COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM

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c/o Development Authority of the North Country
317 Washington Street
Watertown, New York 13601
Telephone: (315) 661-3200
E-Mail: msiver@danc.org [Preferred Method]

This institution is an equal opportunity provider, employer, and lender.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, 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 the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
The North Country Alliance’s COVID-19 Emergency Business Relief Program was created to provide businesses, located in the NCA service region, with short-term relief and access to working capital in response to the COVID-19 Pandemic. This program will utilize UDC working capital funds. Funds will remain available for this program at the discretion of the NCA.

**Eligible Service Area:** Jefferson, Lewis, St. Lawrence, Clinton, Essex, Franklin and Hamilton Counties, NYS

**Maximum Loan Amount:** Maximum of $25,000. Amount to borrow based upon demonstrated need for 6 months working capital.

  - Two tier lending:
    - Under 20 FTE employees-up to $10,000
    - At or above 20 FTE employees-up to $25,000

**Owner Cash/Equity:** None

**Maximum Term:** Not to exceed 60 months

**Interest Rate:** 5%

**Repayment:** Principal and interest moratorium for first 3 months, then interest only for subsequent 6 months, then principal and interest payments to amortize the loan over the remaining term. Interest will not accrue during the first three months.

**Collateral:** Personal Guarantees/Corporate Guarantees

The NCA may request additional collateral, beyond the personal guarantees, for the COVID-19 Emergency Business Relief Program determined on a case-by-case basis.

**Eligible Business:** For-profit and Not-for profit entities with under 100 FTE

**Ineligible Business:** Newspapers, broadcasting, media, healthcare, civic and community centers, libraries, and farms. Agribusiness is eligible.

**Prepayment Penalty:** None

**Fees:** Waived

**Other Conditions:** NCA Sponsoring Agency must provide written support for the working capital request to the NCA.

Start-up businesses are not eligible (those in business less than 12 months). A business must be able to provide at least (2) years of tax returns or financial statements to qualify unless you have only been in business for one year then you must provide 1-year tax return.

Applicants should have an average minimum FICO credit score of 620, and debt service coverage ratio of at least 1:1. (Exceptions may be considered on a case-by-case basis.)

**Application:** Contact Matt Siver at msiver@danc.org.
CHECKLIST OF SCHEDULES

Required

_______ Schedule "A" - Business Name and Form
_______ Schedule "B" - Description of Business
_______ Schedule "C" - Personal Financial Statements
_______ Schedule "D" - Bankruptcy, Litigation, Felony History
_______ Schedule "E" - Last 2 Year’s Tax Returns
_______ Schedule "F" - Outstanding Debt Details
_______ Certification and Authorization to Release Credit Information
_______ NYS Environmental Assessment Form
SCHEDULE “A”

Borrower (Legal Name): ________________________________ EIN/TIN: ________________

D/B/A if any: ________________________________ State Unemployment Insurance No. ____________

Business Address: ___________________________ City: _____________ State: ___ Zip Code: _____

Phone Number: ___________________________ Website: ___________________________

Type of Organization (i.e. sole proprietorship, partnership, corporation, etc.) ________________

North American Industrial Classification System Number (NAICS): ________________

Contact Name: ___________________________ Phone Number: ___________ Email: __________________

Contact Address: ___________________________ City: _____________ State: _____ Zip Code: _____

OWNERSHIP INFORMATION: Indicate names and addresses including percentage of ownership of all principals and officers. Please attach resumes for principals.

Owners/Principals

<table>
<thead>
<tr>
<th>Name</th>
<th>% Ownership</th>
<th>Officer/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________</td>
<td>____________</td>
<td>_____________</td>
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</tbody>
</table>

LOAN INFORMATION:

Number of Full Time Employees at 12/31/19: ______________ 1FT=1FTE #FTE on 12/31/2019 ______________

Number of Part Time Employees at 12/31/19: ______________ 2 PT=1FTE #FTE on 12/31/2019 ______________

Total Number of Employees at 12/31/19 ______________ Total Number of FTE on 12/31/2019 ______________

If FTE on 12/31/19 less than 20 then maximum loan amount is $10,000.00
If FTE on 12/31/19 equal to or greater than 20 then maximum loan amount is $25,000

TOTAL LOAN AMOUNT REQUESTED ______________

Will you be applying for U.S. Small Business Administration financing? Yes/No ______ If yes, for how much and when?
DESCRIPTION OF SCHEDULES

SCHEDULE “B: DESCRIPTION OF BUSINESS

Provide one page narrative describing your business location, services, and market. Please explain the impacts the COVID 19 pandemic are having on your immediate business.

SCHEDULE "C" - PERSONAL FINANCIAL STATEMENTS (SCHEDULE INCLUDED)

Provide personal financial statements for each proprietor, partner, officer, and stockholder with ten percent or more ownership in the business.

