



212 Lady Slipper Avenue N.E. • P.O. Box 81, New Prague, MN 56071  
 Phone: 800-822-2981 • Fax: 800-640-2342 • <http://www.map-inc.org>

**Revolving Loan Fund Application**  
 Submit completed application to [map@map-inc.org](mailto:map@map-inc.org) (e-mail) 952-758-4336 (fax)

APPLICANT INFORMATION			
Name of Borrowing Organization			Date
Borrower Address (Street, City, State & Zip)			
County	Phone Number	Fax Number	E-mail
Employer Identification Number (Federal ID or State ID #)			
Contact Person		Title	
Contact Person Address (Street, City, State, & Zip)			
Phone Number	Fax Number	E-mail	
TYPE OF ORGANIZATION			
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Association	<input type="checkbox"/> Water Supply Corporation	
	<input type="checkbox"/> Nonprofit Waterworks	<input type="checkbox"/> Nonprofit Cooperative	
<input type="checkbox"/> Public Agency	<input type="checkbox"/> Municipality	<input type="checkbox"/> County	<input type="checkbox"/> Township
	<input type="checkbox"/> Utility District or Public Authority	<input type="checkbox"/> Other (Please Specify) _____	
LOAN PURPOSE			
Please provide a brief description of your proposed project or the purpose for which you are requesting the loan. (Attach additional pages if needed.)			
LOAN TYPE			
<input type="checkbox"/> Pre-development/Planning	<input type="checkbox"/> Construction		
<input type="checkbox"/> Interim Financing	<input type="checkbox"/> Capital Equipment		
LOAN REQUEST			
Loan Amount		Term Requested	
Anticipated Closing Date		Lien Position	
Proposed Security			

**NUMBER OF CONNECTIONS**  
(For Utility Projects)

	<b>WATER</b>	<b>WASTEWATER</b>	<u>OTHER</u>
<b>Current</b>		_____	_____
<b>Proposed</b>		_____	_____

How many years has your utility been providing service?

Please briefly describe the background and history of your organization and the utility.  
(Attach an additional page, if necessary.)

**BENEFITS OF PROPOSED PROJECT**

What will be the benefits of your proposed project to your community? (Attach additional information, as needed.)

**PROJECT BUDGET**

\$	Construction Costs
\$	Land Acquisition/Right of Ways/Appraisals
\$	Equipment Purchase
\$	Engineering/Architectural/Planning
\$	Legal Fees
\$	Contingencies
\$	Demolition/Site Work
\$	Interest
\$	Other (describe)
\$	EQUALS Total Project Cost
\$	LESS OTHER FUNDING (Source)
\$	EQUALS Amount Requested from MAP

**GENERAL**

Has there been an income survey done on your community?  Yes  No  
If yes, what date? \_\_\_/\_\_\_/\_\_\_ Please attach: you may be eligible for special loan financing.

Does your organization have any grant/loan applications pending?  Yes  No  
If YES, please attach details about the application(s.)

Is your system under any regulatory enforcement order or have you been notified of any pending enforcement action?  
 Yes  No  
If YES, please attach details including copies of any enforcement order, plans for correction, etc.

Is there any pending litigation involving your organization? \_\_\_\_ Yes \_\_\_\_ No

If YES, please attach details about the litigation.

Do you need an environmental report for this project? \_\_\_\_ Yes \_\_\_\_ No

Is applicant organization willing to accept no-cost technical assistance if it would improve the applicant's credit worthiness?

Yes  No

What is your organization's plan for repayment of this loan? \_\_\_\_\_

**CHECKLIST OF SUPPORTING DOCUMENTS FOR THIS APPLICATION:**

Please attach the following supporting documents. Place a check mark (√) in the box for each document.

- Copy of the last two (2) years' annual audits. If your organization does not have audits, please state the reason why and attach available financial statements.
- Copy of your budget for the current year.
- Copy of all current insurance policies or confirmations (front page only.)
- Copy of the Engineering Report or other documents describing the project. (Not applicable for predevelopment application.)
- Copy of your current or proposed rate structure for water and/or wastewater customers, if system is operational.
- Copy of the resolution or extract of the minutes authorizing the submission of this application.
- If your organization has any grant or loan applications pending, please provide details about the application.
- Copy of any current Regulatory Enforcement Order, etc., if applicable.
- Description of any pending litigation, if applicable.

Failure to include any of the above requested information will delay processing of the application.

## CERTIFICATION

The undersigned representative(s) of the applicant identified on Page 1 hereby:

1. CERTIFY that the information contained herein and attached herewith is true and correct to the best of my (our) knowledge and belief, and
2. CERTIFY that this Application for Financial Assistance and all additional or supplemental information provided constitutes the application for a loan from Midwest Assistance Program, Inc. and
3. CERTIFY that the governing board of the applicant has duly authorized this application for a loan and has the legal authority to incur the debt that they have applied for, and
4. UNDERSTAND that a loan origination fee will be charged by Midwest Assistance Program, Inc. at the time of the loan closing along with any additional out-of-pocket costs required for closing, and
5. GRANT Midwest Assistance Program, Inc. permission to obtain credit information and general references and to contact the borrower's accountant.

It is further agreed and certified that any additional or supplemental information requested in connection with this application will be submitted as true and correct to the best of my (our) knowledge and belief.

\_\_\_\_\_  
Name of Borrowing Organization

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Printed or typed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Borrowing Organization

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Printed or typed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

(Requires two signatures)