

## **U.S. Department of Transportation**

OMB Approval Number: 2105-0555 Expiration Date: MM/DD/YYY Office of Small and Disadvantaged Business Utilization Form DOT 2302-1 Short Term Loan Program

APPLICATION FOR RENEWAL LOAN GUARANTEE

#### PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

A Federal agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. The OMB Control No. for this information collection is 2105-0555. The information requested on this form is being collected and disseminated by the U.S. Department of Transportation, Office of the Secretary as a courtesy to the public. All responses to this collection of information are mandatory. Public reporting for this collection of information is estimated to be 60 minutes per response, including time for reviewing instructions, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, U.S. Department of Transportation, OSDBU, Financial Assistance Division, 1200 New Jersey Ave., S.E., 5th Floor, W56-497, Washington, DC 20590.

| Full Legal Name of Company:                                 |                        |                 |  |               | 2. TIN (Federal      | Tax ID No):                      | Primary Contact Name and telephone:      |
|---|------------------------|-----------------|--|---------------|----------------------|----------------------------------|--|
| 4. Legal Structure of Applicant:                            |                        |                 |  |               |                      | 6. Participating L               | ender Name:                              |
| a. Sole Proprietorship b. LLC c. LLP d. General Partnership |                        |                 |  |               |                      | 7 4 5 17                         | 7.4.1                                    |
| e. Corp. f. S. Corp g. Other                                |                        |                 |  |               |                      | 7. Applicant 's el               | nail Address and website:                |
| 5.  | Date Business Esta     | blished:        |  |               |                      |                                  |  |
| 8.  | Full Street Address of | of Primary Busi | ness Location:                               |               |                      | 15.<br>a. D&B#                   | <i>‡</i> :                               |
|   |                        |                 |  |               |                      |                                  | CS Code:                                 |
| 9.  | City:                  | 10. State:      | 11. Zip Code:                                | 12. Primary C | ontact telephone:    | 16. Number of E<br>(Including st | mployees:<br>ubsidiaries and affiliates) |
|   |                        |                 |  |               |                      | 16a. At Time of                  | Application:                             |
|   |                        |                 |  |               |                      | 16b. If STLP Lo                  | an is Approved:                          |
| 13.   | County:                |                 | 14. Fax Number:                              |               |                      | (Separate                        | es or Affiliates:<br>for above)          |
| 17.   | Bank of Business A     | ccount:         |  | 18. Bank (    | Officer's telephone: |                                  | k Officer's fax/email:                   |
| 20.   | Bank Officer's Nam     | ne:             |  |               | 21. Bank Offic       | er's E-Mail Address              | :  |
| 22.   | Business Account 6     | Bank Address:   |  |               |                      |                                  |  |
|   | PART B- TR             | ANSPORT         | ATION-RELAT                                  | ED CONTR      | ACTS TO BE           | FINANCED W                       | ITH LINE OF CREDIT                       |
| 24  | 4. Transportation      | on-Related      | l contracts to b                             | e financed    | with line of cr      | edit                             |  |
|   |                        |                 | supporting the line of diract number and amo |               |                      |                                  | repayment: Describe the                  |
| a.  | Other                  |                 |  |               | \$                   | Contra                           | ct Amount:                               |
|   |                        |                 |  | \$            |                      |                                  |  |
| Total <u>LINE OF CREDIT</u> Requested:                      |                        |                 |  |               | \$                   |                                  |  |
|   |                        |                 |  |               |                      |                                  |  |
|   |                        |                 |  |               |                      |                                  |  |

# **PART C - LIST OTHER COLLATERAL**

USE ADDITIONAL PAGES, IF NECESSARY, AND LABEL AS EXHIBITS ALL EXHIBITS MUST BE SIGNED AND DATED BY PERSON SIGNING THIS FORM

