Greenbrier Valley Microloan Program Application Checklist

ITEM	Date Received
Application Fee of $150.00	
Completed and Signed Loan Application	
Completed and Signed GVEDC Loan Applicant Requirements Document	
Detailed Business Plan	
Cash Flow projections for 3 years after funding for start-up businesses and 1 year after funding for existing businesses	
Description of Collateral including deeds and/or titles to proposed collateral	
Three years of Tax Returns for all Principals and Business	
Affidavit of Tax Information Accuracy	
Personal Financial Statements for all principles owning more than 20%	
Copy of Business License/Articles of Incorporation/Resolution, bylaws and meeting minutes identifying the right to borrow	
Certificate of Existence from Secretary of State (If Corporation)	
Credit Report for all Principles of company	
Letter of Good Standing from WV Department of Taxation for existing business (Form can be accessed and filled out online through MyTaxes account or form can be printed from the packet and mailed in)	
Profit and Loss statement for December 31 of last calendar year and the most recent calendar quarter	
Balance Sheet as of December 31 of the last calendar year and the most recent calendar quarter	
Detailed listing of all existing business debts with creditor, payment amount, and current balance-Covered in Personal financial statement	
Attestment statement of credit denial or letter from bank denying loan or credit	
USDA Certification regarding debarment from federal programs (Form AD-1048)	
USDA Certification for Contracts, Grants, and Loans	
FEMA Flood Hazard Determination (If loan will be used for building upgrades)	
Equal Opportunity statement acknowledgement	
Approval/Denial Letter by Greenbrier Valley Economic Development Corporation Loan Committee and scoring rubric	

Greenbrier Valley ECONOMIC DEVELOPMENT CORPORATION

Greenbrier Valley Microloan Program: Personal and Business Information

PERSONAL INFORMATION

Name: _____ **Date:** _____

Address: _____

Phone Number: _____ **Email:** _____

Social Security Number: _____ **Driver's License Number:** _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Phone: _____ **Email:** _____

Type of Business: _____ **Employer ID #:** _____

Years in Business: _____

Current # of Employees: **Full Time:** _____ **Part Time:** _____

# of Employees Expected in One Year: **Full Time:** _____ **Part Time:** _____

Owner's Name:	SSN:	Percentage of Ownership:

Other Business Names: _____

DEMOGRAPHIC INFORMATION

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish the information, we are required to note the race/national origin of the individual applicants based on visual observation or surname.

Percentage of Business Owned By: Male:_____ Female:_____

Ethnicity: Hispanic/Latino:_____ Not Hispanic/Latino:_____

Ethnic Background:

Caucasian/White:_____ African American/Black:_____ Asian:_____

Native American:_____ Alaskan Native:_____ Hawaiian Native:_____

Pacific Islander:_____ Other:_____

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of Discrimination may be filed with the Secretary of Agriculture, Washington DC, 20250

Narrative Description of Request:_____

_____

_____

_____

_____

Collateral List

Collateral Description (Serial Number, Deed, Etc.,)	Approximate Value:
_____	_____
_____	_____
_____	_____

FUNDING INFORMATION

Source of Funding:

Source 1:_____ Amount:_____

Source 2:_____ Amount:_____

Source 3:_____ Amount:_____

Source 4:_____ Amount:_____

Total Project Cost:_____

Uses of Funds:	**Amount:**
Land	_____
Building	_____
Construction	_____
Leasehold Improvements	_____
Machinery and Equipment	_____
Inventory	_____
Working Capital	_____
Other	_____

The information provided in this application for Greenbrier Valley Microloan Program is true and complete to the best of my/our knowledge. I/We understand that any false statements will be considered as a cause for possible disqualification for my/our loan. GVEDC is hereby authorized to investigate my/our personal and business history, credit, and financial records by employing credit reporting agencies or bureaus of the lender's choice, subject to the provisions of the Fair Credit Reporting Act.

_____ _____

Signature Date

_____ _____

Signature Date

GVEDC Loan Applicant Statement of Understanding

Please read each requirement carefully and initial in the space provided and sign at the bottom.

1.) _____ I am required to provide the last 3 years of my personal and business tax returns.

2.) _____ I am required to complete a business plan to the satisfaction of the lender.

3.) _____ I understand the application fee is not refundable even if I am denied the loan.

