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# Meat & Poultry Intermediary Lending Program (MPILP) Application

Application Rec'd by MDA Date Sent to Underwriting

The MPILP is under the Authority: Section 751 of the Consolidated Appropriations Act of 2021; Applicable Federal Register Notice: Publication Date: May 24, 2022 Volume 87, Number 100.

### TENNESSEN WARNING (PRIVACY NOTICE)

The purpose of this form is to collect information about the Business Applicant (Applicant) and its owners, the loan request, existing indebtedness, information about current or previous government financing, and certain topics. The information also facilitates backgrounds checks as authorized by section 7(a) (1) (B) of the Small Business Act, 15 U.S.C. 636 (a)(1)(B). Submission of the requested information is required for MDA to determine eligibility for financial assistance. Failure to submit the information would affect that determination and likely result in a denial of your application. Some of the information provided is classified by Minnesota Statutes, chapter 13 (The Minnesota Government Data Practices Act) as private or nonpublic data. Private and nonpublic data are available only to MDA employees and contractors that have a valid work assignment that requires access to the data, as well as other persons legally authorized to access the data. Parties with such authorization may include but are not necessarily limited to: Minnesota Management and Budget, Minnesota Department of Administration, United States Department of Agriculture, United States Internal Revenue Service, the Minnesota Department of Revenue, the State Auditor, the Legislative Auditor, the Office of the Attorney General, Minnesota Courts, and law enforcement agencies. Private and nonpublic data will also be shared with any party given valid consent by the data subject to access such data, as well as any party named in in valid court order directing such disclosure.

For specific information on why the MDA is collecting applicants' social security numbers, refer to "Privacy Act (5 U.S.C. 552a); Collection of Social Security Number (31 U.S.C.7701) Authorities and Purpose for Collecting Information", in Section IV, below.

#### INSTRUCTIONS FOR COMPLETING THIS FORM

This form is to be completed by the applicant and all individuals identified below and submitted to an MDA Lender. This form is divided into four sections: Section I requestion information about the applicant and must be completed in its entirety, signed and dated by an authorized representative of the applicant that is requestion a loan. A separate Section I is required to be completed and signed for each co-applicant (e.g. "Eligible Passive Company (EPC)" or "Operating Company (OC)") Sections II and II of this form request information about each of the Applicant's owners – Section II for individuals, Section III for each entity owning an equity interest in the Applicant (e.g. Employee Stock Ownership Plan ("ESOP"), 401(k) plan, Limited Liability Company, or other entity owner entities and trusts. A separate Section II and/or Section III is required to be completed and signed by:

- For a sole proprietorship, the sole proprietor.
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm; or any partner that is involved in management of applicant business.
- For a corporation, all owners of 20% or more of the corporation, and each officer and director, and managing member.
- Any person hired by the Applicant to manage day to day operations of the Applicant business ("key employee").
- Any Trustor (if the applicant is owned y a trust)/
- Each entity owning an equity interest in the Applicant.

All parties listed above are considered "Associates" of the Business Applicant as defined in 13 CFR § 120.10. A separate Section I (for the Applicant and each Co–Applicant), Section II (for individuals), and Section III (for entities) is required to be completed and signed by each Associate of the Business Applicant.

#### **DEFINITIONS**

#### 1. Affiliation

Entities are affiliates of each other when one controls or has the power to control the other, or a third party (or parties) controls or has power to control both. For example, affiliation may arise through ownership, common management (including through a management agreement), or when there is an identity of interest between close relatives with identical, or substantially identical, business interests. The complete definition of "affiliation" is found at 13 CFR § 121.301(f).

#### 2. Close Relative

Close Relative is a spouse; a parent; or a child or sibling, or the spouse of any such person.

### 3. Eligible Passive Company (EPC)

EPC is a small entity or trust which does not engage in regular and continuous business activity which leases real or personal property to an Operating Company for use in the Operating Company's business, and which complies with the conditions set forth in 13 CFR § 120.111.