## **SECTION I - Other Collateral**

## 25. LIST OF OTHER COLLATERAL (if applicable)

Attach a copy of the deed(s) containing a full legal description of the land and show the location (street address) and city where the deed(s) is recorded. Following the address below, give a brief description of the improvements, such as size, type of construction, use, number of stories, and present condition (use additional sheet if more space is required).

| Address |  | Year<br>Acquired | Original Cost | Market Value | Amount of Lien | Name of Lien Holder |
|---------|--|------------------|---------------|--------------|----------------|---------------------|
| Α       |  |                  | \$            | \$           | \$             |                     |
| В       |  |                  | \$            | \$           | \$             |                     |
| С       |  |                  | \$            | \$           | \$             |                     |
| D       |  |                  | \$            | \$           | \$             |                     |

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| PART D – Business Debt Schedule   |                             |                 |                 |                             |                                  |  |  |
|---|-----------------------------|-----------------|-----------------|-----------------------------|----------------------------------|--|--|
| 26. LIST OUTSTANDING DEBT   |                             |                 |                 |                             |                                  |  |  |
| NAME OF CREDITOR  | Original Date<br>(mm/dd/yy) | Original Amount | Present Balance | Maturity Date<br>(mm/dd/yy) | <u>Monthly</u><br><u>Payment</u> |  |  |
| 1   | \$                          |                 |                 | \$                          |                                  |  |  |
| 2   | \$                          |                 |                 | \$                          |                                  |  |  |
| 3   | \$                          |                 |                 | \$                          |                                  |  |  |
| 4   | \$                          |                 |                 | \$                          |                                  |  |  |
| 5   | \$                          |                 |                 | \$                          |                                  |  |  |
| 6   | \$                          |                 |                 | \$                          |                                  |  |  |
| 7   | \$                          |                 |                 | \$                          |                                  |  |  |
| 8   | \$                          |                 |                 | \$                          |                                  |  |  |
| 9   | \$                          |                 |                 | \$                          |                                  |  |  |
| 10  | \$                          |                 |                 | \$                          |                                  |  |  |
| Grand Total \$ \$   |                             |                 |                 |                             |                                  |  |  |
| GOVERNMENT: Describe any debt owed to any governmental authority, including Federal, State, or local taxes, if any. |                             |                 |                 |                             |                                  |  |  |

| Outstanding Debt<br>Item |  | Original<br>Amount | Agency | Settlement/Workout<br>Plan - Date Approved | Balance Due | Current or Past<br>Due |
|--------------------------|--|--------------------|--------|--|-------------|------------------------|
| 1                        |  | \$                 |        |  | \$          |                        |
| 2                        |  | \$                 |        |  | \$          |                        |
| 3                        |  | \$                 |        |  | \$          |                        |

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| PART E – MANAGEMENT/OWNERSHIP INTEREST   |   |                   |   |  |  |  |  |  |
|--|---|-------------------|---|--|--|--|--|--|
|  | <b>28. MANAGEMENT</b> : (This section should be completed by all Proprietors, partners, and members and by all officers, directors, and/or stockholders of corporation having 20% or more ownership interest in the business applicant). Use separate sheet if necessary. |                   |   |  |  |  |  |  |
| Name and Social Security Number and Position Title  Complete Address % Owned Annual Compensation Amount          |   |                   |   |  |  |  |  |  |
| If yes, please provide the busine  | a. Are there any affiliated businesses? (Businesses that share common ownership with the applicant) If yes, please provide the business name(s) and current financial statements (dated within 90 days of application):   |                   |   |  |  |  |  |  |
| b. Are you now (or have you ever be Yes  |   | for additional ta | axes? If yes, please explain:                                 |  |  |  |  |  |
| c. Are any federal, state or local tax proof is provided.  Yes  No   |   | T cannot acce     | pt this application until paid in full and                    |  |  |  |  |  |
| <ul><li>d. Are any liabilities other than taxes in full and proof is provided).</li><li>Yes</li><li>No</li></ul> |   | ain: (If so, DOT  | cannot accept this application until paid                     |  |  |  |  |  |
| e. Are there currently any bankrupto   |   | or pending law    | suits?  |  |  |  |  |  |
| f. Are you current on any obligation agreement; or a repayment agreeme    Yes   No                               | nt from a State agency with   |                   | rative order; a court order; a repayment nforcement services? |  |  |  |  |  |
| If no how many months delinquent: _  | <del></del>   |                   |   |  |  |  |  |  |
| 29. CONTINGENT LIABILITIES:  | (Identify and provide document  | ts)               |   |  |  |  |  |  |
| a. As Guarantor, Endorser, or Co-Maker:  | Org. Amount \$  | Bal. Amount:      | \$ As of Date:  |  |  |  |  |  |
| B. Other Contingent Debts: (contracts, leases, etc.):  Org. Amount \$ Bal. Amount: \$ As of Date:                |   |                   |   |  |  |  |  |  |
|  |   |                   |   |  |  |  |  |  |

