

III. SOURCES OF FUNDING & USES OF FUNDING:

A. **Total Cost of Project:** \$ _____

B. **Total Loan Request from VEDA:** \$ _____

C. **Use of Funds:** In the table below please provide a detailed listing and descriptions (where applicable) of how all loan proceeds (VEDA's and other lenders') and equity will be utilized. Please attach copies of all purchase agreements for real estate and invoices for machinery and equipment. If the loan is for working capital or to finance accounts receivable and/or inventory, please attach a current accounts receivable aging and / or inventory listing.

Purpose and Description	Amount
1. Land Purchase (# of acres):	\$
2. Building Purchase (# of sq. feet):	\$
3. Land and Building Purchase (# of acres and # of sq. feet):	\$
4. Renovation of Existing Real Estate:	\$
5. Machinery, Equipment, Furniture, & Fixtures (describe):	\$
6. Leasehold Improvements:	\$
7. Legal / Professional Fees:	\$
8. Working Capital (describe):	\$
9. Contingency:	\$
10: Other Soft Costs (describe):	\$
11. Other (describe):	\$
12. Other (describe):	\$
Total (Note: this total should equal the Total Cost of Project on Line A above):	\$

D. **Additional Sources of Funding for Project:** Please list the other sources of funding for the project. Attach commitment letters from the other lenders (if available).

Lender Name	Loan Amount	Interest Rate	Term	Amortization	Collateral
	\$	%	Mos.	Mos.	
	\$	%	Mos.	Mos.	
	\$	%	Mos.	Mos.	

E. **Equity Investment:** Please list all source(s) and corresponding amount(s) of equity investment for the project.

Source of Equity	Amount
	\$
	\$
	\$

IV. **COLLATERAL INFORMATION**

Collateral Description (for real estate please give full address)	Collateral Value	Source of Valuation (Ex.: cost, appraisal, tax assessment)	Owner of Collateral	Existing Lien(s)	Name of Lienholder
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

V. **SCHEDULE OF EXISTING BUSINESS LIABILITIES** (Note: You may skip this section if all the requested information is provided in your financial statements.)

Lender Name & Contact Info.	Original Loan Amount	Current Loan Balance	Maturity of Loan (date)	Monthly Payment	Interest Rate	Payment Status (Current or # days Past Due)
Direct Liabilities:						
	\$	\$		\$	%	
	\$	\$		\$	%	
	\$	\$		\$	%	
	\$	\$		\$	%	
	\$	\$		\$	%	
Contingent Liabilities:						
	\$	\$		\$	%	
	\$	\$		\$	%	
	\$	\$		\$	%	

VI. **BUSINESS PLAN AND FINANCIAL INFORMATION**

- A. **Business Plan:** Please provide a complete business plan. If you do not have a business plan, the following websites are a few of the many resources available to help you get started.

[Small Business Administration](#)
[Vermont Small Business Development Center](#)
[SCORE](#)

- B. **Business Financial Information:** Please provide the following:
- CPA prepared business financial statements or tax returns for the last three years (or since inception if business is less than three years old). These should include both income statements and balance sheets for all years.
 - If the applicant is a subsidiary or is closely affiliated with another corporation, please provide financial statements for the parent corporation or affiliate for the last three years.
 - Current interim income statement and balance sheet for this year-to-date.
 - Projected income statements and balance sheets for the present year and at least two years going forward. (List all material assumptions used in the projections.)
 - For start-up businesses: In addition to item d. above, monthly cash flow projections for the first year or until the business is projected to reach breakeven.

C. Personal Financial Information:

- Full, signed IRS personal tax return(s) for the most recent year for each individual owning 20% or more of the business.
- Complete, signed and dated personal financial statement for each individual owning 20% or more of the business, dated within 90 days of the application. (See attached Personal Financial Statement form or you may use another lender's form if already completed and dated within 90 days of application.)

VII. EMPLOYMENT / BENEFITS INFORMATION

Please provide the following information regarding current and projected employee compensation and benefits.

Please note: "FTE" or full-time equivalents, equates hours worked to a normal 40 hour work week. For example, if two employees work half-time (20 hours / week) this equals 1.0 full-time equivalent, or 1 FTE.

