RDFC –Community Capital Loan LOAN FUND APPLICATION

Total Project Amount:		
RDFC Community Capital Load	n Amt:	(≤50% of the total project cost)
Proposed RDFC Loan Term Le	ength in Years:	(up to 10 years)
Applicant/Lead Lender:		
Address:		
Contact Name:		
Contact Work Phone #:		Cell #:
Contact Email:		
Project Name:		
Projected Start Date:	Project	ed Completion Date:
Loan Recipient Business/Entity	/ Name:	
Business Type: (retail-service-manufa	cturing etc)	
Summary Description of Project:		
Sources of Project Funding (in	clude dollar amoun	ts):
	\$	
	\$	
	\$	
	\$	
	\$	
Uses of Project Funding:		
	\$	
	\$	
	\$	
	φ	

6.	products/services that will be provided.				
Applic	ant: Business Fed ID Number				
and he project docum	ndersigned attests all applicant information is true to the best of their knowledge ereby agrees to submit a project summary in writing to RDFC 3 months after to completion and upon notice of loan approval agrees to sign and have a loan nent with a repayment schedule and promissory note as provided with the naster note and as approved by RDFC.				
Applic	ant - Authorized Signature:				
Date:_					
<u>Check</u>	dist of Enclosures:				
	Copy of Complete Application				
	Letter of Commitment from other loan participants (if applicable)				
	Financial Statement & annual revenue sources (if applicant is a local EDC – JDA or local political subdivision)				
	Other guidelines for the Community Capital Loans – Describe Fund Uses – Describe Plan – Matching Requirements, Resolution by Board, Financial as noted above.				
	Resolution by Board to enter into a loan with RDFC				
*** <u>NO</u>	TE: Upon Loan Approval – it must close within 180 days or the offer will expire.***				
Returr	n completed applications to:				
	RDFC-NDAREC PO Box 727 Mandan, North Dakota 58554				

Contact: Lori Capouch Office Phone (701) 667-6444 Email: lcapouch@ndarec.com

Press Release Information Sheet

The information on this sheet may be used for public releases in announcements, press releases and other public information.

Applicant Information

Contact Person		Telephone Nu	ımber		
Address	City	State	ZIP Code		
Project Information					
Title of Project					
Project Start-Date	Project Completion Date				
Brief summary of the project:	1				
	Total Funds Requeste				
	Total F	Project Budget			
What will the loan funds be used for?					
Name	Title				
Signature	Date				

IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH SEPARATE SHEETS.

Revised: January 8, 2016

Revised: August 8, 2017