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| PART F – CERTIFICATION   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| The definition of a Disadvantaged Business Enterprise (DBE), who Code of Federal Regulations Parts 23.   | hich includes women-owned businesses and | minority owned businesses, are set forth in 49 |  |  |  |  |
| The applicant, certifies that it is a Disadvantaged Business Enterprise and that the contract or contracts to be financed are transportation-related contracts. <b>The applicant understands that this is a Revolving Line of Credit loan guaranty application for Accounts Receivable financing.</b> For the purposes of this application, an accounts receivable is money which is owed to a company for products and services provided on credit by means of a written contract or purchase order <u>for eligible transportation-related contracts only</u> and is treated as a current asset on a balance sheet. |  |  |  |  |  |  |
| 30. BASIS FOR DBE STATUS: (Check as appropriate) a. Female b. Asian c. Black d. Hispanic e. Indian/Alaskan f. Other:   |  |  |  |  |  |  |
| Name of Agency which Certified your Business as a DBE:   |  |  |  |  |  |  |
| State: Certification   | Expiration/Renewal Date:                 |  |  |  |  |  |
| Affidavit Date: Enclose a copy of your affidavit with your application and supporting documentation.   |  |  |  |  |  |  |
| 31. OTHER FEDERAL GOVERNMENT CERTIFICATION:  |  |  |  |  |  |  |
| a. Section 8(a) YES NO   |  |  |  |  |  |  |
| b. Small Disadvantaged Business (SDB)  |  |  |  |  |  |  |
| c. HUBZone YES NO  |  |  |  |  |  |  |
| d. Disabled Service Veteran (DSV)  |  |  |  |  |  |  |

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# PART G - CERTIFICATION AND SIGNATURE OF APPLICANT

## 32. CERTIFICATION

In submitting the foregoing application, the undersigned guarantees its accuracy with the intent that it be relied upon by the PL Bank and the U.S.

| Department of Transportation in extending credit to undersigned and warrants that the undersigned has not, knowingly, withheld any information that may affect its credit risk, and the undersigned expressly agrees to immediately notify said bank and the U.S. Department of Transportation, in writing, of any material change in its financial condition. |   |   |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| Signature of Preparer: (If other than applicant):  Type Name of Preparer:  |   |   |  |  |  |  |  |  |
| Address of Preparer:   | Address of Preparer:                        |   |  |  |  |  |  |  |
| If applicant is a proprietorship or partnership, sign  | below:                                      |   |  |  |  |  |  |  |
| Name:  | Title:                                      | Date:   |  |  |  |  |  |  |
| If applicant is a corporation or limited liability comp<br>STLP Loan Guarantee application)  | any, sign below (Include copy of resolution | on authorizing you to act on its behalf with regard to this |  |  |  |  |  |  |
| Name:  | Title:                                      | Date: (Corporate Seal)                                      |  |  |  |  |  |  |
| 33. Business References  |   |   |  |  |  |  |  |  |
| a. ATTORNEY'S NAME:  | TEL:  | E-MAIL:   |  |  |  |  |  |  |
| b. ACCOUNTANT'S NAME:  | TEL:  | E-MAIL:   |  |  |  |  |  |  |
| c. INSURANCE COMPANY NAME:   | TEL:  | E-MAIL:   |  |  |  |  |  |  |
| d. INSURANCE AGENT'S NAME:   | TEL:  | E-MAIL:   |  |  |  |  |  |  |
| e. BOND AGENT  | TEL:  | E-MAIL:   |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |
|  |   |   |  |  |  |  |  |  |

