

**MRPC CARES-RLF LOAN APPLICATION: WORKING CAPITAL AND FIXED ASSET LOANS  
UNDER \$50,000**

**-Type or use Blue or Black ink only -**

\*Loan applications must include all information requested on the loan application checklist (as applicable) to be eligible

**INSTRUCTIONS FOR COMPLETING LOAN APPLICATION:**

- **Sections I, II, and III:** Provide all information requested. ‘Contact’ refers to the proprietor, general partner, corporate officer, member, etc. ‘Applicant’ refers to the borrowing entity.
- **Section IV: SOURCES AND USES OF FUNDS:** List all sources of financing and use of loan proceeds. If loan use is “other”, attach separate sheet outlining intended use, sign, and date.
- **Section V: SUMMARY OF COLLATERAL, KEY MAN LIFE INSURANCE:** If collateral consists of land and building, inventory, and/or accounts receivable, fill in the appropriate blanks, If collateral consists of equipment, furniture, and fixtures, and/or other, an itemized list containing make, model numbers, serial number, and description must be provided. Assignment of Key Man Life Insurance as collateral may be required.
- **Section VI:** Refers to borrowing entity.
- **Submit \$250 non-refundable loan application fee,** complete loan application with all required signatures, information, and/or attachments to MRPC CARES RLF, #4 Industrial Drive, St. James, MO. 65559.

**I. CONTACT INFORMATION** (*refers to the proprietor, general partner, corporate office, member, etc.*):

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Relationship to Business/Business Title: \_\_\_\_\_ Email: \_\_\_\_\_

**II. APPLICANT/BUSINESS INFORMATION** (*refers to the borrowing entity*):

Applicant/Business Legal Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
Year Business Established: \_\_\_\_\_ Federal Tax I.D.: \_\_\_\_\_  
DUNS Number: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

**BUSINESS STRUCTURE** (check one):

Sole Proprietorship                       General Partnership                       Limited Partnership  
 S Corporation                               C Corporation                               Not Yet Determined  
 Limited Liability Company               Limited Liability Partnership

**CURRENT AND PROJECTED EMPLOYMENT:**

Current Employees: \_\_\_\_\_ Full-Time (*include current full-time employees only*)  
Projected Year 1: \_\_\_\_\_ Full-Time

Have you or any owners of the company ever been involved in bankruptcy or insolvency proceedings? If yes, please explain on a separate sheet.                      YES\_\_\_\_ NO\_\_\_\_

Are you or the business involved in any pending lawsuits? If yes, please explain.      YES\_\_\_\_ NO\_\_\_\_

**PROFESSIONAL SERVICES/REFERENCES:**

BANK: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone and Email: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone and Email: \_\_\_\_\_

ACCOUNTANT: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone and Email: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone and Email: \_\_\_\_\_

**III. MANAGEMENT INFORMATION:** Complete for each principal with 20% or more ownership. If necessary, attach additional sheets. Identify each sheet as an exhibit to the appropriate section, sign, and date.

**Owner #1**  
 Name & Title: \_\_\_\_\_ Ownership: \_\_\_\_\_ %  
 Social Security Number: \_\_\_\_\_

Source of Income		Contingent Liabilities	
Salary	\$	Endorser/Co-Maker	\$
Investment Income	\$	Legal Claims/Judgments	\$
Real Estate Income	\$	Federal Income Tax	\$
Other, explain:	\$	Other, explain:	\$

**Owner #2**  
 Name & Title: \_\_\_\_\_ Ownership: \_\_\_\_\_ %  
 Social Security Number: \_\_\_\_\_

Source of Income		Contingent Liabilities	
Salary	\$	Endorser/Co-Maker	\$
Investment Income	\$	Legal Claims/Judgments	\$
Real Estate Income	\$	Federal Income Tax	\$
Other, explain:	\$	Other, explain:	\$

**IV. SOURCES AND USES OF FUNDS:** List all sources and uses of financing, attach additional sheets if necessary

	APPLICANT'S CASH EQUITY	BANK (if applicable)	MRPC CARES-RLF	OTHER FINANCING	TOTAL PROJECT COST
Acquire Land					
Acquire Land & Building					
Renovations					
Leasehold Improvements					
Machinery/Equipment					
Working Capital					
Other, specify:					
TOTALS	\$	\$	\$	\$	\$