4.) _____ I understand that GVEDC will verify with the State to ensure all taxes are current. If they are not, I will not be eligible for the loan

5.) _____ I understand that I will need to have $1,000,000 in liability insurance if my business is a retail establishment.

6.) _____ I understand that the loan application must be completed in entirety and all items on the checklist have been submitted and the application fee is paid in full before my application can be reviewed.

7.) _____ I understand that GVED's lending process requires a review and approval from the GVED loan committee. This process will take time and depending on the complexity of the application, and if a loan is approved by the GVEDC loan committee, funds may not be received immediately upon notification.

8.) _____ I must personally guarantee that the loan will be paid back.

_____ _____

Applicant Signature Date

_____ _____

Applicant Signature Date

Affidavit of Tax Information Accuracy

I, _____, hereby certify that the information on the tax returns submitted to the Greenbrier Valley Economic Development Corporation for the purpose of applying for a loan are accurate and are an exact copy of the tax forms submitted to the Internal Revenue Service. I understand false statements will be considered as cause for possible disqualification for my/our loan and possible prosecution.

_____ _____

Signature Date

_____ _____

Signature Date

State of West Virginia

County of Greenbrier

Signed and sworn to before me on _____(Date) by

_____

(Name(s) of individual(s) making statement)

(Stamp)

_____

Signature of notarial officer

My Commission expires: _____

PERSONAL FINANCIAL STATEMENT

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. GVEDC uses the information required by this form as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for a loan or to assist in recovery in the event that the borrower defaults on the loan. Submission of this information is required as part of your application. Failure to provide the information would impact the agency's decision on your application. It is strongly encouraged that you notify GVEDC staff of your intent to apply for a loan prior to application submission.

To complete this form

1) Check all that apply.
2) Complete the form in its entirety (attached a separate sheet, if necessary)
3) Review the applicable certifications and sign (spousal signature, if required)

Return completed form along with all other requested documentation as a complete application package to:
The Greenbrier Valley Economic Development Corporation, 804 Industrial Park Road, Suite 5, Maxwelton, WV 24957

Name	**Business Phone** (*xxx-xxx-xxxx*)
Home Address	**Home Phone** (*xxx-xxx-xxxx*)
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address *(if different than home address)*	
Business Type: ☐ **Corporation** ☐ **S-Corp.** ☐ **LLC** ☐ **Partnership** ☐ **Sole Proprietor**	
This information is current as of [month/day/year] *(within 90 days of submission)*	
WOSB applicant only, Married ☐ **Yes** ☐ **No**	

ASSETS (Omit Cents)		**LIABILITIES** (Omit Cents)	
Cash on Hand & in banks……	_____	Accounts Payable……	_____
Savings Accounts……	_____	Notes Payable to Banks and Others……	_____
IRA or Other Retirement Account…….. (Describe in Section 5)	_____	(Describe in Section 2)	
Accounts & Notes Receivable…… (Describe in Section 5)	_____	Installment Account (Auto)…….. Mo. Payments	_____ _____
Life Insurance – Cash Surrender Value Only…… (Describe in Section 8)	_____	Installment Account (Other)……... Mo. Payments	_____ _____
Stocks and Bonds…….. (Describe in Section 3)	_____	Loan(s) Against Life Insurance……..	_____
Real Estate…….. (Describe in Section 4)	_____	Mortgages on Real Estate…….. (Describe in Section 4)	_____
Automobiles…… (Describe in Section 5, and include Year/Make/Model)	_____	Unpaid Taxes…… (Describe in Section 6)	_____
Other Personal Property…… (Describe in Section 5)	_____	Other Liabilities…….. (Describe in Section 7)	_____
Other Assets…….. (Describe in Section 5)	_____	Total Liabilities……...	$ 0
		Net Worth……	_____
Total	$ 0	**Total** Must equal total in assets column.	$ 0

Section 1. Source of Income.		**Contingent Liabilities**	
Salary……	_____	As Endorser or Co-Maker……	_____
Net Investment Income……..	_____	Legal Claims & Judgments……..	_____
Real Estate Income……	_____	Provision for Federal Income Tax……...	_____
Other Income (Describe below)……..	_____	Other Special Debt……	_____

Description of Other Income in Section 1 (Alimony or child support payments should 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. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

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

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

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

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

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 Greenbrier Valley Economic Development Corporation to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that the Greenbrier Valley Economic Development Corporation will rely on this information when making decisions regarding an application for a loan.

