

**Value Added Finance Authority
Value-Added Agribusiness Relending Program
Application Form**

Please type or print clearly. Be sure to fill in each blank and answer each question. If not applicable, mark N/A and explain. If there is not enough space, attach additional sheets.

DATE: _____

SECTION I. APPLICANT INFORMATION

NAME OF APPLICANT: _____

AFFILIATED BUSINESSES: _____

CONTACT PERSON: _____ EMAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____

TELEPHONE: _____ FAX: _____

NAME OF INDIVIDUAL COMPLETING THIS FORM: _____

APPLICANT AFFILIATION: _____

TELEPHONE: _____

EMPLOYER'S IDENTIFICATION NUMBER:

Federal _____ State _____

THE APPLICANT IS A:

_____ Sole Proprietorship _____ Partnership _____ S-Corporation

_____ C-Corporation _____ Other (specify) _____

DATE BUSINESS ESTABLISHED IN SOUTH DAKOTA: _____

DATE BUSINESS ESTABLISHED OUT OF SOUTH DAKOTA: _____

STATE OF INCORPORATION: _____

PRIMARY BUSINESS ACTIVITY:

_____ Retail _____ Wholesale _____ Manufacturing

_____ Service _____ Other (specify) _____

If an expansion is occurring at a site other than the main office, please complete the following:

EXPANSION ADDRESS: _____

TELEPHONE: _____

BUSINESS DESCRIPTION: _____

MAJOR STOCKHOLDERS, PARTNERS, OR PROPRIETORS:
(10% or greater interest. Attach personal financial statements and resumes.)

NAME	ADDRESS & PHONE NUMBER	COMPENSATION	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MANAGEMENT INFORMATION:
(List all the officers, directors, or general partners. Attach resumes.)

NAME	ADDRESS & PHONE NUMBER	COMPENSATION	SOCIAL SECURITY NUMBER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANKS WHERE BUSINESS and PRINCIPAL'S PERSONAL ACCOUNTS ARE MAINTAINED:

NAME	CITY/STATE	PHONE #	ACCOUNT #	90 DAY AVERAGE BALANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRESENT BUSINESS TRADE CREDITORS OR TRADE REFERENCES:

NAME	CITY/STATE	PHONE #	TYPE OF ACCOUNT	BALANCE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION II.

PURPOSE OF THE LOAN

DESCRIPTION OF THE PROJECT AND REASON FOR THE LOAN: _____

The estimated date construction or acquisition will commence: _____

The estimated completion or acquisition and installation date: _____

Is the loan applicant the proposed occupant of the project: Yes _____ No _____

If no, please state the occupant: _____

Legal owner of the project site if other than the applicant, and relationship to applicant:

DESIRED TERM OF FINANCING: _____

THIS SECTION INCLUDES ALL USES OF FUNDS FOR THE ENTIRE PROJECT.

USES OF ALL FUNDS	USEFUL LIFE	TOTAL COST	PROPOSED SOURCE
Land Acquisition	_____	_____	_____
Land Improvements	_____	_____	_____
Building	_____	_____	_____
Site Improvements	_____	_____	_____
Repairs/Renovations	_____	_____	_____
Construction Fees	_____	_____	_____
Equipment/Installation	_____	_____	_____
Furniture & Fixtures	_____	_____	_____
Other Construction Costs	_____	_____	_____
Inventory	_____	_____	_____
Trade Receivables	_____	_____	_____
Other Inventory	_____	_____	_____
Financing Fees	_____	_____	_____
Other Costs	_____	_____	_____
TOTAL	_____	_____	_____

Please Note: Environmental are required prior to any construction taking place.

A. Source of Long-term Financing (including VAFA financing.)

NAME OF LENDER	PURPOSE	AMOUNT	RATE	TERM	COLLATERAL POSITION*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* Position may be negotiated among the parties involved.

Please provide the following for primary lending institution:

Name: _____ Servicing Loan Officer: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Taxpayer ID Number: _____

B. Source of Interim (Construction) Financing.

NAME OF LENDER	PURPOSE	AMOUNT	RATE	TERM	COLLATERAL POSITION*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

• Position may be negotiated among the parties involved.

C. Source and Amount of Equity Funding.

(VAFA loan program requires a MINIMUM of 10 percent. The board may require a larger equity contribution.)

SOURCE	PURPOSE	AMOUNT	COMMENTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION III.

