

Please provide the following information/documentation with the completed loan application:

1. Current personal financial statement for each individual with 20% or more ownership in the business.
2. Business financial statements, including:
 - For emergency purpose:
 - must demonstrate a loss due to COVID
 - For existing businesses (including transition, expansion, and succession):
 - balance sheet and income statements for the past three years, if most recent statement is more than six months old, provide an interim statement
 - projected cash flow statement for Year 1, including assumptions the projections are based on
 - aging of accounts receivable and payable
 - For start-up businesses:
 - cash flow projections for first three years, including information the assumptions are based on
 - proforma balance sheet and income statement at end of Year 1 – Year 3

If balance sheet and income are unavailable, provide explanation and provide Federal income tax returns.
3. Provide a written business plan which includes a brief history of the business and expected benefits of the project.
Please include a description of business/product, market, customer base and competition.
4. Based on the use of funds, provide the following:
 - land and building: purchase offer, current appraisal, quotes for construction/renovation, and any other information as required
 - machinery/equipment: list of equipment and quotes
 - working capital: describe the uses
5. Provide documentation of other sources of funding committed to the project.
6. Provide documentation that SCOPED funds are necessary to complete the project and are not being used as a substitute for private capital.
Documentation should consist of the following:
 - a. commitment letter from the participating bank outlining the loan amount, rate, term, collateral and need for SCOPED's participation; and/or
 - b. bank denial letter stating the reason(s) for denial, if available
7. If SCOPED funds will be used for or collateralized by real estate activities, an environmental review may need to be provided. Other applicants may be required to provide an environmental review, by SCOPED on a case-by-case basis.
8. A \$150.00 loan application fee payable to "SCOPED" must be included with the application. The fee is non-refundable.

Other information may be required by SCOPED, as deemed necessary.



Schuyler County Partnership for Economic Development
 910 South Decatur Street, Watkins Glen NY 14891
 Phone 607-535-4341
 Fax 607-535-7221
 FLXGateway.com

SCOPE+ARC LOAN APPLICATION

Loan Applicant	Full Address
Name of Business:	Tax Identification Number:
Street Address:	Telephone Number:
City: County:	E-mail address:
State/Zip Code:	Type of Business and Date Established:
Bank of Business Account, Address:	Contact Person:

Use of Proceeds:	Project Cost	Source of Proceeds
(enter gross \$ amounts rounded to nearest hundred)		
Land Acquisition	\$	SCOPE Loan Request \$
New Construction/ Building Expansion/Renovation	\$	Requested Term of Loan:
Purchase of Machinery and/or Equipment	\$	
Inventory Purchase	\$	Other Financing Sources:
Working Capital	\$	*Bank \$
Acquisition of Existing Business	\$	*Owner Equity \$
Other (Please specify)	\$	*Other \$ (Please List)
Total Project Cost	\$	Total Sources \$

* Please note that Total Project Cost and Total Sources must equal.

COLLATERAL—BUSINESS AND/OR PERSONAL

Please complete

	Present Market Value	Present Loan Balance	Collateral Pledged to:
Land and Buildings			
Machinery/Equipment			
Accounts Receivable			
Inventory			
Other (Please List)			
TOTAL			

With respect to any assets set forth, which are jointly owned with another, does applicant propose to furnish a personal guarantee to SCOPED of the loan obligation executed by the co-owner of the scheduled assets?

YES NO

Previous Government Financing: If you or any principals have received any other Federal direct loan or guarantee assistance, please complete the following:

Agency Name	Original Loan Amount	Date of Original loan	Balance Owning	Current or Past Due
	\$		\$	
	\$		\$	
	\$		\$	

Outstanding Debt: Furnish the following information on all installment loans, contracts, officer and shareholder loans, notes and mortgages payable, term loans and/or revolving credit arrangements and capitalized leases. Current Balance should agree with latest balance sheet submitted. (Additional sheets may be attached, if necessary.)

To Whom Payable	Original Amt. & Date	Balance and monthly payment.	Maturity Date	Secured By	Current or Past Due?

MANAGEMENT: Please list all proprietors, partners, officers, directors and/or stockholders. 100% ownership must be shown. (Personal guarantees will be required of all individuals with 20% or more ownership.)

Name and Social Security Number	Complete Address	% of Ownership

EMPLOYMENT PLAN

Please fill out completely. Provide current and estimated employment as a result of this project. (*Note if hourly, weekly, annual, etc.)

Job Title	Pay Range*	Current Employment	Projected Employment Yr.1	Projected Employment Yr.2	Projected Employment Yr.3
TOTALS					

Estimated current annual payroll: \$ _____

Estimated payroll at end of Year 1: \$ _____

MANAGEMENT PROFILE

This form is designed to assess the management experience and should be completed by people listed under Management of the loan application. A resume may be submitted for this form. Please attach additional sheets if necessary.

