

## Renville County Economic Development Childcare Development Forgivable Loan Application

A. General Information								
Date:	Date of Birth:							
Applicant's Name:	Title:							
Name of Business (Legal Nar	ne):	1						
Address:		City:		Zip:				
		Business Pho	ne:	1				
Email Address:	In Hom	e Childcare	Childcare	Childcare Center				
B. Business Organizatio	nal Structure							
Federal Tax ID: (If business is incorpora	DUNS Number: (If applicable – to obtain a DUNS number go to fedgov.dnb.com)							
Date Established:		Project Locati	on:					
Business Structure:								
Sole Proprietorship	Corporation	Partnership	LLC	Non Profit	Other			
License applied for Lice	nse received	Name:	ensor Contact Information ne: Phone:					
List of all owners (current or anticipated) holding at least 20% or more of the share equity in the company: *If a non-profit, please list Board Members.								
Name	Addre	ess	Ownership %	DOB / SSN				
Name	Addre	ess	Ownership %	DOB / SSN				
Name	Addre	255	Ownership %	DOB / SSN				
Name	Addre	255	Ownership %	DOB / SSN				

Summary of applicant's childcare background:

Where are you in the development process:

## C. Project Information

Type of Project:	New	Expansion						
If New: How many slots do you plan for								
If an Expansion:	Number of current slots							
	Number of slots a	nticipated after expansion						
Brief description	of project for which	n financing is requested						

D. Loan Request								
Amount Requested:				Tot	al Cost	of Project	:	
E. Sources & U	SAS							
PURPOSE FOR WHICH FUND		RENVILLE	DANI((O)	D		FOUNTY	OTHER	TOTAL
WILL BE USED		COUNTY	BANK(S)	Bł	ANK(S)	EQUITY	(SPECIFY)	TOTAL
Other								
Other								
Total Project Cost								
			(1 1)					
Collateral offered t	o prim	hary lender	(bank)					
Asset Lien Position								
LIEN POSICION								
	_							
Collateral offered t	o Ren	ville County	/ HRA/EDA					
Asset								
Lien Position								
Participating Lende	er 1:							
Contact Person:				Tel	ephone	Number:		
Participating Lende	31∠.							
Contact Person:			Telephone Number:					
F. Contributions List "In-Kind" contributions to be received for this project								
List "In-Kind" contr	ibutio	ns to be red	ceived for this	proj	ect			

## G. Community

In detail, describe the opportunity/challenge/issue/need that this project will address within your community:

Authorized Signature

Date

Certification and signatures

I authorize Renville County HRA/EDA to make inquiries as necessary to verify the accuracy of the statements made in this application and to determine my credit worthiness. I certify the above information and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand false statements may result in forfeiture of benefits. I understand the Renville County HRA/EDA will retain this application whether or not it is approved for loan.

Authorized Signature

Obligor shall give Renville County HRA/EDA permission to use their personal and business names, public business information and photographs in internal and external public relations and marketing materials, including print, broadcast and electronic.

Authorized Signature

Date

Date

- The Renville County HRA/EDA Board may require additional written feasibility studies, business plans, market studies, current financial statements etc. as appropriate for the business type. The loan committee may appoint an official to provide technical assistance at any time during the loan process.
- Renville County HRA/EDA is an Equal Opportunity provider, employer and lender. Discrimination is prohibited by Federal Law. Complaints of discrimination should be sent to: Lisa Neutgens, HR Coordinator at 105 South 5<sup>th</sup> Street, Suite 315 Olivia, MN 56277, 320.523.3753 or by e-mail at Lisa.Neutgens@renvillecountymn.gov.

This institution is an equal opportunity lender and employer.