



City of Oberlin

Community Development Block Grant (CDBG)

Business Revolving Loan Fund

**COVID-19 Emergency Working Capital Loan Program for
Businesses**

LOAN APPLICATION FORM

Date: March 30, 2020

**OBERLIN CDBG BUSINESS REVOLVING LOAN FUND
COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM
APPLICATION FORM**

APPLICANT COMPANY INFORMATION

Name of Company

Address

City, State, Zip Code

Contact Person

Title

Contact Person Email Address

Contact Person Telephone Number

APPLICANT COMPANY PRINCIPAL OFFICERS INFORMATION

Name and Title

% Ownership and SS#

Name and Title

% Ownership and SS#

BUSINESS INFORMATION

Type of Business

Principal Product/Service

Date Business Established

SIC Code (if known)

OBERLIN CDBG BUSINESS REVOLVING LOAN FUND COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM APPLICATION FORM

DESCRIPTION OF PROPOSED PROJECT - USES OF WORKING CAPITAL

	Yes	No	Amount of Loan Funds Needed
Rent payments			
Mortgage payments			
Employee payroll			
Utility payments			
Inventory			
Essential supplies			

TOTAL LOAN REQUEST: _____

Please provide documentation for each of the uses for which loan funds will be used which show wages, amount of payments, inventory and supply costs, etc.

JOB RETENTION

Number of Employees to Be Retained: _____

Number of Low Moderate Income Employees to be Retained: _____

PLEASE DESCRIBE HOW THE COVID-19 PANDEMIC HAS IMPACTED YOUR BUSINESS:

**OBERLIN CDBG BUSINESS REVOLVING LOAN FUND
COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM
COLLATERAL & CREDIT INFORMATION**

CREDIT REFERENCES

Name	Street, City, State, Zip	Account #
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Name	Street, City, State, Zip	Account #
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Name	Street, City, State, Zip	Account #
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Name	Street, City, State, Zip	Account #
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COLLATERAL (IF USING INSTEAD OF A PERSONAL GUARANTY):

Please provide information regarding the type and value of any collateral to be used to secure this loan:

**OBERLIN CDBG BUSINESS REVOLVING LOAN FUND
COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM
JOB OPPORTUNITIES CERTIFICATION & EMPLOYEE/JOB INFORMATION**

The primary objective of the Community Development Block Grant (CDBG) Program, from which these loan funds originate, is to retain and create job opportunities for low and moderate income persons, and also to meet the overall economic development needs of the City of Oberlin.

The duly authorized officers of the Applicant Company understand that documentation verifying the income of the applicants for employment and those hired as a result of the completion of the project for which this loan's proceeds will be used, is a condition of this loan. Job verification forms and/or other record keeping forms must be provided as required by the City or OCIC. It is further understood that employees for which positions are retained/created will be notified that because of the source of the funds financial information not normally requested will be necessary.

Company Name

Date

Signature

Printed Name and Title

Witness Signature

The attached Job Benefit Employee Certification Form must be completed for every employee that will be retained as part of the loan project.

A copy of the most recent employee payroll report for one pay period with the name of each employee to be retained including their dates of hire, whether they are full-time or part-time, and their wages.



Office of Community Development Job Benefit Employee Certification
 Development Services Agency

Your current/prospective employer, which appears below, is the recipient of financial assistance through the federally funded Ohio Community Development Block Grant (CDBG) Small Cities Program. As a result of the assistance received, the business must provide data on job creation and/or retention. **This information is not part of the interview process and will not be considered for hiring purposes.** This information is, however, subject to verification by authorized government officials.

