



# ENERGY EFFICIENCY REVOLVING LOAN FUND APPLICATION

## OPERATING COMPANY INFORMATION

Operating Company Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

Current number of full-time employees: \_\_\_\_\_

Number of employees to be hired within 2 years as a result of this project: \_\_\_\_\_

Operating Company Ownership Breakdown Must Equal 100%				
Name (First, Middle, Last Name)	Ownership %	SSN	Date of Birth	Home Address (Street, City, State, Zip Code)

## REAL ESTATE HOLDING COMPANY INFORMATION

Please complete the section below **ONLY** if you have/will be creating a PASSIVE real estate holding company that will hold title to the real estate you are purchasing, improving, or constructing.

Real Estate Holding Company Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Real Estate Holding Company Ownership Must Equal 100%				
Name (First, Middle, Last Name)	Ownership %	SSN	Date of Birth	Home Address (Street, City, State, Zip Code)

## OWNERSHIP DEMOGRAPHIC INFORMATION

A separate demographic information section should be completed for each individual who holds or controls 20 percent or more of the beneficial ownership in the Applicant small business(s).

Name				
Veteran Status	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Spouse of Veteran			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Questions			Yes	No
1.	Is the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in a transaction by any Federal department or agency, or presently involved in any bankruptcy?			
2.	Is the Applicant currently delinquent or have ever defaulted on a direct or guaranteed loan from SBA, or another Federal agency loan program (including, but not limited to USDA, B&I, FSA, FHA, EDA), or been a guarantor on such a loan?			
3.	Is the Applicant currently incarcerated serving a sentence of imprisonment imposed upon adjudication of guilty, or is under indictment for a felony or any crime involving or relating to financial misconduct or a false statement?			
4.	Is the Applicant or a household member of such individual, a member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government?			
5.	Is the Applicant or a household member of such individual, a Federal Government employee or Member of the Military having a grade of at least GS-13 or higher (or Military equivalent)?			
6.	Is the Applicant presently involved in any legal action (including divorce)?			

Name				
Veteran Status	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Spouse of Veteran			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Questions			Yes	No
1.	Is the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in a transaction by any Federal department or agency, or presently involved in any bankruptcy?			
2.	Is the Applicant currently delinquent or have ever defaulted on a direct or guaranteed loan from SBA, or another Federal agency loan program (including, but not limited to USDA, B&I, FSA, FHA, EDA), or been a guarantor on such a loan?			
3.	Is the Applicant currently incarcerated serving a sentence of imprisonment imposed upon adjudication of guilty, or is under indictment for a felony or any crime involving or relating to financial misconduct or a false statement?			
6.	Is the Applicant or a household member of such individual, a member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government?			
7.	Is the Applicant or a household member of such individual, a Federal Government employee or Member of the Military having a grade of at least GS-13 or higher (or Military equivalent)?			
9.	Is the Applicant presently involved in any legal action (including divorce)?			

Name				
Veteran Status	<input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran <input type="checkbox"/> Spouse of Veteran			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Race	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Questions			Yes	No
1.	Is the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in a transaction by any Federal department or agency, or presently involved in any bankruptcy?			
2.	Is the Applicant currently delinquent or have ever defaulted on a direct or guaranteed loan from SBA, or another Federal agency loan program (including, but not limited to USDA, B&I, FSA, FHA, EDA), or been a guarantor on such a loan?			
3.	Is the Applicant currently incarcerated serving a sentence of imprisonment imposed upon adjudication of guilty, or is under indictment for a felony or any crime involving or relating to financial misconduct or a false statement?			
4.	Is the Applicant or a household member of such individual, a member of Congress, or an appointed official or employee of the legislative or judicial branch of the Federal Government?			
5.	Is the Applicant or a household member of such individual, a Federal Government employee or Member of the Military having a grade of at least GS-13 or higher (or Military equivalent)?			
6.	Is the Applicant presently involved in any legal action (including divorce)?			

## PROJECT INFORMATION

Address of new project: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Is the project property an existing building? ☐ Existing ☐ New Construction (Ineligible)

Square footage of project building: \_\_\_\_\_ Square footage that your company will occupy: \_\_\_\_\_

Estimated Purchase of Land: \_\_\_\_\_ Estimated Construction Costs: \_\_\_\_\_

Estimated Equipment Costs: \_\_\_\_\_ Where will the required equity injection come from? \_\_\_\_\_

*Please note: The SBA requires your company to occupy at least 51% of an existing building, with up to 49% available for permanent leasing. For a new building, you must occupy at least 60% upon move-in and 80% by the end of the second year, with 20% available for permanent leasing.*

## TENANTS

*If there are any tenants that will remain in the building, please provide the following information. Also, please provide a copy of all existing leases.*

Tenant Name	Square Footage	Lease Expiration Date	Monthly Rent Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## AFFILIATED BUSINESSES

*Please list any business where any Principal(s) of this loan request maintains 50% or more ownership in another business (affiliate), controls the affiliate or the affiliate is a closely related entity. The affiliate business must submit the previous 2 years' tax returns and current financial statements that are within 90 days.*

Business Name	Owner	Ownership %	NAICS Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## BUSINESS PROFILE

*Please complete the questions below or include a business plan.*

What type of business is this? What are the primary products and services of the business?

What is your outlook concerning the business activity in which you are engaged?

What primary markets use your products?

List key customers:

List major competitors:

Please provide a comprehensive overview of the company's history, including its background, business model, competitive advantages, and growth strategy.

Major past accomplishments:

How will this loan benefit your company?