PROPOSED COLLATERAL SUMMARY

(Includes additional assets used to secure loan proceeds.)

	COST/BOOK VALUE	APPRAISED MARKET VALUE
Land	_____	_____
Buildings	_____	_____
Machinery & Equipment	_____	_____
Furniture & Fixtures	_____	_____
Trade Receivables	_____	_____
Inventory	_____	_____
Personal and/or	_____	_____
Corporate Guarantees	_____	_____
Other (specify)	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL COLLATERAL	_____	_____

* Cost is the purchase price if less than one year old. Book is the purchase price less accumulated depreciation. Please state which value is used.

SECTION V.

BUSINESS CONSULTANTS

YOUR ATTORNEY

Name: _____

Address: _____

Telephone: _____

Years of Affiliation: _____

YOUR ACCOUNTANT

Name: _____

Address: _____

Telephone: _____

Years of Affiliation: _____

SECTION VI.

HISTORICAL FINANCIALS

(Please attach)

Provide most recent three (3) years financial statements. At a minimum, this history must contain a balance sheet and income statement. Audited financials are preferred, however, other statements may be acceptable. If applicant is a business newer than three (3) years, provide all previous financials. Unaudited financial statements must be signed and dated by an authorized financial officer of the applicant and details (terms, maturity, interest rate) must be provided on existing debt agreements. If unaudited financial statements are provided, also include federal tax returns for the previous three years. Include personal financial statements of the principals.

SECTION VII.

PRO-FORMA FINANCIALS

Submit pro forma financial statements reflecting the performance of the applicant under the conditions for the term of the loan for the next three years. Pro formas must include: balance sheet, income statement, cash flow, and must be supported by notes and justifiable assumptions.

SECTION VIII.

MARKETING INFORMATION

1. What is the annual value of production (gross sales) from South Dakota operations (if any) currently, and what will it be in year 3 of the project?

Current: _____

Year 3: _____

2. Include your present major product lines, which account for more than ten percent of gross sales and any new products, which may result from this project.

Product	% of Total Sales	Current Production in SD (\$)	Production in SD Yr. 3 (\$)
_____	_____	_____	_____
_____	_____	_____	_____

3. Describe the market that exists for your product or service and your ability to compete. Address your market share.

4. Describe your method of selling and distribution.

5. How do you price your product or service?

6. Where is your market heading? Describe the trend in the industry.

7. What are the most important factors affecting your ability to compete in the market place?

SECTION IX.

EMPLOYMENT PLAN

Please indicate the company representatives who should be contacted to follow up on the employment information:

NAME: _____ TITLE: _____ PHONE: _____

PART I: CURRENT EMPLOYMENT INFORMATION

(Please provide current employment levels as of the date of the application.)

	Total Number of Employees (in & out of SD)	Average Annual Hours	Total Number of Employees in SD	Average Annual Hours (SD Employees)
Full-time	_____	_____	_____	_____
Part-time*	_____	_____	_____	_____
Seasonal/Temporary**	_____	_____	_____	_____
TOTAL EMPLOYEES	_____	_____	_____	_____

* Works less than 40 hours per week.

** Works only during peak season (please specify length of peak season).

SOUTH DAKOTA EMPLOYEES ONLY

PART II: PROJECTED EMPLOYMENT INFORMATION

(Employment projected to be created each year as a result of the VAFA financing program.)

	Full-time	Part-time*	Seasonal/ Temporary**	TOTAL NEW EMPLOYEES
Jobs created in Year 1, 20__	_____	_____	_____	_____
Jobs created in Year 2, 20__	_____	_____	_____	_____
Jobs created in Year 3, 20__	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

* Works less than 40 hours per week.

** Works only during peak season (please specify length of peak season).

By signing this application, I hereby give permission for any department or agency of the State of South Dakota, on behalf of the VAFA, to access my credit report in connection with the Value Added Intermediary Relending Program application.

Applicant (please print) _____

Signature of Applicant _____ Date _____

Social Security Number: _____ Birth Date: _____

Applicant (please print) _____

Signature of Applicant _____ Date _____

Social Security Number: _____ Birth Date: _____

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Compliant Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

The Debt Collection Improvement Act of 1996 bars delinquent Federal debtors from obtaining Federal financial assistance in the form of direct or guaranteed loans. All applicants must certify they are not delinquent on any Federal Government indebtedness.

I certify I am not delinquent on any Federal Government assistance.

Borrower(s)

Date