Signature _____ Date _____

Print Name _____ Social Security No. _____

Signature _____ Date _____

Print Name _____ Social Security No. _____

CREDIT REPORT RELEASE

I/We hereby authorize the Greenbrier Valley Economic Development Corporation to obtain a copy of my/our personal credit report for the express purpose of analyzing my/our credit history to assess potential eligibility for a business loan.

I/We further understand that I/we will not hold the Greenbrier Valley Economic Development Corporation responsible in any way regarding their opinions on that eligibility or in the outcome of my/our loan request.

By signing below, I/we agree to the above conditions and further understand that this service is paid for through the application fee.

Individual:	Co-Owner/Partner:
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Social Security Number	Social Security Number
_____	_____
Driver’s License Number	Driver’s License Number
_____	_____
Date of Birth	Date of Birth
_____	_____
Today’s Date	Today’s Date

GSR-01
Rev.09/2020

West Virginia
Request for Statement of Good Standing

West Virginia
State Tax
Department

Taxpayer Identification Number _____ Identification Type _____

Name of Business/Individual _____

Location Address _____

Mailing Address _____ _____ _____ _____
Street City State Zip

PURPOSE FOR REQUEST (CHECK ONE):

❑ ABCA ❑ DMV ❑ DOH ❑ SOS ❑ Bank Loan ❑ Other (specify below) _____

I understand that in the event that this business is not in good standing with the Tax Department I will be notified in writing as to what tax returns or tax payments are considered not filed or paid and who to contact with any questions regarding that situation.

By signing this Request for Statement of Good Standing, I certify under penalty of perjury that I am the taxpayer or the taxpayer's authorized representative and am entitled to receive the result of this request.

If you are a CPA or Attorney completing this Request for Statement of Good Standing for a business of which you are not a principle, a principle of the business must ALSO sign this request as the taxpayer.

If you are authorizing release of information for someone who is not a CPA or Attorney, this form must be notarized.

Taxpayer Signature	Title	Date
Print Name	Phone	E-mail
CPA/Attorney Signature	Title	Date
Print Name	Phone	E-mail
Signature of person other than taxpayer, CPA, or attorney (Form must be notarized).	Title	Date
Print Name	Phone	E-mail

State of West Virginia

County of _____, to-wit,
This day appeared before me, the undersigned notary public _____, who acknowledge under oath the signature above.

_____ Notary public

_____ Date

My commission expires: _____

Send this request to:	Phone Numbers:
West Virginia State Tax Department ATTN: TPS – Support Unit PO Box 885 Charleston, WV 25323-0885	(304) 558-3333 (800) 982-8297 Follow Prompts for Statement of Good Standing Requests.

This form is available electronically.

Form Approved – OMB No. 0505-0027
Expiration Date: 12/31/2018

United States Department of Agriculture

AD 1048

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552(a), as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 C.F.R. §§ 180.300, 180.355, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal and civil fraud privacy, and other statutes may be applicable to the information provided.

(Read Instructions On Page Two Before Completing Certification)

A. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;

B. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME	PR/AWARD NUMBER OR PROJECT NAME
NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S)	
SIGNATURE(S)	DATE

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

Instructions for Certification

(1) By signing and submitting this form, the prospective lower tier participant is providing the certification set out on page 1 in accordance with these instructions.

(2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.

(3) The prospective lower tier participant shall provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

(4) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549, at 2 C.F.R. Parts 180 and 417. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

(5) The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

(6) The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

(7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.

(8) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

(9) Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION FOR CONTRACTS, GRANTS AND LOANS

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant or loan.

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant or loan, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including contracts, subcontracts, and subgrants under grants and loans) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

_____ _____

(name) (date)

_____

(title)

oOo

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

OMB Control No. 1660-0040
Expires: 10/31/18

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is mandatory. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (OMB Collection1660-0040). **NOTE: DO NOT SEND YOUR COMPLETED FORM TO THIS ADDRESS.**

INSTRUCTIONS

SECTION 1

1. LENDER/SERVICER NAME AND ADDRESS: Enter lender name and address.

2. COLLATERAL DESCRIPTION: Preparer should coordinate with user to ensure the collateral is sufficiently identified. Suggested forms of collateral identification include, but are not limited to, property address, parcel or lot number and longitude/latitude. If needed, additional information may be attached to this form.

3. LENDER/SERVICER ID NO: Optional. Preparer should coordinate with user to ensure the lender is sufficiently identified on the form. The lender name and address (Box 1. above) may be sufficient.

