3 East Colt Square Drive

Fayetteville, AR 72703

479-443-2700

COMMUNITY FACILITIES LOAN APPLICATION

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| **APPLICANT INFORMATION** | | | | | | |
| Name of Borrowing Organization | | | | | | **Date** |
| **Borrower Mailing Address (Street, City, State & Zip)** | | | | | | |
| **Borrower Physical Address (Street, City, State & Zip)** | | | | | | |
| **County** | **Phone Number** | | **Fax Number** | | Email | |
| **Employer Identification Number** | | **DUNs #** | | **Number of Employees** | | |
| **Contact Person / Recipient Title** | | | | | | |
| TYPE OF ORGANIZATION | | | | | | |
| **Municipal, Village, or Town Public Bodies Federally Recognized Tribe**  **Community-based Nonprofit Corporations Other (Please Specify)** | | | | | | |

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| **Please briefly describe the background and history of your organization and the services it provides.** | |
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| LOAN REQUEST | |
| Loan Amount- | Preferred Term Years- |
| Source of Repayment- Fund | Lien Position- |
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| LOAN PURPOSE | |
| **Please provide a brief description of your project or the purpose for which you are requesting the loan. Have you been approved for the CF TAT Grant?** | |
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| SCOPE OF WORK | |
| **What is the time frame for completion of this project? Please provide the cost breakdown, anticipated start date, company and/or General Contractor for this project.** | |
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| PROJECT BENEFITS | |
| What will be the benefits of your proposed project to your community and organization? | |
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| PROJECT BUDGET | |

$\_\_\_\_\_\_\_\_\_\_\_Construction Costs

$\_\_\_\_\_\_\_\_\_\_\_Land Acquisition

$\_\_\_\_\_\_\_\_\_\_\_Equipment Purchases

$\_\_\_\_\_\_\_\_\_\_\_Architect/ Structural Engineering

$\_\_\_\_\_\_\_\_\_\_\_Legal Fees

$\_\_\_\_\_\_\_\_\_\_\_Contingencies

$\_\_\_\_\_\_\_\_\_\_\_Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_\_Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$\_\_\_\_\_\_\_\_\_\_\_EQUALS Total Project Cost**

**$\_\_\_\_\_\_\_\_\_\_\_LESS OTHER FUNDING (Source) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**$\_\_\_\_\_\_\_\_\_\_\_EQUALS Amount Requested from Communities Unlimited, Inc.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL** | | | | | | | | |
| Does your organization have any grant or loan applications pending? \_ | | |  | | Yes | | \_N | No |
| If YES, please attach details about the application(s). | | | | | | | | |
| Is your organization under any regulatory enforcement order or have you been notified of any pending enforcement action? Yes No    If YES, please attach details including copies of any enforcement order, plans for correction, etc. | | | | | | | | |
| Is there any pending litigation involving your organization? |  | \_Yes \_ | |  | | \_No | | |
| If YES, please attach details about the litigation. | | | | | | | | |

**CHECKLIST OF SUPPORTING DOCUMENTS FOR THIS APPLICATION:**

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Please attach the following supporting documents: (Place a check mark () in the box for each document.)

Copy of the last two (2) year’s annual audits. If your organization does not have audits, please state the reason why and attach available financial statements.

****

Copy of your year-to-date Financial Statements.

****

Copy of your budget for the current year.

****

Copy of all current insurance policies or confirmations (front page only).

****

****

Copy of the Engineering Report or other documents describing the project if required by USDA Rural Development.

Copy of the resolution or extract of the minutes authorizing the submission of this application.

If your organization has any loan applications pending elsewhere that are from the same municipal fund as this application, please provide details about the application.

Approved Board minutes to apply to Communities Unlimited for a loan as the community’s contribution.

Please list your Aged Receivables: 0-30 days; 31-60 days; 61-90 days; and more than 90 days.

**Failure to include any of the above requested information will delay processing of the application.**

CERTIFICATION

The undersigned representative(s) of the applicant identified on Page 1 hereby:

1. CERTIFY that the information contained herein and attached herewith is true and correct to the best of my (our) knowledge and belief, and
2. CERTIFY that this Application for Financial Assistance and all additional or supplemental information provided constitutes the application for a loan from Communities Unlimited, Inc.,

and

1. CERTIFY that the governing board of the applicant has duly authorized this application for a loan and has the legal authority to incur the debt that they have applied for, and
2. UNDERSTAND that a loan origination fee may be charged by Communities Unlimited, Inc. at the time of the loan closing along with any additional out of pocket costs required for closing, and
3. GRANT Communities Unlimited, Inc. permission to obtain credit information and general references and to contact the borrower’s accountant.

It is further agreed and certified that any additional or supplemental information requested in connection with this application will be submitted as true and correct to the best of my (our) knowledge and belief.

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Name of Borrowing Organization

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Signature of Recipient Signature of Witness

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Printed or typed name Printed or typed name

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Title Title

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Date Date