SCHEDULE "D" - BANKRUPTCY, LITIGATION, FELONY HISTORY (SCHEDULE INCLUDED)

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

SCHEDULE "E" – LAST 2 YEARS TAX RETURNS

For existing businesses, provide last 2 years of tax returns. If 2019 are not completed you can submit internally prepared income statement and balance sheet for 12/31/19. If a business has been operational for 12 months and only has 1 year tax return then that will be acceptable. Businesses that have been operational for less than 1 year are not eligible for the program. Businesses will need to demonstrate a debt service coverage ratio of 1:1 to be eligible for the loan.

SCHEDULE "F" - OUTSTANDING DEBT DETAILS (SCHEDULE INCLUDED)

Describe outstanding debt for the business including installment loans, notes and mortgages payable, and capitalized leases showing to whom payable, balance, interest rate, maturity date, monthly payment, security, and whether current or delinquent. A form for the completion of this schedule is provided herewith. Notes to existing financial statements are also sufficient satisfaction of this requirement.

CERTIFICATION AND AUTHORIZATION TO RELEASE CREDIT INFORMATION

A form must be completed for each person that owns 10% or more ownership in the business. This allows the NCA to run a credit report on the guarantors. If a corporation or LLC, please complete a form for the corporation as well. A FICO Score of at least 620 is required to be eligible to apply for funding.

SHORT ENVIRONMENTAL ASSESSMENT FORM

Please complete to the best of your abilities.
**Schedule “C”**

**PERSONAL FINANCIAL STATEMENT**

As of: ______________________________

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _______________________________________________ Business Phone  (         ) _______________________________________________________
Residence Address _____________________________________ Residence Phone:  (         ) _______________________________________________________
City, State, & Zip Code

Business Name of Applicant/Borrower

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>(Omit Cents)</th>
<th>LIABILITY</th>
<th>(Omit Cents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hands &amp; in Banks</td>
<td>$ _______________________</td>
<td>Accounts Payable</td>
<td>$ _______________________</td>
</tr>
<tr>
<td>Savings Accounts</td>
<td>$ _______________________</td>
<td>Notes Payable to Banks and Others</td>
<td>$ _______________________</td>
</tr>
<tr>
<td>IRA or Other Retirement Account</td>
<td>$ _______________________</td>
<td>Installment Account (Auto)</td>
<td>$ _______________________</td>
</tr>
<tr>
<td>Accounts &amp; Notes Receivable</td>
<td>$ _______________________</td>
<td>Installment Account (other)</td>
<td>$ _______________________</td>
</tr>
<tr>
<td>Life Insurance-Cash Surrender Value Only</td>
<td>$ _______________________</td>
<td>Mo. Payment $</td>
<td>$ _______________________</td>
</tr>
<tr>
<td>(Complete Section 8)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks and Bonds</td>
<td>$ _______________________</td>
<td>Mo. Payment $</td>
<td>$ _______________________</td>
</tr>
<tr>
<td>(Describe in Section 3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real Estate</td>
<td>$ _______________________</td>
<td>Loan on Life Insurance</td>
<td>$ _______________________</td>
</tr>
<tr>
<td>(Describe in Section 4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile-Present Value</td>
<td>$ _______________________</td>
<td>Mortgages on Real Estate</td>
<td>$ _______________________</td>
</tr>
<tr>
<td>(Describe in Section 5)</td>
<td></td>
<td>(Describe in Section 4)</td>
<td></td>
</tr>
<tr>
<td>Other Assets</td>
<td>$ _______________________</td>
<td>Other Liabilities</td>
<td>$ _______________________</td>
</tr>
<tr>
<td>(Describe in Section 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total $ _______________________ Total $ _______________________

Section 1. Source of income

| Description of Other Income in Section 1. |

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others.

<table>
<thead>
<tr>
<th>Name and Address of Noteholder(s)</th>
<th>Original Balance</th>
<th>Current Balance</th>
<th>Payment Amount</th>
<th>Frequency</th>
<th>Security Collateral</th>
</tr>
</thead>
</table>

| | | | | | |
| | | | | | |

| | | | | | |
| | | | | | |

8
Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

<table>
<thead>
<tr>
<th>Number of Shares</th>
<th>Name of Securities</th>
<th>Cost</th>
<th>Market Value Quotation/Exchange</th>
<th>Date of Quotation/Exchange</th>
<th>Total Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

<table>
<thead>
<tr>
<th>Type of Property</th>
<th>Property A</th>
<th>Property B</th>
<th>Property C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name &amp; Address of Title Holder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Purchased</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Present Market Value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name &amp; Address of Mortgage Holder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage Account Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortgage Balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of Payment per Month/Year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status of Mortgage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

I authorize the Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature: ___________________________ Date: ___________________ Social Security Number: _________________________

Signature: ___________________________ Date: ___________________ Social Security Number: _________________________
SCHEDULE “D”
BANKRUPTCY, LITIGATION AND FELONY HISTORY

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

1. Are any of the officers, owners, or management of the business presently under indictment, on parole, or probation? Yes_____ No_____

If yes, describe:
________________________________________________________
________________________________________________________