*Note: The above amounts must match Total Cost Breakdown on Preapplication*

**V. SUMMARY OF COLLATERAL PROPOSED TO SECURE CARES-RLF, IF APPROVED:** *If collateral consists of equipment, furniture, fixtures, etc., and itemized list containing serial numbers, model numbers, and descriptions must be provided. If necessary, attach additional sheets listing all required information, sign, and date.*

Collateral proposed to secure CARES-RLF Loan	Equipment Serial Number, Description, Address, etc.	Current Mortgage/ Lien Holder Current Loan Balance	Current Loan Balance
Equipment/Machinery			\$
Furniture/Fixtures			\$
Accounts Receivable			\$
Inventory			\$
Real Estate			\$
Real Estate			\$
Other, specify:			\$
			\$
			\$

**KEY MAN LIFE INSURANCE POLICY INFORMATION:** An assignment of Life Insurance as Collateral may be required. List life insurance company, name of insured, policy number, amount, and all beneficiaries or assignees below.

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**VI. OTHER ASSETS AND LIABILITIES** *(Refers to Borrowing Entity): If necessary, attach additional sheets for information requested. Identity each sheet as an exhibit to the appropriate section of application, then sign and date sheets.*

**LIABILITIES:** Notes Payable to banks and others.

Lender Name & Address	Loan Amount	Present Balance	Monthly Payment	Term of Loan	Collateral/Guarantee

**REAL ESTATE OWNED** *(Refers to Borrowing Entity): List each parcel separately; attach additional sheets, if necessary.*

<p><b>Parcel #1:</b>            Title in Name of: _____            Property Type (land, building, private home, etc.): _____            Property Address: _____            _____            Original Loan Amount:\$_____ Current Balance: \$_____ Monthly Payment: _____            Date of Mortgage:_____ Maturity Date:_____            Mortgage Holder Name, Address, Phone #: _____            _____            Status of Mortgage (current or delinquent). If delinquent, explain: _____            _____</p>
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**Parcel #2:**

Title in Name of: \_\_\_\_\_  
 Property Type (land, building, private home, etc.): \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Original Loan Amount:\$\_\_\_\_\_ Current Balance: \$\_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
 Date of Mortgage:\_\_\_\_\_ Maturity Date: \_\_\_\_\_  
 Mortgage Holder Name, Address, Phone #: \_\_\_\_\_  
 \_\_\_\_\_  
 Status of Mortgage (current or delinquent). If delinquent, explain: \_\_\_\_\_  
 \_\_\_\_\_

OTHER PERSONAL PROPERTY: (Refers to Borrowing Entity): Describe property, if financed, include name and address of lien/mortgage holder, original loan amount, monthly payment, and current balance. Attach additional sheets, if necessary. \_\_\_\_\_

OTHER ASSETS (Refers to Borrowing Entity): Please describe. \_\_\_\_\_

UNPAID TAXES: Please describe in detail; refer to attachments, if necessary. \_\_\_\_\_

OTHER LIABILITIES: Please describe in detail; refer to attachments, if necessary. \_\_\_\_\_

