

RAVENNA ECONOMIC DEVELOPMENT
APPLICATION FOR ASSISTANCE (REVOLVING LOAN FUND)

PLEASE COMPLETE ENTIRE FORM - DO NOT LEAVE ANY QUESTION BLANK

A. Business (Borrower) Information

Name of Business to Receive Assistance: _____

Federal ID# _____

Business Entity: ___ Sole Proprietor ship ___ General Partnership ___ "S" Corporation
 ___ "C" Corporation ___ Limited Partnership ___ Limited Liability Co.
 ___ Limited Liability Partnership

(Depending on entity type, certain supporting documentation is needed - see checklist)

Address: _____ City: _____ State: _____ ZIP: _____

Contact Person: _____ Phone: (____) _____

Telephone Number: (____) _____ E-Mail (if applicable): _____

Web Address (if applicable): _____

Business Classification: ___ Manufacturing ___ Warehouse & Distribution ___ Service
 ___ Retail ___ Research & Development ___ Tourism
 ___ Admin. Mngt. HQ ___ Telecommunications
 ___ Other, please explain: _____

Does the business have a parent or subsidiaries? ___ Yes ___ No

If Yes, Identify name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Business Type: ___ Start-Up (0-5 years old) ___ Acquisition ___ *Existing

*If Existing, list years in busines _____

Ownership Identification: List all officers, directors, partners, owners, co-owners and all stockholders. Enter under Minority Code, a "1" if the person is a woman, a "2" if a member of a minority group, and a "3" if the person is disabled. (Minority code is only needed if you are also applying for CDBG funds).

<u>Name</u>	<u>Title</u>	<u>Ownership Percent</u>	<u>Minority Code</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personnel: (Full-Time Equivalent, FTE is based upon 2,080 hours per year).

Existing Number of FTE Positions: _____

FTE Positions to be created within 18 months of Application Approval: _____

Total Number of Seasonal FTE Jobs Created (i.e. Jobs which will be available for at least 3 continuous months and recur annually): _____

Starting wage per hour for your personnel: \$ _____

B. Project Information

<u>USE OF FUNDS</u>	<u>Total Project Cost</u>	<u>Ravenna Funds Requested</u>
Land Acquisition	_____	_____
Building Acquisitions/Renovation	_____	_____
New Facility Construction	_____	_____
Acquisition of Machinery/Equip.	_____	_____
Acquisition of Furniture/Fixtures	_____	_____
Working Capital (includes Inventory)	_____	_____
Public Works Improvements	_____	_____
Expenses for locating business to area	_____	_____
Job Training	_____	_____
Other (specify) _____	_____	_____
TOTAL:	_____	_____

1. Please provide detailed description of the propose project;
2. Please attach business plan including employment and financial projections;
3. Please attach current financial statements, financing requirements for the project, and total project cost;
4. File completed application with Program Administrator;
5. Please pay non-refundable application fee, set by the City Council, when the application is submitted, and sign appropriate releases for obtaining credit and financial information;
6. Please provide additional information when requested by the Program Administrator, Loan Committee or the City Council;
7. You will be asked to execute security documents in the form of a Trust Deed, Promissory Note, Security Agreement and Financing Statement, if approved.

C. Source of Funds

Note: Public financing requires the participation of a private financier and equity funds.

Participating Lender Information

Name of Lending Institution: _____

Address: _____ City: _____ State: _____ ZIP: _____

Contact Person: _____ Phone: (____) _____

Loan Commitment Amount: \$_____ Loan Term in years: _____

Interest Rate: _____ Percent _____ Variable _____ Fixed

Collateral Required: _____ Equity Required: _____

D. Equity Information

Amount available by business or owners for Investment: \$ _____

Project Location: _____ Within the City Limits of Ravenna
 _____ Outside the City Limits, but within the Zoning Jurisdiction of Ravenna
 _____ Outside the City Limits, but within Buffalo County

***Signatures** -- I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.*

Applicant's Signature	Date	Applicant's Signature (If Applicable)	Date

Return the completed application along with required supporting documents and a check for \$_____ to:
Ravenna Economic Development Corporation
318 Grand Avenue Ravenna, NE 68869

NOTE: SEE ATTACHED APPLICATION GUIDELINES FOR INFORMATION ABOUT NECCESARY DOCUMENTATION. REQUIREMENTS VARY BY BUSINESS TYPE.

Questions?
Phone: (308) 452-3133
Email: development@myravenna.com

