

**APPLICATION**  
**TO**  
**DevelopSource GAP**  
**GROWTH ASSISTANCE PROGRAM**

**Shelby County DevelopSource**  
**1006 6th Street**  
**Harlan, Iowa 51537**  
**712-755-3569    FAX 712-733-8921**

## **PROGRAM SUMMARY**

The Shelby County Growth Assistance Program (GAP) Revolving Loan Fund provides supplemental financing to small and medium-sized businesses located, or to be located, in Shelby County, Iowa. Eligible projects must either create or retain jobs.

Program funds may be used for most aspects of start-up or expansion projects, and, in some cases, may include needed working capital. Funds cannot be used to refinance existing debt or subsidize payments on existing debt.

The primary consideration for financial participation with GAP is the creation and retention of jobs. To qualify for loan assistance, a minimum of three (3) full time equivalent (FTE) jobs is required. Under certain circumstances, applications creating or retaining less than three (3) FTE jobs may be given consideration for loan assistance. These jobs must be either newly created jobs or jobs to be retained, and must be maintained during the length of any loan assistance and cannot come at the expense, or in lieu of, other jobs that the borrower is currently providing.

Because the Program is funded with a combination of local, state and federal funds, borrower must comply with all local, state, and federal requirements. The application form has been designed to adhere to state financial assistance programs and may be easily amended to apply for state financial assistance.

Please complete the following Application Form by responding to each question. Applicants that fail to respond to all questions on the application forms will be considered incomplete and the application will be tabled until it has been properly completed.

### **NONDISCRIMINATION STATEMENT**

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, disability, or marital or family status. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an Equal Opportunity provider and employer."

## APPLICATION FOR FINANCIAL ASSISTANCE

1. **APPLICANT (BUSINESS NAME):** \_\_\_\_\_  
\_\_\_\_\_
- CONTACT PERSON:** \_\_\_\_\_
- ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_
- EIN NUMBER:** \_\_\_\_\_
- PHONE NUMBER:** \_\_\_\_\_
- FAX #:** \_\_\_\_\_
- E-MAIL ADDRESS:** \_\_\_\_\_
- WEB ADDRESS:** \_\_\_\_\_
- COMPANY OFFICERS/PRINCIPALS:**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. **PROVIDE A BRIEF DESCRIPTION OF EDUCATIONAL, TECHNICAL, AND BUSINESS BACKGROUND FOR ALL KEY PERSONS TO BE INVOLVED IN THIS PROJECT.**

**3. HAVE ANY OFFICERS, PRINCIPALS, OR OWNERS OF YOUR COMPANY EVER BEEN INVOLVED IN BANKRUPTCY OR INSOLVENCY PROCEEDINGS?**  
YES \_\_\_\_\_ NO \_\_\_\_\_  
IF SO, PLEASE PROVIDE FULL DETAILS.

**4. ARE ANY OFFICERS, PRINCIPALS, OR OWNERS OF YOUR COMPANY INVOLVED IN ANY PENDING LAWSUITS? YES \_\_\_\_\_ NO \_\_\_\_\_**  
IF SO, PLEASE PROVIDE FULL DETAILS.

**5. DESCRIPTION AND HISTORY OF BUSINESS:**  
**(What is your primary business, products, markets, etc.?)**  
If more space is needed attach additional sheet(s)

**6. DESCRIBE IN DETAIL THE PROPOSED "PROJECT" BEING UNDERTAKEN:  
(i.e., expansion, relocation, new product line, etc.)**

**7. DOES THIS PROJECT INVOLVE A TRANSFER OF OPERATIONS OR JOBS  
CURRENTLY WITHIN THE STATE OF IOWA?      YES      NO**  
If yes, please indicate the company and location affected.      \_\_\_\_\_

**8. WHAT DATE WILL THE PROJECT BEGIN?**

**9. WHEN WILL THE PROJECT BE COMPLETED?** \_\_\_\_\_

**10. HAS ANY PART OF THE PROJECT BEEN STARTED YET?      YES      NO**  
If yes, please explain.      \_\_\_\_\_

**11. HOW MANY EMPLOYEES ARE CURRENTLY EMPLOYED BY THIS COM  
PANY AT THIS LOCATION?      FULL-TIME      PART-TIME**

**12. HOW MANY NEW EMPLOYEES WILL BE ADDED TO THE PAYROLL WITHIN  
THE NEXT 24 MONTHS IF THE PROJECT IS ACCOMPLISHED?**  
   FULL-TIME      PART-TIME