VERMONT EMPLOYMENT DATA*	Before Project (at time of application)		Within 2 Years			
No. of FTE Hourly Employees						
Average Hourly Wage Without Benefits	\$	Per hour	\$	Per hour		
Average Hourly Wage With Benefits	\$	Per hour	\$	Per hour		
No. of FTE Salaried Employees						
Average Annual Salary Without Benefits	\$	Per year	\$	Per year		
Average Annual Salary With Benefits	\$	Per year	\$	Per year		
Employee Benefits as % of Total Payroll	%		%			
Total Payroll Last 3 Years	FY	20__	FY	20__	FY	20__
	\$		\$		\$	
As of:			Male	Female	Gender Neutral	
Number of full time employees						
Number of part time employees						
The following information is requested by the Federal Government in order to monitor compliance with the Equal Credit Opportunity Act.						
<u>Ethnicity Information on Employees</u>			Male	Female	Gender Neutral	
Hispanic or Latino						
<u>Not</u> Hispanic or Latino						
<u>Race Information on Employees</u>						
American Indian / Alaska Native						
Asian						
Black or African American						
Native Hawaiian or other Pacific Islander						
White						
Other						
*If you have significant employment outside of Vermont, please submit an additional copy of this page and specify "Overall Employment".						
Please Mark All Benefits Offered to Employees:						
Cafeteria Plan		Vision Plan		Additional Comments / Information on Benefits (optional):		
Health Insurance		401 K Match				
Life Insurance		Vacation / Sick / Holiday Time				
Disability Insurance		Other (please describe)				
Dental Insurance						

VIII. GENERAL INFORMATION

	No	Yes	
1) Does this business have a subsidiary or is a subsidiary of a parent corporation?			If Yes , please explain:
2) Is this business a co-borrower or guarantor for any other business or individual?			If Yes , please explain:
3) Is this business or any principal stockholder or affiliate a party to any claim or lawsuit?			If Yes , please explain:
4) Has this business or any principal stockholder or affiliate ever filed for protection under the bankruptcy laws?			If Yes , please explain:
5) Has this business, or any principal stockholder in it (or any other business in which the principal stockholders owned a controlling interest), ever previously defaulted on a loan from the State of Vermont, or defaulted on a loan obtained with the assistance of the State of Vermont causing the State or its Agencies (included but not limited to VEDA) to sustain a financial loss?			If Yes , please explain:
6) Is at least 51% of the business owned by U.S. citizen(s) or resident alien(s)?			Note: Eligible borrowers must be U.S. citizens or 51% owned by U.S. citizens, and unable to access conventional credit.
7) Is the business / applicant an out-of-state domiciled company?			If Yes , attach Certificate of Authority to do Business in Vermont.
8) Are all principals and stockholders Vermont residents?			If Yes , number of Years? _____ If NO , please explain:
9) Does the business owe any taxes for prior years?			If Yes , please explain:
10) Are any payroll withholding taxes delinquent?			If Yes , please explain:
11) Will these loan proceeds be used for a project that will require the approval of a governmental authority, such as a Zoning Board, Planning Commission, or District Environmental Commission?			If Yes , please describe what permits have been obtained and those which will be obtained and the status of each permit application:
12) Does the business currently produce products for export outside the United States?			If Yes , would you be interested in learning about VEDA's Export Assistance Program? Yes No

IX. Attachments: (Please check all attachments included with your application)

<u>Required:</u>	<u>Check if Attached</u>
Business plan	
All business financial information listed in Section VI.B	
All personal financial information listed in Section VI.C	
Resumes of all key personnel, management & principals	
Loan Applicant Certification (appended to this application)	
Civil Rights and Equal Opportunity (optional)	
Environmental Short Form (appended to this application)	
USDA Assurance Agreement (appended to this application)	
<u>Additional attachments, if applicable</u>	
Authorization to Order Credit Reports (appended to this application)	
Commitment letter(s) from other financial institution lender(s) (if available)	
Purchase & Sale Agreement(s)	
Machinery & equipment purchase invoice(s)	
Lease agreement(s)	
Real estate appraisal(s)	
Equipment appraisal	
Environmental site assessment	
Accounts Receivable Aging and / or Inventory Listing	
Business formation documents /agreements	
Certificate of Authority to do Business in Vermont (required only if applicant is an out-of-state domiciled company)	
Project completion timetable	
Other (describe):	
Other (describe):	
Other (describe):	

(Note: Additional information may be requested by the Lender as deemed necessary.)

I/We, the undersigned, affirm that all statements made on this Application are accurate and complete. I/We also agree to notify VEDA or its affiliates of any material changes in the information shown on this application or the accompanying documents. VEDA or its affiliates are hereby authorized to gather credit information about me/us in order to help determine our creditworthiness, and to respond to credit inquiries about my/our accounts. I/We understand that all application information will remain the property of VEDA. I/We certify that financing cannot be obtained from conventional credit sources, without VEDA's involvement. I/We understand that VEDA's lending decision may be a matter of public record.