A. Name of Employer: _____ (print)
 Address of Employer: _____ (print)
 Name of Employee: _____ (print)

B. Race, Ethnicity, Gender, and Disability Status:

Please mark **only one** of the following race classifications:

_____ White	_____ <u>Multi-Racial:</u>
_____ Black/African American	_____ Black/African American & White
_____ American Indian/Alaska Native	_____ American Indian/Alaska Native & White
_____ Asian	_____ Asian & White
_____ Native Hawaiian/Other Pacific Islander	_____ American Indian/Alaska Native & Black/African American
	_____ Other Multi-Racial

Please check "Yes" or "No":

Hispanic or Latino:
 _____ Yes
 _____ No

Please check **all** that apply:

Male: _____ Female: _____
 Female Head of Household: _____
 Disabled: _____
 Unemployed: _____

C. Circle your household size & one income range in the corresponding row that represents your household income for the prior 12 months:

Household Size	Income Range (30%)	Income Range (50%)	Income Range (80%)	Income Range (NL)
1 person	\$0 - \$15,500	\$15,501 - \$25,800	\$25,801 - \$41,300	\$41,301 or more
2 person	\$0 - \$17,700	\$17,701 - \$29,500	\$29,501 - \$47,200	\$47,201 or more
3 person	\$0 - \$21,330	\$21,331 - \$33,200	\$33,201 - \$53,100	\$53,101 or more
4 person	\$0 - \$25,750	\$25,751 - \$36,850	\$36,851 - \$58,950	\$58,951 or more
5 person	\$0 - \$30,170	\$30,171 - \$39,800	\$39,801 - \$63,700	\$63,701 or more
6 person	\$0 - \$34,590	\$34,591 - \$42,750	\$42,751 - \$68,400	\$68,401 or more
7 person	\$0 - \$39,010	\$39,011 - \$45,700	\$45,701 - \$73,100	\$73,101 or more
8 persons or more	\$0 - \$43,430	\$43,431 - \$48,650	\$48,651 - \$77,850	\$77,851 or more

D. Employee Signature: _____ Date: _____

---Do not write below this line. To be completed by **EMPLOYER** after hire.---

Job Description (Check One):

_____ Manager/Professional _____ Office/Clerical _____ Technician
 _____ Sales _____ Service _____ Other

Date Employed: _____ Check One: Full-Time _____ Part-Time _____

---Do not write below this line. To be completed by **GRANT ADMINISTRATOR**.---

County **Lorain**
 FY **2019**

LMI Qualified Yes: _____ No: _____

**OBERLIN CDBG BUSINESS REVOLVING LOAN FUND
COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM
SPECIAL CERTIFICATION**

The Undersigned Certifies that:

It will comply with the flood insurance purchase requirements of Section 102 (a) of the Flood Disaster Protection Act of 1973. P.L. 93-234, 87 Stat. 975. Approved 12-31-73.

It will comply with the provisions of Executive Order 11296, relating to evaluation of flood hazards and Executive Order 11288, relating to the prevention, control and abatement of water pollution.

It will require every building or facility designed, constructed or altered with funds from this program to comply with the "American Standard Specifications for Making Buildings and Facilities Accessible to, and useable by, the Physically Handicapped." Number A-117.1-R 1972, subject to the exceptions contained in 41 CFR 101-10.604.

It will require every building or facility constructed or altered with funds from this program to meet the labor standards and prevailing wage schedules of the Davis-Bacon Act, (46 USC 276a), as amended.

It will give the City or OCIC through any authorized representatives, access to and the right to examine all records, books, papers or documents related to the loan.

The undersigned, duly authorized officers of the Applicant Company, hereby certify that the statements made in the attached application and in all exhibits, financial statements and other documents submitted in conjunction with this application are true and correct to the best knowledge and belief of the undersigned, and are submitted as a basis for the loan.

Company Name

Date

Signature

Printed Name and Title

Witness Signature

**OBERLIN CDBG BUSINESS REVOLVING LOAN FUND
COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM
CIVIL RIGHTS CERTIFICATION**

The Undersigned certifies that:

It is an applicant for financial assistance from the Oberlin Business Revolving Loan Fund Program.

It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352), and the regulations issued pursuant (34 CFR Part 1), which provide no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and that it will immediately take any measure necessary to effectuate this assurance.