4. LOAN IDENTIFIER: Optional. May be used by lenders to conform with their individual method of identifying loans.

5. AMOUNT OF FLOOD INSURANCE REQUIRED: Optional. The minimum federal requirement for this amount is the lesser of: the outstanding principal loan balance; the value of the improved property, mobile home and/or personal property used to secure the loan; or the maximum statutory limit of flood insurance coverage. A lender retains the prerogative to require flood insurance in excess of the minimum federal requirements not by the direction of FEMA. National Flood Insurance Program (NFIP) policies do not provide coverage in excess of the insured value of the building/mobile home/personal property.

SECTION 2

A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION

1. NFIP Community Name. Enter the complete name of the community (as indicated on the NFIP map) in which the building or mobile home is located. Under the NFIP, a community is the political unit that has authority to adopt and enforce floodplain management regulations for the areas within its jurisdiction. A community may be any State or area or political subdivision thereof, or any Indian tribe or authorized tribal organization, or Alaska Native village or authorized native organization. (Examples: Brewer, City of; Washington, Borough of; Worchester, Township of; Baldwin County; Jefferson Parish) For a building or mobile home that may have been annexed by one community but is shown on another community's NFIP map, enter the Community Name for the community with land-use jurisdiction over the building or mobile home.

2. County(ies). Enter the name of the county or counties in which the community is located. For unincorporated areas of a county, enter "unincorporated areas." For independent cities, enter "independent city."

3. State. Enter the two-digit state abbreviation. (Examples: VA, TX, CA)

4. NFIP Community Number. Enter the 6-digit NFIP community number. This number can be determined by consulting the NFIP Community Status Book or can be found on the NFIP map; copies of either can be obtained from FEMA's Website http://msc/fema.gov or by calling 1-800-358-9616. If no NFIP Community Number exists for the community, enter "none."

B. NFIP DATA AFFECTING BUILDING/MOBILE HOME

The information in this section (excluding the LOMA/LOMR information) is obtained by reviewing the NFIP map on which the building/mobile home is located. The current NFIP map may be obtained from FEMA by calling 1-800-358-9616. Scanned copies of the NFIP maps can be viewed on FEMA's website at http://msc.fema.gov. Note that even when an NFIP map panel is not printed, it may be reflected on a community's NFIP map index with its proper number, date, and flood zone indicated; enter these data accordingly.

1. NFIP Map Number or Community-Panel Number. Enter the 11-digit number shown on the NFIP map that covers the building or mobile home. (Examples: 480214 0022C; 58103C0075F). Some older maps will have a 9-digit number (Example: 12345601A). Note that the first six digits will not match the NFIP Community Number when the sixth digit is a "C" or when one community has annexed land from another but the NFIP map has not yet been updated to reflect this annexation. When the sixth digit is a "C", the NFIP map is in countywide format and shows the flood hazards for the geographic areas of the county on one map, including flood hazards for incorporated communities and for any unincorporated county contained within the county's geographic limits. Such countywide maps will list an NFIP Map Number. For maps not in such countywide format, the NFIP will list a Community-Panel Number on each panel. If no NFIP map is in effect for the location of the building or mobile home, enter "none."

STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

2. NFIP Map Panel Effective/Revised Date. Enter the map effective date or the map revised date shown on the NFIP map. (Example: 6/15/93) This will be the latest of all dates shown on the map.

3. Is there a Letter of Map Change (LOMC)? This field can remain blank if no Letter of Map Change (LOMC) (these include the Letter of Map Amendment (LOMA), Letter of Map Revision (LOMR) or similar FEMA Map Letter(s)) applies to the subject property. If there is a LOMC, list the date and number. Information on the LOMC is available from the following sources:
* The community's official copy of its NFIP map(s) should have a copy of all subsequently-issued FEMA Letters attached.
* For a LOMC issued on or after October 1, 1994. Information is available on FEMA's website at http://www.fema.gov/national-flood-insurance-program-flood-hazard-mapping/compendium-flood-map-changes.
* The FEMA Map Service Center website is https://msc.fema.gov/portal.

