

GEORGIA MEAT AND POULTRY PROCESSING FACILITY REVOLVING LOAN
Application Checklist (Please provide applicable items to your loan request):

_____ (FORM) **Application Information and Certifications Form required by each owner. (FORM ATTACHED)**

_____ **Copy of driver's license for each owner.**

_____ **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, Talmadge-Aiken Act, Custom-exempt).

_____ **If purchasing real estate:** Copy of Purchase Contract.

_____ **If property facility is being built or expanded is already owned:** copy of plat, date purchased, original cost, estimated value, loans/mortgages on property, and title/ownership of property.

_____ **If business in leased location:** Copy of lease.

_____ **List or breakdown of the total project costs. A summary will not be accepted.** All costs for site improvements, construction, machinery and equipment, must be supported by bids from a third-party source that with the real estate purchase contract support the requested loan amount.

_____ **If Corporation:** Articles of Incorporation, and Bylaws. **If LLC:** Articles of Organization, and Operating Agreement. If new we will also need the tax ID#. If new please also provide a list of owners (including the percentage of the company that is owned by each if there are multiple owners).

_____ **If the processing facility is existing and this is an expansion, last 3 years business tax returns.** If the most recent year is not complete, we need the Balance Sheet and Income Statement for the most recent year.

_____ **If the processing facility is existing, current year balance sheet and income statement for the current year no older than 90 days.**

_____ **If processing facility is existing, copy of current licenses and latest inspection report(s).**

_____ **Whether new or existing, projected Profit and Loss for next two years.** If a start-up, also provide month-by-month projections for the first 12 months. The projections ***MUST*** be supported by detailed assumptions (# animals processed, days per week processing, pricing, cost of animals, wages, all expenses, etc.)

_____ **Tax returns of affiliated businesses for each owner not reported on personal tax returns:** last 2 years business tax returns. If the most recent year is not complete, a balance sheet and income statement for it.

_____ (FORM) **Debt listing of each loan that each existing or affiliated business of all owners.** Needs to include original amount, current balance, payment amount, date originated, maturity date, collateral, and bank name and loan number. **(FORM ATTACHED – USE ONE FORM FOR EACH ENTITY)**

_____ (FORM) **For each owner: If the owner does not operate a farm or raise livestock – complete **SBA Form 413 Personal Financial Statement.** If the owner farms or raises livestock – complete **USDA FSA Form 2037.** **(BOTH FORMS ATTACHED – USE ONE OR THE OTHER BASED ON CIRCUMSTANCE)****

_____ **For each owner: Last 3 years personal tax returns, including W2's.**

For More Information Contact:

Randy Griffin, President (rgriffin@csrardc.org) - 706-210-2010 (Phone)
Cody Shepherd, Executive Vice President (cshepherd@csrardc.org) – 762-333-8045 (Phone)
Kim Baldwin, Loan Officer (kbaldwin@csrardc.org) - 706-651-7306 (Phone)
CSRA Business Lending, 3626 Walton Way Extension, Suite 300, Augusta, Georgia 30909
www.csrabusinesslending.com

Work experience

List chronologically, beginning with present employment

Employer _____	City _____	State _____	Zip _____
Address _____	Title _____	Duties _____	
From _____ To _____			
Employer _____	City _____	State _____	Zip _____
Address _____	Title _____	Duties _____	
From _____ To _____			
Employer _____	City _____	State _____	Zip _____
Address _____	Title _____	Duties _____	
From _____ To _____			

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____

Comments _____

Credit Report Authorization

I declare that the information provided in this application is true and correct. I hereby authorize the release of any and all credit report and other information required in the processing of my loan application and as required in the servicing and/or during the term of my loan. I further authorize CSRA Business Lending to release such information to any entity as required in the processing of my loan application.

I/We hereby certify that the enclosed information, including any attachments or exhibits provided here within or at a later date, is valid and correct to the best of my/our knowledge.

Signature _____ Date _____
Spouse Signature _____ Date _____

APPLICATION FOR SERVICES/BENEFITS

Name: _____ Date of Birth: _____

Social Security Number: _____ Telephone # _____

Address: _____

Type of Service: _____

Signature

Date

"The following information is requested 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 evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

Race Categories

- American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander

Ethnicity

- Hispanic or Latino Not Hispanic or Latino

Sex

- Male Female

This institution is an equal opportunity provider. To file a complaint of discrimination, write, USDA, Director, Office of Civil Rights, Room 326-W, Whitten, Building, 1400 Independence Avenue, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD).

