

# COSHOCTON PORT AUTHORITY REVOLVING LOAN FUND

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## PROJECT APPLICATION

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**Coshocton Port Authority  
106 South Fourth Street  
Coshocton, Ohio 43812  
(740) 622-7005**

"This institution is an equal opportunity provider and employer"

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)

**I. Applicant**

Name of Company/Applicant: \_\_\_\_\_

Name of Borrower (if different): \_\_\_\_\_

Relationship of Borrower to Company: \_\_\_\_\_

Street Address for Company: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

**II. Principal Officers/Owners (10% or more ownership)**

Name & Title: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Attach additional information if necessary.

**III. Information on Existing Business**

Type of Business: \_\_\_\_\_

Principal Product/Service: \_\_\_\_\_

Four Digit SIC #: \_\_\_\_\_ Date Established: \_\_\_\_\_

**Bank(s) in which business has existing accounts**

Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**IV. Description of Proposed Project**

Location: \_\_\_\_\_

Address: \_\_\_\_\_

City/Village/Township: \_\_\_\_\_

County: \_\_\_\_\_ (Project must be in Coshocton County)

If relocation, indicate from where: \_\_\_\_\_ Existing Employment \_\_\_\_\_

Will new jobs be created? \_\_\_\_\_ If yes, how many over a three year period? \_\_\_\_\_

Will jobs be retained? \_\_\_\_\_ How many will be retained? \_\_\_\_\_

Justify need for loan for job retention: \_\_\_\_\_

**Project Description:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Product/Services to be provided or manufactured:

\_\_\_\_\_

Project Type:     Retention             Expansion             Start Up

**V. Amount of Coshocton Port Authority Funds Being Requested: \$** \_\_\_\_\_

Use of Port Authority RLF Funds \_\_\_\_\_

**VI. Project Budget – Sources and Use of Funds**

Sources of Funds:

Owners Equity (Cash) \_\_\_\_\_  
Port Authority RLF Funding \_\_\_\_\_  
Bank Financing \_\_\_\_\_  
(Provide name of participating lender, rate and term)  
Other \_\_\_\_\_  
Other \_\_\_\_\_  
Total Sources of Funds \_\_\_\_\_

Use of Funds:

Construction (discouraged) \_\_\_\_\_  
Real Estate Acquisition \_\_\_\_\_  
Renovation (discouraged) \_\_\_\_\_  
Machinery & Equipment \_\_\_\_\_  
Other \_\_\_\_\_  
Total Use of Funds \_\_\_\_\_

**VII. Time Frame**

Project Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**VIII. Insurance Information (REQUIRED)**

Life Insurance on Key Principal Officers/Owners: (amount) \_\_\_\_\_  
Agent name, \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Agent's address \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Property/Casualty Insurance: (amount) \_\_\_\_\_  
Agent name, \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Agent's address \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Worker's Compensation Coverage: (amount) \_\_\_\_\_  
Agent name, \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Agent's address \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Business Insurance: (amount) \_\_\_\_\_

Agent name, \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agent's address \_\_\_\_\_

Policy Number: \_\_\_\_\_

## **IX. Other Requirements**

- Credit report less than 30 days old from your bank should be attached.  
or
- Credit Report Authorization form completed with payment of \$30.00
- Proof of U.S. citizenship – attach a copy of passport(s). If passports are not available compose a brief statement on company letterhead stating that you are a citizen of the United States and indicating place of birth. This statement must be signed by all owners, including both husband and wife, even if only the husband or wife is the primary owner. To be eligible for the RLF Program at least 51% of the outstanding interest in the project must be owned by those who are citizens of the United States or reside in the United States after being legally admitted for permanent residence.
- Project meets the definition of a small and emerging private business. Small and emerging means any private business enterprise which will employ 50 or fewer new employees and has less than \$1 million in projected gross revenues. (See Program Information for further definitions of “private business” and “gross revenues”.)

## **X. The following information must be submitted with your Project Application to receive consideration:**

- Completed Application
- Credit Report (Less than 30 days old)
- Credit Report Fee \$30.00 if CPA needs to Provide Report
- Criminal Background Check (Recommended)
- Business Plan
- Project Description & Budget
- Debt Schedule (Current Loans and Monthly Expenses)
- Three Prior Years Tax Returns
- Current Profit and Loss and Balance Statement
- Three (3) Years Projected Financial Statements
- Resumes of Officers and Key Management Personnel
- Letter of Commitment from Participating Bank
- Certification of US Citizenship (Driver's License or Social Security Card)
- Statement of Jobs Created or Retained
- Proof of Insurance life, property and casualty
- Proof of Workers Compensation
- Agreement to Report Annually

## **XI. Application Fee**

A non-refundable application fee of \$100.00 is required, payable with the submission of the application to the Port Authority. Applicant will be required to pay estimated legal fees after loan approval but prior to closing. Applicant will be required to pay all other closing costs at the time of closing.

## Submission Acknowledgement

As authorized agent of the Applicant Company, I hereby submit this Initial Project Application. All information submitted on or with this application is accurate to the best of my knowledge. I also understand that additional information may be requested by the Coshocton Port Authority. I further understand that this document in no way constitutes a commitment of funds by the Coshocton Port Authority.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the Coshocton Port Authority, and the appropriate entities on its behalf, to verify information in this application including, but not limited to my credit history, status of existing, debt service to current creditors, vendors, insurance, and taxes to obtain a credit report from a credit reporting agency.

The following information is requested by the Federal Government for certain types of loans in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you choose not to furnish the above information, please check the box below.

I do not wish to participate

Please check all that apply:

RACE

American Indian/Alaska Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
White \_\_\_\_\_

ETHNICITY

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

GENDER

Male \_\_\_\_\_  
Female \_\_\_\_\_

Veteran \_\_\_\_\_

Disabled \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date