4. Flood Zone. Enter the flood zone(s) in which the building or mobile home is located. (Examples: A, AE, A4, AR, AR/A, AR/AE, AR/AO, V, VE, V12, AH, AO, B, C, X, D). If any part of the building or mobile home is within the Special Flood Hazard Area (SFHA), the entire building or mobile home is considered to be in the SFHA. All flood zones beginning with the letter "A" or "V" are considered to be in the SFHA. Each flood zone is defined in the legend of the NFIP map on which it appears. If there is no NFIP map for the subject area, enter "none."

5. No NFIP Map. If no NFIP map covers the area where the building or mobile home is located, check this box.

C. FEDERAL FLOOD INSURANCE AVAILABILITY. This is a review of community eligibility; it does not address individual building related eligibility, that is reviewed in the insurance process.
Check all boxes that apply; Note that boxes 1 (Federal Flood Insurance is available ...) and 2 (Federal Flood Insurance is not available ...) are mutually exclusive. In most instances, Federal flood insurance is available to all residents with eligible property in a community that participates in the NFIP. Community participation status can be determined by consulting the NFIP Community Status Book, which is available from FEMA and at http://www.fema.gov/fema/csb.shtm . The NFIP Community Status Book will indicate whether or not the community is participating in the NFIP and whether participation is in the Emergency or Regular Program. If the community participates in the NFIP, check either Regular Program or Emergency Program. To obtain Federal flood insurance, a copy of this completed form may be provided to an insurance agent.

Federal flood insurance is prohibited in areas designated by the Coastal Barrier Resources Act to be in a Coastal Barrier Resources Area (CBRA) and Otherwise Protected Areas (OPA) for buildings or mobile homes built or substantially improved after the date of the CBRA or OPA designation. Information about the Coastal Barrier Resources System (CBRS) may be obtained by visiting the U.S. Fish and Wildlife Service's website at http://www.fws.gov/CBRA/index.html.

D. DETERMINATION. If any portion of the building/mobile home is in an identified Special Flood Hazard Area (SFHA), check yes (flood insurance is required). If no portion of the building/mobile home is in an identified SFHA, check no. If no NFIP map exists for the community, check no. If no NFIP map exists, Section B5 should also be checked.

E. COMMENTS. Optional Comment. Preparer may add additional comments/pages/data as needed.

F. PREPARER'S INFORMATION. If other than the lender, enter the name, address, and telephone number of the company or organization performing the flood hazard determination. An individual's name may be included, but is not required.

Date of Determination. Enter date on which flood zone determination was completed.

MULTIPLE BUILDINGS: For guidance regarding multiple buildings, please contact your regulator, servicer, lender or other entity as applicable.

GUARANTEES REGARDING INFORMATION: Determinations on this form made by persons other than the lender are acceptable only to the extent that the accuracy of the information is guaranteed.

FORM AVAILABILITY. The form is available online at http://www.fema.gov/plan/prevent/fhm/frm_form.shtm).
Copies of this form are available from the FEMA fax-on-demand line by calling (202) 646-FEMA and requesting form #23103. Guidance on using the form in a printed, computerized, or electronic format is contained in form #23110. This information is also available on FEMA's website. See the resource record, for usability purposes. The URL is http://www.fema.gov/media-library/assets/documents/225?id=1394.

PURPOSE OF FORM: In accordance with P.L. 103-325, Sec. 1365, (b) (1), this form has been designated to facilitate compliance with the flood insurance purchase requirements of the National Flood Insurance Reform Act of 1994.

FOR LENDING RELATED GUIDANCE REGARDING THIS FORM: Implementation of the mandatory flood insurance purchase requirements of the Flood Disaster Protection Act of 1973 and the National Flood Insurance Reform Act of 94, as amended, is the responsibility of the various Federal agencies that regulate lenders. Please contact your regulator or lender to determine their requirements.

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

OMB Control No. 1660-0040
Expires: 10/31/18

SECTION I - LOAN INFORMATION

1. LENDER/SERVICER NAME AND ADDRESS	2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.)

3. LENDER/SERVICER ID #	4. LOAN IDENTIFIER	5. AMOUNT OF FLOOD INSURANCE REQUIRED

SECTION II

A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION

1. NFIP Community Name	2. County(ies)	3. State	4. NFIP Community Number

B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME

1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A")	2. NFIP Map Panel Effective / Revised Date	3. Is there a Letter of Map Change (LOMC)? ◯ NO ◯ YES (If yes, and LOMC date/no. is available, enter date and case no. below). Date Case No.
4. Flood Zone	5. No NFIP Map	

C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.)

