FCADC COVID-19 Working Capital Access Program

1900 Wayne Road, Chambersburg, PA 17202   Phone (717) 263-8282

Operating Company Name:_____ Year Founded: _____

Contact Name: _____ Title: _____

Email:_____ Phone: _____

Address: _____

City: _____ Municipality: _____ Zip: _____

Entity Type: (LLC, S-Corp, C-Corp, Sole Proprietor, etc): _____

I.   OWNERSHIP STRUCTURE

Owner Name   Operating Entity (%)

_____   _____   %

_____   _____   %

_____   _____   %

_____   _____   %

II.   OPERATING COMPANY OVERIVEW

Management /Officer Summary (Names) (if not applicable, mark "N/A"):

President: _____   Vice President: _____

CEO: _____   CFO: _____

Current Number of Full Time Employees - In Pennsylvania: _____   Worldwide: _____

Is the Company current on Federal, State, and Local taxes? _____ (Yes/No)

Is the Company more than 50% minority owned? _____ (Yes/No)

Is the Company more than 50% woman owned? _____ (Yes/No)

Brief Company Description - Products/Services Offered:

III. PROJECT INFORMATION

Amount of loan being requested: $_____

Brief description indicating whether or not business is temporarily closed due to COVID-19 and, if so, the date closure started as well as anticipated operations resumption date:

Brief description of adverse financial impact caused to date by COVID-19:

Brief description of how the working capital loan proceeds will be used to finance the business operations:

IV. SUPPORTING INFORMATION *(Please include or attach with above information)*

Operating Company / Entity

A.___ Federal Tax Return - Most Recent Year Filed

*(If the company has not yet filed a 2019 tax return, please **also** include an internal / management type balance sheet and income statement as of 12/31/2019)*

B.___ W-9 Form for any individual or entity serving as a Borrower or Co-Borrower

C.___ Certification of Applicant Company and each Entity with 20% or more ownership (Exhibit B)

D.___ Schedule of Debt for Operating Company *(existing debt only)* (Exhibit C)

E.___ Working Capital Support Documents to support project costs / budgets:

F.___ Fee Structure

o Applicants will need to verify that over the past 3 months they have spent an amount equal to their loan request on direct business expenses (payroll, utilities, rent, debt payments, inventory, etc.) up to the maximum $100,000 loan amount;

o Retail and certain service-based businesses will need to show a 1:1 match on expenses over the past 6 months, meaning such businesses needed to verify they spent at least $200,000 on direct business expenses in order to maximize the $100,000 loan amount;

Owner's Personal Information (all owners 20% or more of Operating Company)

A.___ Personal Financial Statement *(dated within 12 months) (signed / dated by owner ONLY; not joint PFS)*

B.___ Certification of Individual for all with 20% or more ownership in Operating Company (Exhibit B)

SUBMISSION INFORMATION

WHEN COMPLETE, PLEASE SUBMIT A SCANNED / SIGNED COPY OF ALL 4 PAGES OF THIS APPLICATION ALONG WITH ALL SUPPORTING INFORMATION REQUESTED ABOVE TO:

Rhonda@fcadc.com

SEPARATE PDF FILES ARE ACCEPTABLE, WITH THE EXCEPTION OF THE WORKING CAPITAL SUPPORTING DOCUMENTS, WHERE ALL NEEDED ITEMS MUST BE CONTAINED IN ONE PDF FILE.

VI. CERTIFICATION

I hereby certify that all information contained in this document and attachments are true and correct to the best of my knowledge. If I knowingly make a false statement or overvalue a security to obtain a grant and/or loan from DCED, I (company, entity and signer) may be subject to criminal prosecution.

Date: _____

Signature: _____

Print Name:_____Title:_____

Representing:_ _____

Address: _____

_____

FOR CEDO USE ONLY:

If this application is being submitted on behalf of another entity, a certification is also required for that entity.

EDC Finance Signature: _____

Print Name:_____Title:_____

Corporate Submissions Only:

Attested by:_____ (Signature of Corporate Secretary)

"I understand that in order to facilitate the submission of additional applications for this project on the Internet, information from this application (limited to the profile, project summary and site employment/ projected jobs data) will be available to DCED Authorized Service Providers on the DCED Single Application web site, unless I have checked here _____ **"**

The Department of Community and Economic Development reserves the right to accept or reject any or all applications submitted on the Single Application for Assistance contingent upon available funding sources and respective applicant eligibility.