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# THE FOLLOWING APPLICATION EXHIBITS MUST BE COMPLETED BY THE APPLICANTS ALONG WITH A \$150.00 APPLICATION FEE.

# SHORT TERM LENDING (STLP) CHECKLIST FOR NEW APPLICANTS

| 1.         |                         | Completed DOT OSDBU STLP application signed and dated.   |
|------------|-------------------------|--|
| 2.         |                         | Financial Records for business:  |
| cov<br>not | er letter<br>es. If the | Three years of business financial statements ness financial statements should be prepared by an independent CPA firm and to include the accountant's , balance sheet, operating statement, any additional statements and schedules, and any accompanying e latest financial statements are more than 90 days old, interim financial statements are to be furnished be management prepared.                   |
|            |                         | Three years of business federal tax returns  |
| 3.         |                         | <b>Financial Records personal:</b> (for each proposed guarantor and individual owning 20% or more of the company)  |
|            |                         | Current personal financial statement (dated and signed)  |
|            |                         | Three years of personal income tax returns   |
| 4.         |                         | <b>Current Work in Progress (WIP) Schedule</b> or statement to include all jobs currently under contract. (Contract owner, project name, contract amount, start date, percentage completed and billed amounts, collected amounts, and estimated completion date should be included)  |
| 5.         |                         | Current Aging Reports of both Receivables and Payables (should be 90 days current)   |
| 6.         |                         | <b>Cash Flow Projection</b> covering the term of the loan must be submitted. This report should show, on a monthly basis, total revenues from both transportation and non-transportation related contracts in progress, the associated cost of goods and services, general and administrative operating costs, net monthly cash flow, and anticipated advances and repayment on the proposed line of credit. |
| 7.         |                         | <b>Current DBE Certification</b> and/or other eligible SBA certification (8a, HUBZone, SDB, DSV). This is to include updated an annual affidavit as part of the certification requirements and evidenced of acceptance by the DOT by your home state or your Business Opportunity Specialist (BOS) if it is a SBA certification.   |
| 8.         | Organi:                 | <b>Business formation documents</b> (Articles of Incorporation, or Partnership Agreement, or Articles of zation) and evidence of proper business registration.   |
| 9.         |                         | Company history and a statement of the expected benefits of the loan.  |
| 10.        |                         | List of completed contracts during the past 12 month period.   |
| 11.        |                         | <b>2 Reference letters</b> relating to the applicant's contract performance and one other reference letter relating to either financial or professional performance. These letters should be dated within the past six months of the date of application.  |
| 12.        |                         | Resume of key management   |
| 13.        | assigne                 | Complete <b>copy of all transportation-related contracts</b> , subcontracts, and/or purchase orders that will be ed to the proposed loan.  |
| 14.        |                         | Bonding information, if applicable   |
| 15.        |                         | If any of the principal owners of the applicant business also own a majority interest in other business concern, he/she must submit the past three fiscal years of financial statements and/or federal tax returns for the each affiliated business.   |

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### AGREEMENTS AND CERTIFICATIONS

I authorize the DOT to have its agent, the PL or Surety Company, to conduct such credit and personal history report and information checks about me as may be needed in order for the DOT to carryout its fiduciary responsibilities and such other due diligence as may be necessary for the purpose of determining my eligibility for the programs authorized by the DOT and its OSDBU under 49 U.S.C. 332.