#### 4. Household Member

A "household member" of an MDA employee includes: a) the spouse of the MDA employee.

Complete all sections regarding business information including full legal name, address, Federal Employer Identification number, NAICS cods can be found at www.naics.com. Applications must be signed by an authorized representative of the business applying for funds \*\*IMPORTANT\*\* The Federal Government requires that all loan applicants for Federal assistance have a Unique Entity ID. Because MDA loan funds includes Federal Funds, Unique Entity ID's are required for all loan applicants. It is a twelve—digit identification number provided by SAM.gov that validates an organization's name and address. Business owners can request a Unique Entity ID for FREE by completing an online application. Please visit www.SAM.gov and follow instructions below:

Click the "Get Started" link under Register Your Entity or Get a Unique Entity ID

- 1. Click the "Get Started" link again & then ACCEPT
- 2. Click "Create an Account"
- 3. Proceed with answering their questions. Obtain a Unique Entity ID ONLY. Registration is NOT required.

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

# **Application Information Form**

| SECTION I: BUSINESS INFORMATION   |                     |                                     |        |
|---|---------------------|-------------------------------------|--------|
| Applicant Business Legal Name:  |                     |                                     |        |
| DBA or Trade name, if applicable:   |                     |                                     |        |
| Ownership of Applicant (100% of ownership mus   | st be reflected, al | l individuals fill out Section II)* |        |
| Mailing Address:  |                     |                                     |        |
| Legal Physical Address; County (Must be Located   | in State of MN):    |                                     |        |
| Phone Number:   | Primary Contact     | t Email address:                    |        |
| Federal Tax ID:   |                     | State Tax ID:                       |        |
| Unique Entity ID(SAMS):   |                     |                                     |        |
| Is the Applicant a Sole Prop (check one)  |                     |                                     |        |
| Partnership LLC   |                     | C-Corp                              | S-Corp |
| Other:  |                     |                                     |        |
| NAICS Code:   |                     | County:                             |        |
| Number of Existing Employees (Including Owners  | s) as of Applicatio | on Date:                            |        |
| Average Wage of Employees (Excluding Owners):   |                     |                                     |        |
| Current Number of Farmers Served as of Applica  | tion Date:          |                                     |        |
| Farmers Served Wholesale: Farmers Served Retail:  |                     |                                     |        |
| Other Customers Served:   |                     |                                     |        |
| Annual Revenue: Net Worth:  |                     |                                     |        |
| Number of Jobs (Including Owners) to be Created as a Result of the Loan:  |                     |                                     |        |
| Type/Source of Current License (check one)  |                     |                                     |        |
| MN Department of Agriculture Delegated Agency (City, County)  |                     | inty)                               |        |
| MN Department of Health   |                     | None                                |        |
| Other (please specify):   |                     |                                     |        |
| Type of Inspection Service (check all that apply)   |                     |                                     |        |
| USDA  |                     | Retail Exempt                       |        |
| MN "Equal to" USDA None   |                     |                                     |        |
| Other:  |                     |                                     |        |
| PROJECT ADDRESS (If other than primary busine begins. MDA will not participate in Construction concurred by USDA-RD before construction pro | phase. Project r    | must be completed. Pre-approva      |        |
| Amount of Loan Request: \$  |                     |                                     |        |
| Purpose of the loan (i.e. Purchase Real Estate; Coetc.): Full project details on separate summary w RD~~-6 with the bids.                   |                     | • •                                 | = -    |
| See Attachments checklist at the end of application for all required documentation  |                     |                                     |        |

