persons other than applicant willing to guarantee the loan? (Yes\_\_\_\_ No\_\_\_\_). If yes, give the name and address of each person.

---



---

If applicant is corporation and principal owners of corporation are not willing to guarantee loan, state reasons

---



---



---

**VII. PROJECTED COMMUNITY BENEFITS**

- A. Employment: Low to moderate income brackets are determined by the N.C. Department of Commerce, Division of Community Assistance, and will be reviewed at the time of application.

Employment

	Name	Sex	Race	Address	Social Security No.	No. In Household	House-Hold Income

**VIII. ADDITIONAL REQUIRED INFORMATION**

- A. Include copies of the following documents signed by the appropriate persons: (copies only as doc will not be returned).
  - 1. For existing businesses:
    - (a) Latest Balance Sheet and P & L Statement (Not older than 90 days)
    - (b) Annual Balance Sheet and P & L Statements for each of last three years.
  - 2. For all individual applicants, principals in businesses and persons guaranteeing loan, current financial statements and resumes.
- B. Include any other information, which will help us assess the changes for success of your venture or proposed project and how this project will contribute to the economic well-being of the people in the area.

**IX. ASSURANCE**

- A. To the best of my knowledge and belief, data in this application is true and correct and the Application will comply with the attached assurances if the assistance is approved.

NOTICE TO The APPLICANT: The Fair Credit Reporting Act (Public Law 91-508), requests that Kerr-Tar Regional Council of Governments advise you that a routine inquiry may be made in the processing of your application which will provide applicable information to the Kerr-Tar Regional Council of Governments concerning your character, general reputation personal characteristics and mode of living. Upon your written request, additional information as to the nature of the report will be provided to you.

**X. SECURITY DEPOSIT**

- A. A \$250.00 Security Deposit must accompany this application when submitted.

Officer of Person Responsible for Project:

NAME: \_\_\_\_\_

TITLE \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Signature of Owner or Principal Officer:

\_\_\_\_\_

TITLE \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

## FAMILY INCOME SURVEY

Date of Application: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone Number: (Home) \_\_\_\_\_
4. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
5. List of Household Occupants:  
(Please list yourself and each relative within your household)

Name and Address	Family Relation	Employer of Source of Total Household Income for Past 12 Months	Income for past 12 months	Income From Assets	Verification of Income (Company use only)

I certify that the foregoing information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**INFORMATION PROVIDED ON THIS SURVEY WILL REMAIN CONFIDENTIAL.**

If you have been with your present employer for less than 12 months, please list both your present and previous employers.

