# **FCADC**

Franklin County First Fund Covid-19 Working Capital Loan Application

<b>Operating Company Information</b>	
	Contact:
Company Name:	Contact Title:
Street Address:	
Mailing Address:	
FEIN:	Date Founded:
Phone:	Fax:
Email:	Business Type:
Municipality:	Entity Type:
Company Product:	
Total Working Capital Need: \$	
Company Ownership Structure	
Owner Name:	Ownership %:
<b>Company Management Structure</b>	
President/CEO:	
Vice President:	
CFO/Finance Mgr:	
HR Manager:	
Other:	
Company Overview	
Current Number of Full-Time Employees - In	Pennsylvania: Worldwide:
Current Number of Part-Time Employees - In	Pennsylvania: Worldwide:
Is the Company Current on Federal, State, an	d Local Taxes?
State in Which Company Organized:	
FCADC INTERNAL USE ONLY	
Reviewed By:	NAICS:
Date of Review:	Congressional #: 13 - John Joyce
Approved By:	Senate #:
Date of Approval:	House #:
Application #:	Date of Receipt:

Company Description / Products & Services Offered
Please provide a narrative description of your Company along with the products and services offered.
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Project Information
Provide a description indicating if your business is closed due to the Covid-19 Pandemic and, if so, the date of closure
as well as anticipated operations resumption date:
Provide a description of adverse financial impact(s) caused to date by the Covid-19 Pandemic:
Provide a description of how the working capital loan proceeds will be used to finance the business operations:

## **Supporting Documentation**

All of the below documents need to be sent along with the application. Please do not combine all documents in 1 PDF file, please save each document separately.

**Completed Application** (Including Certification)

**Federal Tax Return - Most Recent Year Filed** (If the Company has not yet filed its 2019 Tax Return, please forward the 2018 Tax Return along with an internally prepared 2019 Profit & Loss and Balance Sheet.)

Internal Profit & Loss and Balance Sheet - Year To Date for 2020

**W-9 Form** (For any individual or entity serving as a Borrower or Co-Borrower)

**Schedule of Debt Service** 

**Personal Financial Statement** (For any individual owning 20% or more of the Operating Company. The Statements must be signed & dated.)

**Equity or Bank Participation Letter** (If you are receiving bank financing to assist you through this time, please include a copy of the commitment letter. If you are using equity from the previous 3 operating months as the 50% match, please include a brief letter stating such.)

**Financial Statement / Tax Return, if applicable** (For any entity, other than an individual, with 20% or more ownership in the Operating Company.)

**Fee Structure** 

### **Submission Information**

When Complete, please submit a signed copy of the entire application (including Certification) along with all requested documents to:

Rhonda Wojciechowski, Loan Administrator

Email: rhonda@fcadc.com

PLEASE **DO NOT** COMBINE ALL DOCUMENTS INTO ONE PDF FILE. IT IS IMPORTANT TO SAVE EACH DOCUMENT SEPARATELY.

#### Certification

**Program Guidelines:** I hereby certify that I have received and reviewed a copy of the program guidelines. Based on its review of such materials, I believe the Company is eligible for financing.

**Absence of Defaults & Prior Bankruptcies:** I hereby certify that the Company does not have any outstanding loans from any public or private sources that are delinquent. Furthermore, none of the Company's owners, officers, principal shareholders, or related companies has previously filed for bankruptcy. Having filed previously for bankruptcy protection will not necessarily disqualify the applicant from receiving FCFF financing.

**Criminal Convictions:** I hereby certify that no owners, officers or principal shareholders of the Company have been convicted of any felony or any misdemeanor involving theft, dishonesty, deception, false swearing, or the filing or submission of any false or misleading information to any agency of government, nor are any charges of any such offenses pending. Such a conviction will not necessarily disqualify a Company from financing through the FCADC.

**Tax Compliance:** I hereby certify that the Company, owners, officers, and principal shareholders are current in payment of all applicable federal, state, and local taxes unless they have entered into a workout agreement satisfactory to the respective taxing authority and are fully in compliance with the terms of the agreement.

**Non-Discrimination:** I hereby certify that the Company shall comply with all applicable local, state, and federal laws pertaining to non-discrimination of employees, customers, and vendors.

**Loan Fees:** I hereby certify that I am responsible for payment of a \$375 application fee and all legal costs to close the loan. Should the FCADC be required to modify its loan agreement post-closing or take action to protect its interests, I am responsible to reimburse FCADC for its legal expenses.

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 loan from the FCADC, I (company, entity, and signer) may be subject to criminal prosecution.

	Date:
Signature:	
Print Name:	Title:
Representing:	
Address:	