| GENERAL ELIGIBILITY CRITERIA – ALL APPLICANTS (See Definition on Page 1) Unless stated otherwise, if any of the questions in this section are answered "Yes," please provide details on a separate sheet.   |      |      |  |  |
|---|------|------|--|--|
| Applicant derive more than 15% of annual gross revenue from gambling with an exception to Tribal borrowers?   |      | ☐ No |  |  |
| Any applicant of this loan delinquent on State or Federal Income Taxes or Debts?  | Yes  | ☐ No |  |  |
| Applicant(s) have a debarment or suspension from receiving State/Federal assistance.  | Yes  | ☐ No |  |  |
| Have you, or any business you controlled, ever filed for bankruptcy protection?   | Yes  | ☐ No |  |  |
| Any applicant(s)/owners 20% or more owners of the company applying for the MPILP that are more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the hold and a state agency proving child support enforcement services? |      | ☐ No |  |  |
| Are you, or any business you control, presently involved in any legal action (including divorce)?   | Yes  | ☐ No |  |  |
| Any applicant have any income from illegal drugs, including marijuana, or any other product that is illegal under State or Federal Statute?   |      | ☐ No |  |  |
| Do you plan to use 401(K) Plan (Including a Rollover for Business Start Up (ROBS) for equity?   |      | ☐ No |  |  |
| I own a top–four market share in beef, pork, chicken or turkey processing and the requested loan would propel us into the top–four position. Please attach your own certification letter.   |      | ☐ No |  |  |
| SPECIFIC MPILP Eligibility – All Applicants   |      |      |  |  |
| I am a resident of the State of MN and Applicant entity applying is registered with MN Secretary of State.  |      | ☐ No |  |  |
| I verify 75% oof the loan must be used for activities related to products for human consumption.  |      | ☐ No |  |  |
| I am the principal operator of the entity applying for this loan.   |      | ☐ No |  |  |
| My business is Custom exempt, MN State/Fed, FSIS Inspected USDA facility with NO major violations?  |      | ☐ No |  |  |
| I have sufficient training and experience to succeed.   |      | ☐ No |  |  |
| I agree to visit the local soil and water conservation office to inquired about any special conservation needs for the property being financed.   |      | ☐ No |  |  |
| *Any Applicant owned in part, or in whole, by an ESOP or 401(k) plan must also provide MDA evidence that the applicant, ESOP or the 401(k) plan are in compliance with all applicable IRS, Treasury, and Department of Labor requirements and it will comply with all relevant operating and reporting requirements.  |      |      |  |  |
|   |      |      |  |  |
| Name & Signature of All Authorized Applicant – Representative of Entity   | Date |      |  |  |

# **Borrower Information Form**

| SECTION II: INDIVIDUAL OWNER INFORMATION  Please fill out one form for all individual owners and/or guarantors.  |   |                                |         |                      |  |  |
|--|---|--------------------------------|---------|----------------------|--|--|
| Individual Owners' Full Legal Name:  |   | Social Security/Tax ID #:      |         |                      |  |  |
| Date of Birth:   |   | City of Birth:                 |         |                      |  |  |
| State of Birth:  |   | Country of Brith:              |         |                      |  |  |
| Home Address:  |   | City                           |         |                      |  |  |
| State:   | Zip:  | County:                        |         |                      |  |  |
| Email:   |   | Phone:                         |         |                      |  |  |
| 0/ of Ownership.   | Do you have >20% ownership in                           | any other entity? YES          | NO      |                      |  |  |
| % of Ownership:  | If yes, please attach all Entity fin                    | ancials & fill out Section III |         |                      |  |  |
| Applicate Full Legal Name:   |   |                                |         |                      |  |  |
| The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. Yor are not required to furnish this information but are encouraged to do so. The law requires program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname." |   |                                |         | equires<br>wever, if |  |  |
| I do not wish to provide this  | information - Initial Here:                             |                                |         |                      |  |  |
| Gender (check one)   |   |                                |         |                      |  |  |
| Male   | Female  | ☐ Not Disclosed                |         |                      |  |  |
| Race (more than 1 may be select  | ted)  |                                |         |                      |  |  |
| American Indian/Alaska Nat   | merican Indian/Alaska Native Asian Black/African–Americ |                                | merican |                      |  |  |
| Native Hawaiian/Pacific Islan  | Hawaiian/Pacific Islander                               |                                |         |                      |  |  |
| Ethnicity (check one)  |   |                                |         |                      |  |  |
| Hispannic/Latino   | Not Hispanic/Latino                                     | Not Disclosed                  |         |                      |  |  |
| Veteran  |   |                                |         |                      |  |  |
| Non Veteran  | Non Veteran Service—Disable Veteran Spouse of Veteran   |                                | an      |                      |  |  |
| Not Disclosed  |   |                                |         |                      |  |  |
| am a MN Resident – US Citizen?   |   | ☐ No                           |         |                      |  |  |
| OR I have Lawful Permanent Resident (LPR) Status   |   | ☐ No                           |         |                      |  |  |
| I am not a U.S. Citizen or Lawful Permanent Resident*  |   | ☐ No                           |         |                      |  |  |