OFFICE USE ONLY

Type of assistance: _____ Date: _____

Account number: _____

Other Information: _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

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)

<input type="checkbox"/> 7(a) loan / 504 loan / Surety Bonds Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children). Return completed form to: For 7(a) loans: the Lender processing the application for SBA guaranty For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee
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<input type="checkbox"/> Disaster Business Loan Application (Excluding Sole Proprietorships) Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan. Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov
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<input type="checkbox"/> Women Owned Small Business (WOSB) Federal Contracting Program This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete. SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov

<input type="checkbox"/> 8(a) Business Development Program 8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document. SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104. Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through certify.sba.gov . For additional information go to: http://www.sba.gov/8abd

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 (does not apply to ODA applicant)	

This information is current as of [month/day/year]
(within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)

WOSB applicant only, Married ___ Yes ___ No

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

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 SBA/Lender/Surety Company 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 SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

FSA-2037
(11-04-10)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

FARM BUSINESS PLAN WORKSHEET
Balance Sheet

1. NAME	2. Date of Balance Sheet
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A – CURRENT ASSETS					B – CURRENT LIABILITIES						
1A. Cash and Equivalents					\$ Value	2A. Accounts Payable					\$ Amount
1B. Marketable Bonds and Securities											
1C. Accounts Receivable						2B. Income Taxes Payable					
						2C. Real Estate Taxes Payable					
1D. Crop Inventory		1E. Measure	1F. # Units	1G. \$/Unit	\$ Value	Notes Payable Due Within 12 Months					
						2D. Creditor			2E. Purpose		
						2F. Interest Rate	2G. Accrued Interest	2H. Payment Amount	2I. Next Payment Date	2J. Principal Balance	
						(1)					
1H. Growing Crops			1I. # Acres	1J. Cost/Acre	\$ Value	(2)					
						(3)					
1K. Market Livestock-Poultry		1L. # Head	1M. Weight	1N. \$/Unit	\$ Value	(4)					
					2K. Accrued Interest On:					\$ Amount	
					(1) Current Liabilities						
					(2) Intermediate Liabilities						
					(3) Long Term Liabilities						
1O. Livestock Products		1P. Measure	1Q. # Units	1R. \$/Unit	\$ Value	2L. Current Portion of Principal Due On:					
						(1) Intermediate Liabilities					
						(2) Long Term Liabilities					
1S. Prepaid Expenses and Supplies						2M. Other Current Liabilities					
1T. Other Current Assets											
1U. TOTAL CURRENT ASSETS (Items 1A through 1T)						2N. TOTAL CURRENT LIABILITIES (Items 2A through 2M)					

C – INTERMEDIATE ASSETS					E – INTERMEDIATE LIABILITIES				
3A. Machinery & Equipment/Farm Vehicles (Entered on Page 4)					5A. Creditor			5B. Purpose	
3B. Breeding Stock	3C. Raised/Purch	3D. # Head	3E. \$/Head	\$ Value	5C. Interest Rate	5D. Accrued Interest	5E. Payment Amount	5F. Next Payment Date	5G. Principal Balance
					(1)				
					(2)				
					(3)				
3F. Notes Receivable					(4)				
					(5)				
3G. Not Readily Marketable Bonds and Securities					(6)				
3H. Other Intermediate Assets					(7)				
3I. TOTAL INTERMEDIATE ASSETS (Items 3A through 3H)					5H. TOTAL INTERMEDIATE LIABILITIES (Item 5G (1 through 7))				
D – LONG TERM ASSETS					F – LONG TERM LIABILITIES				
4A. Building and Improvements					\$ Value	6A. Creditor			6B. Purpose
					6C. Interest Rate	6D. Accrued Interest	6E. Payment Amount	6F. Next Payment Date	6G. Principal Balance
					(1)				
					(2)				
4B. Real Estate-Land	4C. Total Acres	4D. Crop Acres	4E. %Owned	4F. \$/Acre					
					(3)				
					(4)				
					(5)				
					(6)				
4G. Other Long Term Assets				\$ Value	(7)				
4H. TOTAL LONG TERM ASSETS (Items 4A through 4G)					6H. TOTAL LONG TERM LIABILITIES (Item 6GA (1 through 7))				
4I. TOTAL FARM ASSETS (From Items 1U, 3I and 4H)					6I. TOTAL FARM LIABILITIES (From Items 2N, 5H, and 6H)				
					6J. TOTAL FARM EQUITY (Item 4I minus Item 6I)				

G – PERSONAL ASSETS		H – PERSONAL LIABILITIES				
	\$ Value	8A. Creditor			8B. Purpose	
		8C. Interest Rate	8D. Accrued Interest	8E. Payment Amount	8F. Next Payment Date	8G. Principal Balance
7A. Cash and Equivalents						
7B. Stocks, Bonds		(1)				
7C. Cash Value Life Insurance						
7D. Other Current Assets		(2)				
7E. Household Goods						
7F. Car, Recreational Vehicle, Etc.		(3)				
7G. Other Intermediate Assets						
7H. Retirement Accounts		(4)				
7I. Non-Farm Business						
7J. Non-Farm Real Estate		8H. Other Liabilities				
7K. Other Long Term Assets						
7L. TOTAL PERSONAL ASSETS (Items 7A through 7K)		8I. TOTAL PERSONAL LIABILITIES				
7M. TOTAL ASSETS (Item 4I and Item 7L)		8J. TOTAL LIABILITIES (Item 6I and Item 8I)				
		8K. TOTAL EQUITY (Item 7M minus Item 8J)				

I - WARNING

I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)

9A. SIGNATURE	9B. DATE
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10. COMMENTS

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

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 0560-0238. The time required to complete this information collection is estimated to average 1.25 hours 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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.