1. ☐ Federal Flood Insurance is available (community participates in the NFIP). ☐ Regular Program ☐ Emergency Program of NFIP
2. ☐ Federal Flood Insurance is not available (community does not participate in the NFIP).
3. ☐ Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available.

CBRA/OPA Designation Date: _____

D. DETERMINATION

IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")? ☐ YES ☐ NO

If yes, flood insurance is required by the Flood Disaster Protection Act of 1973.
If no, flood insurance is not required by the Flood Disaster Protection Act of 1973. Please note, the risk of flooding in this area is only reduced, not removed.

This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building /mobile home on the NFIP map.

E. COMMENTS (Optional)

F. PREPARER'S INFORMATION

NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)	DATE OF DETERMINATION

Form RD 400-1
(Rev. 5-00)

UNITED STATES DEPARTMENT OF AGRICULTURE

FORM APPROVED
OMB No. 0575-0018

EQUAL OPPORTUNITY AGREEMENT

This agreement, dated _____ between

_____

(herein called "Recipient" whether one or more) and United States Department of Agriculture (USDA), pursuant to the rules and regulations of the Secretary of Labor (herein called the 'Secretary') issued under the authority of Executive Order 11246 as amended, witnesseth:

In consideration of financial assistance (whether by a loan, grant, loan guaranty, or other form of financial assistance) made or to be made by the USDA to Recipient, Recipient hereby agrees, if the cash cost of construction work performed by Recipient or a construction contract financed with such financial assistance exceeds $10,000 - unless exempted by rules, regulations or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order 11246 of September 24, 1965.

1. To incorporate or cause to be incorporated into any contract for construction work, or modification thereof, subject to the relevant rules, regulations, and orders of the Secretary or of any prior authority that remain in effect, which is paid for in whole or in part with the aid of such financial assistance, the following "Equal Opportunity Clause":

During the performance of this contract, the contractor agrees as follows:

(a) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin. Such action shall include, but not be limited, to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the USDA setting forth the provisions of this nondiscrimination clause.

(b) The contractor will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.

(c) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the USDA, advising the said labor union or workers' representative of the contractor's commitments under this agreement and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(d) The contractor will comply with all provisions of Executive Order 11246 of September 24,1965, and of all rules, regulations and relevant orders of the Secretary of Labor.

(e) The contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, rules, regulations, and orders, or pursuant thereto, and will permit access to his books, records, and accounts by the USDA Civil Rights Office, and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

(f) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be cancelled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order No. 11246 of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rule, regulation or order of the Secretary of Labor, or as otherwise provided by Law.

(g) The contractor will include the provisions of paragraph 1 and paragraph (a) through (g) in every subcontract or purchase order, unless exempted by the rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as the USDA may direct as a means of enforcing such provisions, including sanctions for noncompliance: Provided, however, that in the event the contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the USDA, the contractor may request the United States to enter into such litigation to protect the interest of the United States.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collections is 0575-0018. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

2. To be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: Provided, that if the organization so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.
3. To notify all prospective contractors to file the required 'Compliance Statement', Form RD 400-6, with their bids.
4. Form AD-425, Instructions to Contractors, will accompany the notice of award of the contract. Bid conditions for all nonexempt federal and federally assisted construction contracts require inclusion of the appropriate "Hometown" or "Imposed" plan affirmative action and equal employment opportunity requirements. All bidders must comply with the bid conditions contained in the invitation to be considered responsible bidders and hence eligible for the award.
5. To assist and cooperate actively with USDA and the Secretary in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and rules, regulations, and relevant orders of the Secretary, that will furnish USDA and the Secretary such information such as , but not limited to, Form AD-560, Certification of Nonsegregated Facilities, to submit the Monthly Employment Utilization Report, Form CC-257, as they may require for the supervision of such compliance, and that it will otherwise assist USDA in the discharge of USDA's primary responsibility for securing compliance.
6. To refrain from entering into any contract or contract modification subject to such Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and Federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by USDA or the Secretary of Labor pursuant to Part II, Subpart D, of the Executive Order.
7. That if the recipient fails or refuses to comply with these undertakings, the USDA may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the organization under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such organization; and refer the case to the Department of Justice for appropriate legal proceedings.

Signed by the Recipient on the date first written above.

_____ Recipient

_____ Recipient

(CORPORATE SEAL)

_____ Name of Corporate Recipient

Attest:

_____ Secretary

By _____ President