| Check "YES" or "NO" and initial to confirm your response below.  Originally initialed, or an acceptable electronic signature, and not typed.   |  |     |      |         |
|--|--|-----|------|---------|
| Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?  |  | Yes | ☐ No | Initial |
| If "YES," the loan request is not eligible for MDA Loan.   |  |     |      |         |
| Have you been arrested in the last 6 months for any c  | riminal offense?                           | Yes | ☐ No | Initial |
| For any criminal offense – other than a minor vehicle violation – have you ever:  1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?  |  | Yes | □No  | Initial |
| If you answer "Yes" and are currently on parole or p for this MDA Loan.  | robation, the loan request is not eligible |     |      |         |
| Are you presently suspended, debarred, proposed for voluntarily excluded from participation in this transact agency?   |  | Yes | ☐ No | Initial |
| If "Yes," the application is not eligible for MDA finan  | cial assistance.                           |     |      |         |
| If you are a 50% or more owner of the Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services. |  |     | □No  | Initial |
| If "Yes," the app is not eligible for MDA financial assistance.  |  |     |      |         |
| If yes, have you, or any business you controlled, ever filed for bankruptcy protection?  If yes, provide details.  |  |     | ☐ No | Initial |
| Are you, or any business you control, presently involved in any legal action (including divorce)?  |  |     |      | Initial |
| If yes provide details?  |  | Yes | ∐ No |         |
| Have you or any business owned or controlled by you ever obtained a direct or guaranteed loan form SBA or any Federal agency or been a guarantor on such a loan? This includes, but is not limited to USDA, FHA, EDA and student loans.  |  | Yes | ☐ No | Initial |
| If Yes, please attach listing of loans.  |  |     |      |         |
| If yes, are any presently considered delinquent?   |  | Yes | ☐ No | Initial |
| <ul> <li>If yes, did any loan that was made for business purposes ever default and cause a<br/>loss to Government, including a compromise, resolution, or settlement of a loan's<br/>principal balance for less than the full amount due?</li> </ul>   |  | Yes | ☐ No | Initial |
|  |  |     |      |         |
| Print Name Sign Name   |  |     | Da   | te      |