It will further comply with Executive Order 11246, as amended by Executive Orders 11375 and 12086 and the regulations issued pursuant (24 CFR Part 130 and 41 CFR Part 60) which provide that no person shall be discriminated against on the basis of race, color, religion, sex, or national origin in all phases of employment during the performance of Federally-assisted construction contracts. Contractors and Subcontractors on Federally-assisted construction contracts shall take affirmative action to ensure fair treatment in employment, upgrading, demolition or transfer, recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training and apprenticeship.

The undersigned, duly authorized officers of the Applicant Company, hereby certify that the statements made in the attached application and in all exhibits, financial statements and other documents submitted in conjunction with this application are true and correct to the best knowledge and belief of the undersigned, and are submitted as a basis for the loan.

Company Name

Date

Signature

Printed Name and Title

Witness Signature

**OBERLIN CDBG BUSINESS REVOLVING LOAN FUND
COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM
SUBMISSION ACKNOWLEDGEMENTS**

Agreement of Non-employment of City or OCIC Personnel: I/We agree that if this loan is approved, I/We will not, for at least two (2) years, hire as an employee or consultant anyone that was employed by the City or OCIC during the one (1) year period prior to the disbursement of the loan.

I/We certify that all information in this application and in the attachments to this application is true and complete to the best of my/our knowledge and is submitted to the City so the City can decide whether to grant the loan.

I/We give the assurance that I/We will comply with Section 112 and 113 of Volume 13 of the Code of Federal Regulations. These code sections prohibit discrimination on the grounds of race, color, sex, religion, marital status, handicap, age, or national origin by any recipients of federal finance assistance and require appropriate reports and access to books and records. These requirements are applicable to anyone who buys or takes control of the business. I/We realize that if I/We do not comply with these non-discrimination requirements, the City can call, terminate or accelerate repayment of the loan.

Authority to Collect Personal Information: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974). Effect of Non-disclosure: Omission of item means your application might not receive full consideration.

I/We authorize disclosure of all information submitted in connection with this application to the financial institution agreeing to participate in the loan.

As consideration for any management and technical assistance that may be provided, I/We waive all claims against the City and OCIC and its consultants and staff.

Signature of Preparer if Other Than Applicant

Printed Name of Preparer

Printed Address of Preparer

**COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM
SUBMISSION ACKNOWLEDGEMENTS, PAGE TWO**

If Applicant is a Sole Proprietor or General Partner, please sign below:

Signature

Date

Printed Name and Title

If Applicant is a Corporation, please sign below:

Signature

Date

Printed Name and Title

Signature of Corporate Secretary

Date

Printed Name and Title

Corporate Seal:

As an authorized agent of the Applicant Company, I hereby submit this Oberlin CDBG RLF COVID-19 Emergency Working Capital Loan Program Application. I understand that any false statement in this application may subject this Applicant Company and signer to criminal prosecution.

Signature

Date

Printed Name and Title

**OBERLIN CDBG BUSINESS REVOLVING LOAN FUND
COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM
APPLICATION CHECKLIST**

Documentation for each of the uses for which loan funds will be used which show wages, amount of payments, inventory and supply costs, etc.

Completed Job Benefit Employee Certification Forms for every employee to be retained.

Copy of the most recent employee payroll report for one pay period with the name of each employee to be retained including their dates of hire, whether they are full-time or part-time, and their wages.

Documentation regarding any collateral to be used to secure the loan.

Personal financial statements (include most recent federal tax return for each stockholder with greater than 20% ownership, partner, officer and owner).

Company financial statements (if applicable) for past two (2) years - balance sheets and profit and loss statements.

List of each loan or debt that your business currently has - include the original date and amount, present balance owed, monthly payment, maturity date and collateral used. Indicate if loan is current or delinquent.

Brief history of your company (one page).

List of any co-signers and/or guarantors for this loan. Include name, address and personal financial statements.

Documentation if you, your company, or any of its officers, have ever been involved in any bankruptcy proceedings or have pending lawsuits against them.