Individual's Name:

Individual's Position/Relationship to Business:

Educational Background:

Military Service:

Branch

Enlistment Dates

Rank at Discharge

Employment History:

Dates Employed From: To:

Name of Company

Address

Position and Responsibilities

Dates Employed From: To:

Name of Company

Address

Position and Responsibilities

Signature_____ Date_____

Personal Financial Statement

SECTION 1 – INDIVIDUAL INFORMATION		SECTION 2 – OTHER PARTY INFORMATION	
Name:		Name:	
Residence Address:		Residence Address:	
City, State, Zip:		City, State, Zip:	
Soc. Sec. No.:		Soc. Sec. No.:	
Date of Birth:		Date of Birth:	
Position or Occupation:		Position or Occupation:	
Business Name:		Business Name:	
Business Address:		Business Address:	
Bus. City, State, Zip:		Bus. City, State, Zip:	
Res. Phone:		Res. Phone:	
Bus. Phone:		Bus. Phone:	

SECTION 3 STATEMENT OF FINANCIAL CONDITION AS OF			20
Assets (Do Not Include Assets of Doubtful Value)	In Dollars (Omit Cents)	Liabilities	In Dollars (Omit Cents)
Cash On Hand In Banks – See Schedule A	\$	Notes Payable to Banks – Schedule F	\$
Marketable Securities – See Schedule B		Secured	
		Unsecured	
Non Marketable Securities – See Sched. C		Amounts Payable to Others - Secured	
Loans Receivable		Amounts Payable to Others - Unsecured	
Real Estate Owned – Schedule D		Real Estate Mortgage Payable	
		Schedule D	
Cash Value – Life Insurance – Schedule E		Other Liabilities - Itemize	
Automobiles			
Personal Property			
Other Itemized Assets			
		Total Liabilities	\$
		Net Worth	\$
Total Assets		Total Liabilities and Net Worth	\$

SOURCES OF INCOME			PERSONAL INFORMATION
FOR FY: 20	Borrower	Co-Borrower	Are you a partner or officer in any other venture? If so, describe.
Salary, Bonuses & Commissions			
Dividends			
Real Estate Income			
Other Income (Alimony, Child Support, or Separate Maintenance Income, Need Not Be Revealed If You Do Not Wish To Have It Considered as a Basis for Repaying This Obligation)			Are you obligated to pay alimony, child support or separate maintenance payments? If so describe.
Total	\$	\$	Are any assets pledged other than as described on schedules? If so, describe.
CONTINGENT LIABILITIES			
Do you have any contingent liabilities? If so, describe.			Are you a defendant in any suits or legal actions?
As endorser, co-maker or guarantor-	\$		Have you ever been declared bankrupt? If so, describe.
On leases or contracts	\$		
Legal Claims	\$		
Other Special Debt	\$		
Amount of contested income tax liens	\$		

COMPLETE SCHEDULE AND SIGN ON PAGE THREE (3)

SCHEDULE A – PERSONAL BANK ACCOUNTS

TYPE	Names on Account	Amount	Acct. No.	Name and Address of Bank
Checking		\$		
		\$		
		\$		
		\$		
Savings		\$		

SCHEDULE B – MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name of	Acct. No.	Are These Pledged?	Market Value
					\$
					\$
					\$
					\$
					\$

SCHEDULE C – NON-MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name of	Are These Pledged?	Source of Value	Market Value
					\$
					\$
					\$
					\$
					\$

SCHEDULE D – REAL ESTATE OWNED

Address and type of property	Title in name of	Date Acquired	Cost	Market Value	MTGE Holder	MTGE Maturity	MTGE Amount
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

SCHEDULE F – NOTES PAYABLE TO BANKS

Name and Address of Lender	Credit in Name of	Unsecured or Secured	Original Date	High Credit	Repayment Schedule	Current Balance
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$

The information on this statement is given to the Regional Economic Development and Energy Group on behalf of SCOPED, hereinafter referred to as REDEC and REDEC Relending Corporation.

I/We understand that you are relying on this information in your decision to grant or continue credit.

I/We understand that REDEC/RRC may exchange or make credit inquires with others.

During the review of my/our application REDEC/RRC may obtain a consumer report on me/us and if the application is approved REDEC/RRC may at anytime in the future obtain additional consumer reports to review my/our account. I/We have the right to ask for the name and address of the consumer-reporting agency which gave REDEC/RRC the consumer report.

I/We have completely and truly answered all of the questions on this statement.

I/We are aware that the filing of a false instrument in connection with the application for funding by a New York State public benefit corporation constitute an attempt to defraud the State, and may be a felony under the laws of the State of New York.