# **Borrower Information Form**

| SECTION III: ENTITY OWNER INFORMATION - BENEFICIAL OWNER   |   |                                   |               |               |         |
|--|---|-----------------------------------|---------------|---------------|---------|
| Applicant Legal Name: Tax ID#:   |   |                                   |               |               |         |
| Intity Owner Legal Name:   |   |                                   |               |               |         |
| Entity Owner Address:  | -   |                                   |               |               |         |
| State: Zip:  |   | County:                           |               |               |         |
| Entity Owner Email:  |   | ·                                 |               |               |         |
| Primary Contact Name:  |   | Phone:                            |               |               |         |
| Identify in what capacity you are completin  | g this Section?   |                                   |               |               |         |
| Entity Ownership List all proprietors, partners, officers, direct ownership mush be disclosed. Attach sepa   | ors, members, Trustees  |                                   | k in the (    | entity owner. | 100% of |
| Owner's Legal Name   |   | Title                             | % of<br>Owned | TIN/SSN/FIN   |         |
|  |   |                                   |               |               |         |
|  |   |                                   |               |               |         |
|  |   |                                   |               |               |         |
| · · · · · · · · · · · · · · · · · · ·  | Entity, or any of its owners, presently suspended, debarred, proposed for debarment, declared pole, or voluntarily excluded from participation in this transaction by any Federal department or y?  Yes   |                                   |               | ☐ No          |         |
| If "Yes," the application is not eligible for N  | MDA financial assistant   | ce.                               |               |               |         |
| Does the entity have any Affiliates?   |   |                                   |               | Yes           | No      |
| If "Yes," attach a listing of all Affiliates   | sting of all Affiliates   |                                   |               |               |         |
| · ·  |   |                                   |               | ∐ No          |         |
| Is the entity and/or its Affiliates presently in   |   |                                   |               | Yes           | ∐ No    |
| Has the Entity ever obtained a direct or guaranteed loan from SBA or any other Federal agency or been a guarantor on such a loan? This includes, but is not limited to USDA, FHA, EDA. |   | ☐ No                              |               |               |         |
| If you answered "Yes" to the Ques  | stions, is any of the fina  | ncing presently considered deline | quent?        | Yes           | ☐ No    |
| and cause a loss to the Governme   | • If you answered "Yes" to Question 31, did any loan that was for a business purpose ever default and cause a loss to the Government or State of MN, including a compromise, resolution, or settlement of a loan's principal balance for less than the full amount due? |                                   | ☐ No          |               |         |
| If you answer "Yes" to either abo  | ve, please provide Len  | der with a written explanation    |               |               |         |
|  |   |                                   |               |               |         |
| Print Name   | All Authorized Applicant – Representative of Entity   |                                   |               |               | to      |
| Fillit Name  |   | Signature                         | Date          |               |         |
| Print Name   |   | Signature                         | Date          |               | te      |
| Print Name   |   | Signature Date                    |               | te            |         |

# **Statement of Required Acts**

# **SECTION IV: STATEMENT OF REQUIRED ACTS**

# Privacy Act (5 U.S.C. 552a); Collection of Social Security Number (31 U.S.C.7701)

### **Authorities and Purpose for Collecting Information:**

MDA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit eligibility decision in connection with you or your company's application for MDA assistance. MDA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed MDA. Under the provisions of 31 U.S.C. 7701, the applicant business and any guarantor of the loan are required to provide their social security numbers or other taxpayer identification numbers to do business with MDA. Failure to provide this information will affect your ability to obtain a loan.

## **Right of Setoff**

All persons, businesses, and individuals doing business (a "vendor") with the state of Minnesota must comply with Minn. Stat. § 270C.65, Subd. 3. Under this law, a vendor consents to disclosure of its social security number, federal employer tax identification number, and/or Minnesota tax identification number, already provided to the State, to federal and state tax agencies and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state tax laws which could result in action requiring a vendor to file state tax returns and pay delinquent state tax liabilities, if any

#### **Criminal History and Background Checks**

In evaluating whether the applicant satisfies the criteria for a MPILP loan, MDA considers whether the applicant and each of its Associates possess good character. In making this determination, MDA considers the person's integrity, candor, and criminal history if any. MDA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), of the Small Business Act, 15 USC Section 636(a)(1)(B). In addition, for all forms of assistance, MDA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Small Business Act, 15 U.S.C. 634(b)(11). In conducting the criminal background check, MDA also uses your social security number to distinguish you from other individuals with the same or similar name or other personal identifiers. This use is permitted under Executive Order 9397.

## Compliance with Law, Section 6.07

In the operation of its business, Borrower shall at all times comply with all zoning, pollution, sanitary and safety laws, and with such rules and regulations thereunder, as under applicable law (either statutory or common) shall be binding upon it. Upon notice of noncompliance, Borrower shall take action to remedy such noncompliance within 30 business days. Provided, however, Borrower shall not be required to comply with any such law, rule or regulation so long, but only so long, as it shall contest in good faith the validity, existence or applicability by appropriate legal proceedings.