Signature: _____ Title: _____ Date: _____

Please print name: _____

Signature: _____ Title: _____ Date: _____

Please print name: _____

If application was prepared by someone other than the owner(s) listed in this application:

Name of individual who prepared this application:	
Relationship to applicant:	
Telephone #:	
E-mail Address:	

Public Disclosure: VEDA is an instrumentality of the State of Vermont and is subject to Vermont's Public Records Law (see Vermont Statutes, Title I, Chapter 5 §§ 315-320). All written or electronic information generated or received by VEDA is subject to the confidentiality and public disclosure provisions of the Vermont Public Records Law. Under the law, business plans and financial information submitted by applicants are generally considered confidential and are not subject to disclosure.

PERSONAL FINANCIAL STATEMENT

Submitted to: ***Vermont Economic Development Authority***

Date: _____

IMPORTANT: Read these directions before completing this Statement

If you are applying for individual credit in your own name and are relying on your own income or assets, and not the income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete only Sections 1, 3, and 4.

If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. 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.

Section 1 – Individual Information	Section 2 – Other Party Information
Name:	Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Social Security #:	Social Security #:
Date of Birth:	Date of Birth:
Position or Occupation:	Position or Occupation:
Business Name:	Business Name:
Business Address:	Business Address:
City, State & Zip:	City, State & Zip:
Length at Present Address:	Length at Present Address:
Length at Present Employer:	Length at Present Employer:
Res. Phone:	Res. Phone:
Bus. Phone:	Bus. Phone:
<div>1) Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owned? Yes No If yes, please provide details on a separate sheet.</div> <div>2) Are (either of) you a defendant in any suit or legal action? Yes No</div> <div>3) Are (either of) you presently subject to any unsatisfied judgments to tax liens? Yes No</div> <div>4) Have (either of) you been audited by IRS? Yes No If Yes, what year(s)? _____</div>	

Section 3 – Statement of Financial Condition As Of:

Assets (Do not include assets of doubtful value)	Individual \$	Joint \$	If Joint, with whom	Liabilities	Individual \$	Joint \$	If Joint, with whom
Cash, Checking & Savings, CDs- See Schedule A				Notes payable to banks & others—See Sch. H			
U.S. Gov't & marketable securities—See Schedule B				Due to brokers			
Non-Marketable securities—See Schedule C				Amts. Payable to others—secured			
Securities held by broker in margin accounts				Amounts payable to others-unsecured			
Restricted, control or margin account stocks				Accounts & bills due			
Real Estate owned – see Sch. D				Unpaid income tax			
Accounts, loans & notes receivable				Other unpaid taxes & interest			
Automobiles				Real estate mortgages payable – see Sch. D & H			
Cash surrender value-life ins. – See Sch. E.							
Vested interest in deferred compensation/profit-sharing plans – see Sch. F							
Business ventures – see Sch. G							
Other assets/personal property itemize – see Sch. G if applicable							
				Total Liabilities			
				Net Worth			
Total Assets				Total Liabilities & Net Worth			

Section 4 – Annual Income For Year Ended:

Annual Income	Individual \$	Joint \$	Annual Expenditures	Individual \$	Joint \$	Contingent Liabilities	Individual \$	Joint \$
Salary, bonuses & commissions			Mortgage/rental payments			Do you have any (circle Y or N)...		
Dividends & Interest			Real estate taxes & assessments			Contingent liabilities as endorser, co-maker or guarantor? *Y N		
Real estate income			Taxes-federal, state & local			On leases or contracts? *Y N		
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.)			Other contract payments (auto payments, charge cards, etc.)			Contested income tax liens? *Y N		
			Alimony, child support, maintenance			Any estimated capital gains tax on the unrealized asset appreciation? *Y N		
			Other expenses			Other special debt or circumstances? *Y N		
Total Income			Total Expenditures			Total Contingent Liabilities		

* If "Y" to any question(s) please describe:

SCHEDULE - CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance \$

SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Market Value \$	Exchanges Where Traded

SCHEDULE C – NON-MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Value \$	Method of Valuation

SCHEDULE D – INVESTMENTS IN REAL ESTATE (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/ Amount	% Owned by You	Market Value of Your % of Investment \$	Present Balance \$	Monthly Payment \$	Mortgage Maturity Date	Mortgage Owed To

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

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

SCHEDULE F – VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount \$

SCHEDULE G – BUSINESS VENTURES (use additional sheets if necessary)