Legal Signature _____ **Date** _____

Legal Signature _____ **Date** _____

CERTIFICATIONS:

1. I/We certify that all information in this application and the Attachments are true and complete to the best of my/our knowledge and is submitted so the SCOPED Loan Review Committee and SCOPED Board of Directors can decide whether to approve a loan to me/us.
2. I/We give the assurance that I/We will comply with Sections 112 and 113 of Vol. 13 of the Code of Federal Regulations. These code sections prohibit discrimination on the grounds of race, color, sex, religion, marital status, handicap, age or national origin by recipients of Federal financial assistance and require appropriate reports access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/We do not comply with these non-discrimination requirements, my/our loan can be called, terminated or prepayment accelerated.
3. I/We certify that I/We are in compliance with Title VI and civil rights law requirements. These requirements include, but are not limited to the following:
 - a. Title V of Public Law 93-495, the Equal Credit Opportunity Act
 - b. Title VI of the Civil Rights Act of 1964, "Non Discrimination in Federally Assisted Programs."
 - c. U.S.C. 2000d-4, Section 504 of the Rehabilitation Act for Federal Conducted Programs and Activities.
 - d. The Age Discrimination Act of 1975
 - e. The Americans with Disabilities Act
4. I/We certify that facilities under its ownership, lease or supervision, which will be utilized in the accomplishment of the project or services financed by the SCOPED loan, are not listed on the Environmental Protections Agency's (EPA) list of violating facilities pursuant to Section 15.20 or 50CFR, Part 15. Further, I/We certify that I/We will conform to all applicable environmental regulations including floodplains, wetlands, historic or archaeological properties, air and water quality, solid waste discharge, hazardous and/or toxic wasted disposal, drinking water resources, sewage and non-renewable natural resources.
5. I/We certify that I/We are not relocating operations or employment from another labor market with the proceeds of the proposed SCOPED loan.

I/We agree to all the preceding Agreements and Certifications.

I/We understand the contents and purpose of this application, and the regulations of the SCOPED loan funds.

I/We do solemnly affirm that to the best of my/our knowledge, information provided and statements herein are true and accurate.

I/We are aware that the filing of a false instrument in connection with the application for funding by a New York State public benefit corporation constitute an attempt to defraud the State, and may be a felony under the laws of the State of New York.

If applicant is a proprietor or general partner, sign below:			
BY:		BY:	
If applicant is a Corporation, sign below:			
Corporate Name:		Corporate Seal:	
BY:		ATTESTED BY:	
/ /20	/ /20	/ /20	/ /20
Legal Signature Of President	Date	Legal Signature of Corporate Secretary	Date
If applicant is a Limited Liability Company, sign below:			
BY:		BY:	
/ /20	/ /20	/ /20	/ /20
Legal Member Signature	Date	Legal Member Signature	Date

THE USA Patriot Act of 2001 requires SCOPED to obtain verification of the identity of the loan applicant. We appreciate your cooperation.

Form of Identification: _____

Identification Number: _____

“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		Gender		Race (Mark one or more)	
Hispanic or Latino	<input type="checkbox"/>	Male	<input type="checkbox"/>	White	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>	Female	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
				Asian	<input type="checkbox"/>
				American Indian/Alaska Native	<input type="checkbox"/>
				Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>

Schuyler County Partnership for Economic Development

STATEMENT OF PERSONAL HISTORY

Please read carefully!

This form must be filled out and submitted by:

1. The proprietor, if a sole proprietorship
2. Each partner, if a partnership
3. Each Corporate officer, director and/or principal with 20% or more ownership
4. Any other person, authorized to obligate the applicant to the loan being sought

STATEMENT OF PERSONAL HISTORY		
Loan Applicant	Full Address	
Name of Business:	Tax Identification Number:	
Street Address:	Telephone Number:	
City:	County:	Fax Number/E-mail address:
State/Zip Code:	Amount Applied For:	
Current Name, Former Names and Aliases		
State name in full, if no middle name, state NMN. If initial only, indicate Initial. List all former names and/or aliases used, and date for each name and/or alias used. Use separate sheet, if necessary.		
First Name, Middle Name, Last Name	Date From:	Date To:
General Information		
Date of Birth (Month/Day/Year)	Social Security Number	Are You a Current U.S. Citizen?
	- -	Yes No
If You are Not Currently a US Citizen or Have Denounced Your U.S. Citizenship, Give Your Alien Registration Number:		
What is your percentage of ownership or stock owned or to be owned in the business concern?		
Present Residence Address		From To
Immediate Past Residence Address		From To
Home Telephone Number	Business Telephone Number	

STATEMENT OF PERSONAL HISTORY

**BE SURE TO ANSWER THE NEXT 2 QUESTIONS CAREFULLY, THEY ARE IMPORTANT.
THE FACT THAT YOU HAVE A CRIMINAL CONVICTION ON YOUR RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER AN INCORRECT ANSWER MAY CAUSE YOUR APPLICATION TO BE REJECTED.**

1	Have you ever been convicted of any criminal offense other than a minor vehicle violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, furnish details; use a separate sheet if necessary. List name(s) under which convicted, if applicable.

2	If the answer to question #1 is yes, are you now under parole, Probation or Conditional release supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, furnish the name and telephone number of supervisor.

Name		Telephone Number	()	-	
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Authorization

I HEREBY AUTHORIZE **SCOPED** TO OBTAIN A PERSONAL CREDIT REPORT TO BE USED IN EVALUATION OF THE LOAN REQUEST.

Legal Signature

Title

Date

SCOPED ensures confidentiality of all applicants and is an equal opportunity provider, employer, and lender.

SCOPED ensures confidentiality of all applicants and does not discriminate against any applicant because of race, color, religion, sex, age, national origin, marital status, physical or mental disability, or any other basis prohibited by statute.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.