# Right to Financial Privacy Act of 1978 (12 U.S.C. 3401)

As required by this statute, MDA provides this notice of its right to access your financial records held by financial institutions, including any institution participating in a loan or loan, that are or have been doing business with you or your business. The law provides that MDA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government loan or loan guaranty agreement. MDA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent access. The law also provides that MDA's access rights continue for the term of any approved loan or loan guaranty agreement. No further notice to you of MDA's access rights is required during the term of any such agreement.

The law also authorizes MDA to transfer to another Government authority any financial records included in an application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan or loan guarantee or to collect on a defaulted loan or loan guarantee. No other transfer of your financial records to another Government authority will be permitted by MDA except as required or permitted by law.

# Freedom of Information Act (5 U.S.C. 552)

This law provides, with some exceptions, that MDA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that is generally released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers the amount of the loan, and the type of loan. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the MDA office and be identified as a Freedom of Information request.

#### Debt Collection Act of 1982 (5 U.S.C. 5514 note) and Debt Collection Improvement Act of 1996 (31 U.S.C. 3701 et seq.)

These laws require SBA to aggressively collect any loan or other payments that become delinquent. MDA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, MDA may take one or more of the following actions: (1) report the status of your loan(s) or other debt owed to MDA to credit bureaus, (2) hire a collection agency to collect your loan or other delinquent debt, (3) offset your income tax refund or other amounts due to you from the Federal Government and State of MN, (4) suspend or debar you or your company from doing business with the Federal Government and State of MN, (5) refer your loan to the Department of Justice or other attorneys for litigation, or (6) foreclose on collateral or take other action permitted in the loan instruments. Finally, if you default on an MDA loan and fail to fully reimburse the Agency for any resulting loss, MDA may refer you to the computer database of delinquent Federal debtors maintained by the Department of Housing and Urban Development or another Federal agency and the State of MN. This referral may result in your being disqualified from receiving financial assistance from other Federal agencies and all State of MN financial assistance. In addition, unless MDA is reimbursed in full for the loss, you will not be eligible for additional MDA financial assistance.

#### **Data Privacy Disclosure**

Each party agrees to protect all data including, but not limited to, private or confidential data in accordance with the requirements of the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13). Borrower agrees to indemnify, save, and hold the State of Minnesota, its agents and employees, harmless from all claims arising out of, resulting from, or in any manner attributable to its violation of any provisions of the Minnesota Government Data Practices Act, including legal fees and disbursements paid or incurred to enforce this provision of this Application.

#### Flood Disaster Protection Act (42 U.S.C. 4011)

Regulations have been issued by the Federal Insurance Administration (FIA) and by MDA implementing this Act and its amendments. These regulations prohibit MDA from making certain loans in an FIA designated floodplain unless Federal Flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the applicant ineligible for any financial assistance from MDA, including disaster assistance.

#### **Executive Orders**

Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961) — MDA discourages settlement in or development of a floodplain or a wetland. This statement is to notify all MDA loan applicants that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments due to a future flood.

## Occupational Safety and Health Act (15 U.S.C. 651 et seq.)

The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined and required to abate the hazards in their workplaces. They may also be ordered to cease operations posing an imminent danger of death or serious injury until employees can be protected. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

#### **Civil Rights Legislation (13 C.F.R. 112, 113, 117)**

All businesses receiving MDA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by MDA.

#### Equal Credit Opportunity Act (15 U.S.C. 1691)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

# Executive Order 11738 — Environmental Protection (38 F.R. 251621)

The Executive Order charges MDA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environment protection legislation.