**CAUTION**: Knowingly making a false statement on this form is a violation of Federal Law and could result in criminal prosecution, significant civil penalties, and a denial or your DOT loan guarantee or surety bond guarantee, as well as other DOT program participation. A false statement is punishable under 18 USC§ 1001 by imprisonment of not more than five years and/or a fine or not more than \$10,000.

**CERTIFICATION**: Agreements of non-employment of DOT personnel: I agree that if DOT approves this loan application I will not, for at least two years, hire as an employee or consultant, anyone that was employed by DOT during the one year period prior to the disbursement of the loan.

### I certify:

- (a) I have not paid anyone connected with the Federal Government for help in getting this loan. I also agree to report to the DOT Office of the Inspector General, Washington, DC 20590 any Federal Government employee who offers, in return for any type of compensation, to help get this loan approved.
- (b) All information in this application and the exhibits are true and complete to the best of my knowledge and are submitted to DOT for credit underwriting, whereby DOT guarantees the loan up to 75%. I agree to pay for or reimburse the bank for the cost of any surveys, title or mortgage examinations, appraisals, credit reports, etc., performed by bank personnel.
- (c) The prospective borrower certifies, by submission of this application, that neither it nor its principals are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

| Ву: | <br> | <br> |  |
|-----|------|------|--|
|     |      |      |  |
|     |      |      |  |
|     | <br> | <br> |  |

### **PRIVACY ACT STATEMENT**

The Privacy Act requires that we provide you with the following information regarding our use of your Personally Identifiable Information. The information on this application is solicited under the authority of Title 49 U.S.C. 332(b)(3)(4)(5) which authorizes DOT OSDBU to assist Disadvantage Business Enterprises and Small and Disadvantaged Business in acquiring access to working capital and to debt financing, in order to obtain transportation related contracts wholly or partially funded by DOT. Your request cannot be processed unless the data is complete. Disclosures of name and other personal identifiers are required for a benefit, as DOT requires an individual seeking assistance from DOT to provide with sufficient information for it to evaluate the risk of a loan application. In making loan guarantees pursuant to Title 49 U.S.C. 332(b)(3)(4)(5), DOT is required to have reasonable assurance that the loan is of sound value and will be repaid or that is in the best interest of the Government to grant the assistance required. Routine uses of records maintained in the system include: processing, review, and final approval of your loan by authorized Office of Small and Disadvantaged Business Utilization (OSDBU) personnel; internal loan review and independent financial analyst provided by a financial expert contractor working for OSDBU; the loan referral to a Participating Lender involved in the underwriting, loan approval, and loan servicing of the loan guarantee; and recording in the Grant Information System. Disclosure of your Social Security Number (SSN) and/or date of birth (DOB) are optional. Refusal to furnish your SSN and/or DOB will not result in the denial of any right, benefit or privilege provided by law; however, failure to provide SSN and/or DOB may result in the delay of a response of the processing of your loan application or its rejection. Routine uses of your social security number include: processing, review, and final approval of your loan by authorized Office of Small and Disadvantaged Business Utilization (OSDBU) personnel; internal loan review and independent financial analysis provided by a financial expert contractor working for OSDBU; and the loan referral to a Participating Lender involved in the underwriting, loan approval, and loan servicing of the loan guarantee.

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## **APPLICANT'S CERTIFICATION**

By my signature, I certify that I have read and received a copy of the "STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER," which was attached to this application. My signature represents an agreement to comply with the approval of this loan request and to comply, whenever applicable.

Each proprietor, each General Partner, each Limited Partner or Stockholder owning 20 percent or more, each Guarantor and the spouse of each Guarantor must sign. Each person should sign only once.

| Business Name:      | _                   |   |      |
|---------------------|---------------------|---|------|
| Ву:                 | Signature and Title |   | _    |
| 34. GUARANTORS:     |                     |   |      |
|                     |                     |   |      |
| Signature and Title |                     | _ | Date |
|                     |                     |   |      |
| Signature and Title |                     | _ | Date |
|                     |                     |   |      |
|                     |                     | _ |      |
| Signature and Title |                     |   | Date |

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