2. Have any of the owners, officers, or management of the business ever been charged with or arrested for any criminal offense other than a minor traffic infraction? Yes_____ No_____

If yes, describe:
________________________________________________________
________________________________________________________

3. Have any of the owners, officers, or management of the business ever been convicted of any criminal offense, other than a minor traffic infraction? Yes_____ No_____

If yes, describe: __________________________________________________________
_______________________________________________________________________

4. Has the business, its present owners, officers, or management ever been the subject of bankruptcy proceedings? Yes_____ No_____

If yes, describe: __________________________________________________________
_______________________________________________________________________

Signed, ________________________________________________________________
**SCHEDULE “F”**
**OUTSTANDING DEBT DETAILS**

Describe outstanding debt for the business including installment loans, notes, mortgages payable and capitalized leases, showing to whom payable, balance, interest rate, maturity date, monthly payment, security and whether current or delinquent. **If business is a sole proprietorship, provide personal indebtedness information.** Fill out as many sections as necessary.

| 1. Debt Type: ___________________ | Lender: _________________________ |
| (installment loan, mortgage, lease, etc) | (bank , individual, etc.) |
| Term: _______ months | Interest Rate: _______% |
| Date ________________ | |
| Maturity Date: ________________ | |
| Original Amount: $__________ | Current Balance: $__________ |
| Collateral Supporting Debt: ____________________________ | |
| Monthly Payment: $__________ | Current? Yes No |

| 2. Debt Type: ___________________ | Lender: _________________________ |
| (installment loan, mortgage, lease, etc.) | (bank , individual, etc.) |
| Date ________________ | |
| Term: _______ months | Interest Rate: _______% |
| Maturity Date: ________________ | |
| Original Amount: $__________ | Current Balance: $__________ |
| Collateral Supporting Debt: ____________________________ | |
| Monthly Payment: $__________ | Current? Yes No |

| 3. Debt Type: ___________________ | Lender: _________________________ |
| (installment loan, mortgage, lease, etc) | (bank , individual, etc.) |
| Date ________________ | |
| Term: _______ months | Interest Rate: ___ ____% |
| Maturity Date: ________________ | |
| Original Amount: $__________ | Current Balance: $__________ |
| Collateral Supporting Debt: ____________________________ | |
| Monthly Payment: $__________ | Current? Yes No |

Signed ___________________________ Date ___________________________

(USE ADDITIONAL COPIES OF THIS SHEET IF NECESSARY)
CERTIFICATION
AND
AUTHORIZATION TO RELEASE CREDIT INFORMATION

_______________________________________, being duly sworn, deposes and says: that (s)he is the president of ____________________________, the Project occupant (the Company) described in the foregoing application; that (s)he has read the foregoing application and knows the contents thereof; that the same is true to his/her own knowledge except as to the matters stated therein to be alleged upon his/her information and belief, and as to those matters (s)he believes it to be true; that to the best of here/his knowledge (s)he is in compliance with all federal and state legislation dealing with the hiring of illegal aliens and equal employment opportunity; that (s)he has read and understood rule 1 of the _______________ as heretofore set forth; and that the execution of this application has (lender) been duly authorized by the board of directors of the Company; and authorizes the lender to investigate and obtain a report concerning my (our) credit for the purpose of processing and underwriting my (our) loan application.

_______________________________________
Applicant Signature

_______________________________________
Applicant’s Street Address

_______________________________________
Applicant’s previous address

_______________________________________
City/State(province)/Country, Postal Code

_______________________________________
Current Place of Employment

_______________________________________
Current Employment address

_______________________________________
Previous employer

_______________________________________
Address previous employer

_______________________________________
Applicant’s SS# or SIN#

_______________________________________
Applicant’s Date of Birth

_______________________________________
Spouse’s name

_______________________________________
Credit Reporting Agency
PART I-PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR: ______________________________________________
2. PROJECT NAME: _________________________________________________
3. PROJECT LOCATION: Municipality ____________________ County ________
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map):
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
5. IS PROPOSED ACTION: ☐ New ☐ Expansion ☐ Modification/alteration
6. DESCRIBE PROJECT BRIEFLY:
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
7. AMOUNT OF LAND AFFECTED:
   Initially __________ acres Ultimately __________ acres
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?
   ☐ Yes ☐ No If No, describe briefly
   __________________________________________________________________
   __________________________________________________________________
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?
   ☐ Residential ☐ Industrial ☐ Commercial ☐ Agriculture ☐ Park/Forest/Open space ☐ Other
   Describe: __________________________________________________________________
   __________________________________________________________________
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?
    ☐ Yes ☐ No If yes, list agency(s) and permit/approvals
    __________________________________________________________________
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
    ☐ Yes ☐ No If yes, list agency(s) and permit/approvals
    __________________________________________________________________
12. AS A RESULT OF PROPOSED ACTION, WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?
    ☐ Yes ☐ No
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Applicant/Sponsor Name: ________________________________ Date: ________________
Signature: ____________________________________________

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.