Referring to all sections I, II III & IV of this application: By Signing Below, You Make the Following Representations, Acknowledgement, Authorization, and Certification

# REPRESENTATIONS, ACKNOWLEDGEMENT, AUTHORIZATION AND ACCURACY CERTIFICATION

#### I represent that:

- I have read the Statements Required by Law and Executive Order and I understand them.
- I will comply, whenever applicable, with the hazard insurance, lead—based paint, civil rights, or other limitations in this
  form.
- All MDA loan proceeds will be used only for business related purposes as specified in the loan application.
- The Applicant is not knowingly engaged and will not knowingly engage in any activity that is illegal under federal, state,
  or local law or that can reasonably be determined to support or facilitate any activity that is illegal under federal, state, or
  local law.
- I understand, acknowledge, agree, and consent that the Lender can use and share any tax information that I have provided and/or that MDA has obtained from the Internal Revenue Service with MDA's authorized representatives, including authorized representatives of the MDA Office of Inspector General, for the purpose of compliance with MDA Loan Program Requirements and all MDA reviews.

### I acknowledge that:

- MDA encourages the purchase, to the extent feasible, of American—made equipment and supplies.
- I/We hereby certify to the best of my/our knowledge and belief, data in the application is true and correct, including any
  commitment of local resources the document has been duly authorized by the governing body of the applicant and the
  applicant will comply with all applicable Federal and State Requirements, including the following if this loan is approved:

| • | INITIALS REQURED HERE |  |
|---|-----------------------|--|
|   |                       |  |

- I/we HEREBY CERTIFY that I have read the eligibility criteria, that I am eligible for the program indicated. I(we) understand that MDA will retain this application whether or not it is approved. You are authorized to check my personal credit history to answer any questions about my (our) credit experience and request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for program.
- I/we HERBY CERTIFY are in Good Standing with the State of Minnesota and United States Federal Government.
- I/we HEREBY CERTIFY that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that the penalty for knowingly making a false statement to obtain a loan is a federal crime punishable by fine or imprisonment or both knowingly make false statements on this form and any attachments provided, pursuant to 18 USC § 1001; 3571 and 1014.
- Applicant is responsible for all loan closing fees pertaining to this loan, due at the time of closing.

| All Authorized Applicant – Representative of Entity |           |      |  |
|---|-----------|------|--|
| Print Name  | Signature | Date |  |
|   |           |      |  |
|   |           |      |  |
| Print Name  | Signature | Date |  |
|   |           |      |  |
|   |           |      |  |