Name and Address Of Any Business Venture In Which You Are A Principal or Partner	Your Position/Title in the Business	Line of Business	Years In Business	Total Assets Listed in Section 3 \$	Your % of Ownership	Net Worth of Business \$	Present Net Value of your Investment \$

SCHEDULE H – LOANS OWING TO BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)

Owing to (Name / Acct. No.)	(J)	Date of Original Borrowing/Amount	Present Balance \$	Next Due Date	Monthly Payment \$	Date of Final Payment	Secured by

The information contained in this statement is provided to induce VEDA or its affiliates to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that VEDA or its affiliates are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify VEDA or its affiliates immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to VEDA or its affiliates. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. VEDA or its affiliates are authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned and the undersigned hereby authorizes all persons of whom VEDA or its affiliates make such inquiries to respond thereto in full. Each of the undersigned authorizes VEDA or its affiliates to answer questions about its credit experience with the undersigned.

Date Signed _____ Signature (individual) _____

Date Signed _____ Signature (other party) _____

VEDA is an equal opportunity lender and employer

Instructions: Please complete this form if either of the following applies:

- You are a borrower/co-borrower/guarantor and did not sign the referenced loan application; and /or
- You submitted a non-VEDA personal financial statement(s).

Authorization to Order Credit Reports

I/We, the undersigned, affirm that all statements made on the loan application concerning my/our involvement in the applicant company dated _____ are accurate and complete. I/We also agree to notify VEDA of any material changes in our personal information shown on the referenced application or the accompanying documents. VEDA or any of its component units is hereby authorized to gather credit information about me/us in order to help determine our creditworthiness, and to respond to credit inquiries about my/our accounts. I/We understand that all application information will remain the property of VEDA. I/We understand that VEDA's lending decision may be a matter of public record.

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Each principal owner of the applicant is encouraged to answer the questions below.

For purposes of this form, a principal owner of the applicant is a natural person who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity of the business. If a trust owns, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, 25 percent or more of the equity interests of the business, the trustee is a principal owner.

For each principal owner of the applicant, indicate which of the following categories the principal owner identifies with. Submit a separate copy of this table for each principal owner of the applicant (up to four).

Principal's Name:

1. Ethnicity <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Prefer not to respond		<input type="checkbox"/> Not Hispanic or Latino/a
2. Race (select all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian (Other) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Pacific Islander (Other) <input type="checkbox"/> White <input type="checkbox"/> Prefer not to respond		
3. Middle Eastern or North African Ancestry <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Prefer not to respond <input type="checkbox"/> Not Middle Eastern or North African		
4. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Prefer to self-describe: _____ <input type="checkbox"/> Prefer not to respond	5. Sexual Orientation <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight, that is, not gay, lesbian, or bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Prefer not to respond	
6. Veteran Status <input type="checkbox"/> Veteran <input type="checkbox"/> Prefer not to respond <input type="checkbox"/> Non-veteran		

Applicants are encouraged to answer all of the questions below.

Business Name:

1. Minority-owned or controlled business status			
For purposes of this form, <u>minority individual</u> means a natural person who identifies as American Indian or Alaska Native; Asian American; Black or African American; Native Hawaiian or Other Pacific Islander; Hispanic or Latino/a; or one or more than one of these groups.			
For purposes of this form, an applicant is a <u>minority-owned or controlled business</u> if the business meets one or more of the following: (1) if privately owned, 51 percent or more is owned by minority individuals; (2) if publicly owned, 51 percent or more of the stock is owned by minority individuals; (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of minority individuals; or (4) one or more minority individuals have the power to exercise a controlling influence over the business.			
Is the applicant a minority-owned or controlled business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to respond
2. Women-owned or controlled business status			
For purposes of this form, an applicant is a <u>women-owned or controlled business</u> if the business meets one or more of the following: (1) if privately owned, 51 percent or more is owned by females; (2) if publicly owned, 51 percent or more of the stock is owned by females; (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of females; or (4) one or more individuals who are females have the power to exercise a controlling influence over the business.			
Is the applicant a women-owned or controlled business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to respond
3. Veteran-owned or controlled business status			
For purposes of this form, an applicant is a <u>veteran-owned or controlled business</u> if the business meets one or more of the following: (1) if privately owned, 51 percent or more is owned by veterans; (2) if publicly owned, 51 percent or more of the stock is owned by veterans; (3) in the case of a mutual institution, a majority of the board of directors, account holders, and the community which the institution services is predominantly comprised of veterans; or (4) one or more individuals who are veterans have the power to exercise a controlling influence over the business.			
Is the applicant a veteran-owned or controlled business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to respond