**WITHIN THE NEXT 60 MONTHS?      FULL-TIME      PART-TIME**  
   \_\_\_\_\_      \_\_\_\_\_

**13. WHAT IS THE ESTIMATED ANNUAL PAYROLL FOR THE NEW OR RETAINED JOBS RESULTING FROM THIS PROJECT?**

**1ST YEAR** \_\_\_\_\_ **2ND YEAR** \_\_\_\_\_

**14. WHAT IS THE AVERAGE STARTING RATE (NOT INCLUDING FRINGE BENEFITS) PROJECTED TO BE FOR THE NEW OR RETAINED JOBS?**

**BEGIN** \_\_\_\_\_ **AFTER 12 MO.** \_\_\_\_\_ **AFTER 24 MO** \_\_\_\_\_

**15. WILL ANY OF THE CURRENT JOBS BE LOST IF THE PROJECT DOES NOT PROCEED? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**If yes, how many and explain why.**

**16. HOW WILL THIS PROJECT BENEFIT SHELBY COUNTY? STATE OF IOWA?**

**17. WHAT IS THE BUSINESS CONTRIBUTION TO THIS PROJECT?  
(Of the total project cost, what is the business supplying toward the project?)**

**SUMMARY OF PROJECT COSTS AND PROPOSED FINANCING**

USES		SOURCES		
ACTIVITY	\$ AMOUNT	\$ AMOUNT	PROVIDED BY	
Land Acquisition and Preparation	_____	_____ _____	_____ _____	
Building Acquisition/Renovation	_____	_____ _____	_____ _____	
Building Construction	_____	_____ _____	_____ _____	
Machinery & Equipment	_____	_____ _____ _____	_____ _____ _____	
Furniture & Fixtures	_____	_____ _____ _____	_____ _____ _____	
Working Capital (Specify)	_____	_____ _____ _____	_____ _____ _____	
Other	_____	_____ _____ _____	_____ _____ _____	
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>(2 columns must be equal)</b>	
<b>TERMS OF PROPOSED FINANCING</b>				
	<b>\$ AMOUNT</b>	<b>TYPE</b>	<b>RATE</b>	<b>TERM</b>
GAP Assistance	_____	_____	_____	_____
Conventional Financing	_____	_____	_____	_____
Job Training	_____	_____	_____	_____
Business Contribution	_____	_____	_____	_____
Other	_____	_____	_____	_____

**18. WHY IS ASSISTANCE NEEDED FROM SHELBY COUNTY DevelopSource GAP ON THIS PROJECT? CAN THE PROJECT PROCEED WITHOUT PARTICIPATION FROM SHELBY COUNTY DevelopSource GAP?**

**19. TYPE OF ASSISTANCE REQUESTED?**

<b>DIRECT LOAN</b>		<b>AMOUNT \$</b>
<b>INTEREST BUY DOWN</b>	_____	\$ _____
<b>LOAN GUARANTY</b>	_____	\$ _____
<b>OTHER</b>	_____	_____
<b>TERM OF LOAN DESIRED</b>	_____	
<b>RATE OF LOAN DESIRED</b>	_____	
	_____	

**20. WHAT TYPE OF SECURITY AND IN WHAT AMOUNT WILL THE BUSINESS PROVIDE TO SHELBY COUNTY DevelopSource?**

<b>MORTGAGE ON</b>		<b>POSITION?</b>
<b>LIEN ON</b>	_____	<b>POSITION?</b> _____
<b>PERSONAL GUARANTY</b>	_____	_____
<b>OTHER</b>	_____	
	_____	



## CREDIT INFORMATION RELEASE

For the purpose of procuring credit from time to time, authorization is hereby given to Shelby County DevelopSource and/or its agents to verify in any manner it deems appropriate to investigate my/(our) past credit obligations and payment history.

Furthermore, in order to maximize funding opportunities, I/(We) authorize Shelby County DevelopSource and/or its agents to share credit information in my application and credit history with local development organizations, county and state agencies, federal agencies, financial institutions, for the purpose of securing financing.

I/(We) understand that all information provided to Shelby County DevelopSource will remain in strict confidence. Additionally, I/(We) hold Shelby County DevelopSource harmless for any information which it discusses with, or disclosed to, other entities described above.

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Signature)

Print Name \_\_\_\_\_

SS# \_\_\_\_\_

Name \_\_\_\_\_  
(Signature)

Print Name \_\_\_\_\_

SS# \_\_\_\_\_

**\*\*\*IMPORTANT NOTICE\*\*\***

In order to meet the requirements of the Federal Register Vol. 62 No. 210, Revision to the Standards for the Classification of Federal Data on Race and Ethnicity, all application forms for Rural Development financed programs must include below the signature and date block the following disclosure statements:

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way,. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic *or Latino* \_\_\_\_\_

Not Hispanic or Latino \_\_\_\_\_

Race: (Mark one or more)

White \_\_\_\_\_ Black *or African American* \_\_\_\_\_

American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_

*Native Hawaiian or Other Pacific Islander* \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Borrowers/managers/providers shall provide the number of respondents in each racial category who are Hispanic or Latino. You are strongly encouraged to provide detailed distributions, including all possible combinations of multiple responses to the race question. At a minimum, the total number of respondents reporting “more than one race” shall be made available.