MDA is an equal opportunity provider, employer, and lender

# **Attachments Checklist**

| Read Carefully and Include All Attachents – Imcomplete Application Will Not Be Reviewed  |
|--|
| Attached Forms Required for All Applicants   |
| Non-refundable \$500 application fee   |
| USDA Form 400–4, Assurance Agreement Compliance Assurance RD Form 400–4 (Nov. 2017)   Rural Development (usda.gov) Must be included with this application  |
| Equal Opportunity Agreement www.rd.usda.gov/sites/default/files/RD400–1.16_Equal_Opportunity_Agreement.pdf   |
| Environmental Risk Assessment Questionnaire – USDA–RD  |
| MN Equal Pay & Workforce Certification: Workforce and Equal Pay Declarations Page (mn.gov) Workforce Certificate Application Form (mn.gov); Equal Pay Application Form (mn.gov)  |
| W–9 for each applicants/guarantor Form W–9 (Rev. October 2018) (irs.gov)   |
| Top 4 Tier Meat/Poultry Certification form from applicant on business letterhead   |
| Proof of Workers Compensation Insurance  |
| Labor Standards – Recipient certifies on their letterhead to offer or maintain wages, benefits & other opportunities offered to the ultimate recipient workers.  |
| Certification Regarding Debarment, Suspension, Ineligibility & Voluntary Exclusion – Lower–Tier Transactions. Form AD–1048<br>https://forms.sc.egov.usda.gov/efcommon/eFileServices/eForms/RD1048.PDF  |
| Copy of Current State License  |
| Please attach copy of current licenses and latest inspection report(s).  |
| Additional Documents Required with Application   |
| Business plan to include at minimum: Find an SBDC / Minnesota Department of Employment and Economic Development (mn.gov)   |
| Executive Summary: Description and history of the business   |
| <ul> <li>Business Description: includes a description of the business, products, and services; company locations and facilities;<br/>and management and labor.</li> </ul>  |
| <ul> <li>Business Plan History and description of business, or Business Plan if a start—up. Description or business plan needs to address: facility size, number of animals to be processed by week or day, availability of animals in proximity to the facility (with letters of interest and support from suppliers), who the meat will be distributed to (with letters of interest of buyers), competitors (where potential customers are currently taking their animals and pricing comparison), ownership, and management. Must also discuss the inspection type of daily inspection (State, Federal).</li> </ul> |
| <ul> <li>Detail the proposed project for which funding is requested to include: (How the loan will contribute to improving the resiliency of meat &amp; poultry supply chain) Complete project budget (Sources and Uses of funds)</li> </ul>   |
| <ul> <li>Markets and Competition includes industry trends/analysis, competitive analysis, and SWOT (strengths, weaknesses, opportunities, and threats) analysis.</li> </ul>  |
| <ul> <li>Marketing Plan: includes the overall marketing strategy, pricing strategy, target markets and market segments,<br/>promotion and distribution strategies, and sales projections; and</li> </ul>   |
| <ul> <li>Three year's trend analysis on entity and related entity, minimum three years projection</li> </ul>   |
| Three letters of recommendation  |
| <ul> <li>Background of owners and/or key employees if resume of each is not provided</li> </ul>  |
| <ul> <li>Product and industry outlook – USDA Livestock Inventory Statistics for Six County Area – Six County Area Competitive<br/>Landscape – Meat Processor Expansions in the Last Five Years</li> </ul>  |
| <ul> <li>Business Mission and Strategy includes your mission statement, strategic goals and objectives, and financing needs,<br/>with exit plan if needed.</li> </ul>  |
| Signed Year-to-date Balance Sheet within 30 days of application- include schedule of business debt Suggested Format Schedule of Liabilities (sba.gov)  |
| Business Bank Statements (Last two months)   |

# **Attachments Checklist**

| Read Carefully and Include All Attachents – Imcomplete Application Will Not Be Reviewed  |
|--|
| Attached Forms Required for All Applicants   |
| Signed Year-to-date Profit & Loss within 30 days of application: Financials are: audited reviewed  |
| Signed three years tax returns on applicant (if existing business)   |
| All financials on all guarantors/stockholders/owners & tax returns for three years; any related interest returns; EPC or OC including personal financial statement on all owners > 20% ownership interest in the business with attached Section II completed & signed Personal Financial Statement (sba.gov) |
| New Construction details to include (if applicable)  |
| <ul> <li>Project details (Proof of ownership, Survey, blueprints, sworn construction statement with bids)</li> </ul>   |
| <ul> <li>New facility/site, expansion, or acquisition details (purchase agreements)</li> </ul>   |
| <ul> <li>Project timeframe information complete, if project started, please explain.</li> </ul>  |
| Project sources & Uses of fund complete  |
| Certification from contractor complying with all state and federal regulations   |
| Proof of Insurance   |
| Copy of Photo Identification of all applicants in section II   |
| Personal financial statement and three years personal tax returns with W-2 on all individuals in Section II  |
| Tradename certificate, partnership agreement, or certificate of incorporation on all entities consider an applicant  |
| Letter of Commitment or denial form private financing if joint venture or additional financing needed w/ full details  |
| Additional Items/Forms to Include if Completed and Applicable  |
| Copy of lease or purchase agreement  |
| Independent appraisal of the property involved (if purchase/construction is part of the project)   |
| Proof of ownership of property involved  |
| Franchising agreements   |
| Conflict of Interest form – (attached if applicable  |
| Other Attachments (Describe)   |