**ADDITIONAL ATTACHMENTS REQUIRED TO COMPLETE APPLICATION**

**ALL APPLICANTS**

- \_\_\_\_\_ BUSINESS DESCRIPTION AND FINANCING PROPOSAL: Brief history and description of the company including details of product mix, markets served, proposed new products and/or markets, etc.; a discussion of the impact of COVID-19 on your business and your response; a discussion of your industry, sales and markets; discussion of competition; description of key employees; a description of the financing proposal; and other matters relevant to your application
- \_\_\_\_\_ CURRENT PERSONAL FINANCIAL STATEMENT: Required of all individuals with 20% or greater interest
- \_\_\_\_\_ PERSONAL TAX RETURN FOR LAST FISCAL YEAR: Required of all individuals with 20% or greater interest
- \_\_\_\_\_ SOURCES AND USES OF FUNDS: See Page 2 of the RLF application or attach statement detailing sources and uses of all funds for project (bank, equity, CARES-RLF, etc.)
- \_\_\_\_\_ COLLATERAL: See Page 2/3 of the RLF application or attach list of collateral offered as security for the CARES-RLF loan as well as proposed lien/mortgage position and other financing, if applicable
- \_\_\_\_\_ PURCHASE AGREEMENTS: Attach copy of all purchase agreements, if applicable.
- \_\_\_\_\_ BANK COMMITMENT LETTER and ANALYSIS from participating bank stating terms and conditions of the bank's participation; must list borrower, term, interest rate, collateral, guarantors/co-makers, contingencies, etc., if applicable
- \_\_\_\_\_ COPY OF DRIVER'S LICENSE: Required of all individuals with 20% or greater interest
- \_\_\_\_\_ \$250 Non-Refundable Loan Application Fee payable to MRPC

**EXISTING BUSINESSES OR BUYOUTS**

- \_\_\_\_\_ BALANCE SHEETS, PROFIT AND LOSS STATEMENTS: Historical: Past fiscal year
- \_\_\_\_\_ CURRENT BALANCE SHEET, PROFIT AND LOSS STATEMENT: No older than 90 days
- \_\_\_\_\_ BUSINESS TAX RETURN FOR LAST FISCAL YEAR: Complete with schedules and attachments

**NEW BUSINESSES**

\_\_\_\_ BUSINESS PLAN with 2 YEARS CASH FLOW ANALYSIS: Year 1 – Monthly cash flow analysis; Year 2 – Annual cash flow analysis. Required for start-ups only.

**AGREEMENTS AND CERTIFICATIONS**

**Please Read Carefully Before Signing**

	<b>YES</b>	<b>NO</b>
Has the company, any officer, subsidiary or affiliate of your company been involved in any bankruptcy or insolvency proceedings in the last 36 months? <i>If yes, please provide the details as a separate exhibit.</i>		
Has the company, any officer, subsidiary or affiliate of your company been involved in any lawsuits in the last 36 months? <i>If yes, please provide the details as a separate exhibit.</i>		
Does the company, any officer, subsidiary or affiliate have any outstanding tax liens?		
Does the company, owner(s), or member of Management Team have a controlling interest in other businesses? <i>If yes, please provide their names and relationship with your company along with a current balance sheet and income statement for each as a separate exhibit.</i>		
Does your company buy from, sell to, or use the services on any concern in owner(s), shareholder(s), or member(s) of the management team have a significant financial interest? <i>If yes, please provide the details as a separate exhibit</i>		
Are any of the individuals listed under ‘Management’ on parole or probation? <i>If yes, please provide the details as a separate exhibit.</i>		
Have any of the individuals listed under ‘Management’ been convicted of a crime? <i>If yes, please provide the details as a separate exhibit.</i>		
Has the company applied for and/or received other federal funding for the same purpose as the purpose stated in this application? <i>If yes, please provide the details as a separate exhibit.</i>		

**BY SIGNING BELOW, THE APPLICANT**

- certifies to the best of its knowledge and belief, the information being submitted to the MRPC RLF/CARES-RLF and its agent is true and correct;
- certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it;
- certifies that the applicant has disclosed any current default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors;
- certifies that MRPC/MRDC is authorized to obtain a credit check on any principal or business associated with this application for the purposes of determining credit worthiness;
- agrees to reimburse MRPC for any reasonable expenses made in connection to this loan request, including, but not limited to title work, legal fees, appraisals, recoding/filing fees, etc.;
- certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project; and
- certifies that the applicant has not applied for and/or received other federal funding for the same purpose as the purpose stated in this application. The undersigned also certifies that no RLF/CARES-RLF loan proceeds will be used to fund expenses for which the undersigned has received other federal funding. If duplicate funding is determined, MRPC can demand immediate repayment of the portion of the RLF/CARES RLF loan allocable to those expenses and may take any other action against the undersigned permitted by the loan documents, the EDA RLF CARES Act plan, and applicable law.

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature    Print Name    Title

X \_\_\_\_\_  
**Signature**

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**Print Name**

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