

Lender Information (Form to be completed by the Lender and submitted to Ohio Department of Development)

Bank Name:			
Contact Name:		Contact Title:	
Phone #:		Email Address:	
Address:		Fax:	
City:	State:	Zip:	EIN:

Loan Information

Borrower Name:		CEO/Owner Name:	
Phone #:		Email Address:	
Address:			
City:	State:	Zip:	
Expected Initial Disbursement Date:		Loan Amount: \$	
Loan Type: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan <input type="checkbox"/> Other			
Length of Loan: mos.		Length of Amortization: mos.	
Interest Rate:		Debt Coverage Ratio: Historical ___:1 , Projected ___:1	
Please Describe Use of Loan Proceeds:			
What is the Collateral and Security Position? (Please attach list if not included in write-up):			
What is the Collateral Value?: \$			
If a line of credit, what is the normal advance rate/desired advance rate?:			
Why does the collateral shortfall exist?:			
What is the amount of Borrower Equity?:			
What is the Requested Collateral Enhancement Program Deposit amount?:			

Important: Please attach the loan write-up, appraisal(s), or other collateral valuation, amortization schedule, and CEP Borrower Certification Form.

Refinancing Existing Debt (Complete only if refinancing existing debt from another financial institution)

Debt from Another Financial Institution: <input type="checkbox"/> Yes <input type="checkbox"/> No		Financial Institution's Loan #:	
Financial Institution Name:		Type of Existing Debt:	

Important: Financial Institution is any bank, trust company, savings bank, credit union, savings and loan association, national bank, federal savings and loan association, or federal savings bank that has a significant presence in the state.

Other Credit

Amount of Other Credit Facilities being Provided in Combination with this CEP Application: \$			
Loan Type: <input type="checkbox"/> Line of Credit <input type="checkbox"/> Term Loan <input type="checkbox"/> Other			

Eligibility Criteria

Does the Borrower meet the following Collateral Enhancement Program eligibility criteria?

The Borrower has annual revenues of under \$10 million: <input type="checkbox"/> True <input type="checkbox"/> False		The Borrower's principal place of business is in Ohio: <input type="checkbox"/> True <input type="checkbox"/> False	
The loan is not for a business engaged in retail, mining, agriculture, real estate investment, speculative activities, lending or leasing activities, pyramid sales, illegal activities, gambling activities, charitable institutions, religious institutions, consumer or marketing cooperative, or other nonprofit: <input type="checkbox"/> True <input type="checkbox"/> False			
Borrower has fewer than 250 employees: <input type="checkbox"/> True <input type="checkbox"/> False			
Current # of Full-Time Employees:		Current # of Part-Time Employees:	
# Full-time jobs to be created in 1 yr:		# Part-time jobs to be created in 1 yr:	
# Full-time jobs to be created in 3 yrs:		# Part-time jobs to be created in 3 yrs:	
# Full-time jobs to be retained:		# Part-time jobs to be retained:	
Borrower has signed the Collateral Enhancement Program Borrower's Information and Certification Form and based on the Lender's knowledge, the Lender has no reason to believe the certifications and representations in it are not true: <input type="checkbox"/> True <input type="checkbox"/> False			

Important: Answers marked False makes the loan ineligible for the Collateral Enhancement Program. Job creation or retention must take place or loan is ineligible for the Collateral Enhancement Program.

Lender's Certification and Acknowledgement

Lender Certifies and Acknowledges that:

1. The loan has not been made in order to place under the protection of the CEP prior debt that is not covered under the CEP, and that is or was owed by the Borrower to the financial institution Lender or to an affiliate of the financial institution Lender.
2. The loan is not a refinancing of a loan previously made to the Borrower by the financial institution Lender or an affiliate of the financial institution Lender.
3. The loan will not exceed \$5 million.
4. The Lender will not make the loan to cover the unguaranteed portion of a U.S. Small Business Administration loan or the unguaranteed portion of a loan guaranteed by any other federal, state, or local government entity.
5. The loan will not be used to effect a partial change of business ownership or a change that will not benefit the business; permit the reimbursement of funds owed to any owner, including any equity injection or injection of capital for the business' continuance; acquire or hold passive investments such as commercial real estate ownership, or purchase securities; fund lobbying activities (as defined in Section 3 (7) of 16 the Lobbying Disclosure Act of 1995, P.L. 104-65, as amended); repay delinquent state or federal withholding taxes or other taxes held in trust or escrow (e.g. payroll or sales taxes).
6. The Lender is not operating under a Supervisory Enforcement Action.
7. No principal of the financial institution Lender has been convicted of a sex offense against a minor (as such terms are defined in section 111 of the Sex Offender Registration and Notification Act (42 U.S.C. 16911)). For the purposes of this certification, principals is defined as if a sole proprietorship, the proprietor; if a partnership, each partner, who is a natural person that holds a 20 percent or more ownership; if a corporation, limited liability company, association or a development company, each director, each of the five most highly compensated executives, officers, or employees of the entity, and each natural person who is a direct or indirect holder of 20 percent or more of the ownership stock or stock equivalent of the entity.
8. To the best of his/her knowledge, all information provided on this application is true and correct.

Authorized Signature _____ Date _____

Printed Name and Title _____

Attention Lenders

Email form to: CEP@development.ohio.gov

- or -

Mail form to: Manager, Office of Minority Financial Incentives,
Ohio Department of Development
77 S. High Street, 24th Floor, P.O. Box 1001, Columbus, Ohio 43216-1001
or fax form to: (614) 466-4172
For information, please call (800) 848-1300 ext. 65700

The State of Ohio is an Equal Opportunity Employer and Provider of ADA Services.