



STATE OF MISSOURI  
 MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)  
 SINGLE-PURPOSE ANIMAL FACILITIES LOAN GUARANTEE PROGRAM  
**APPLICATION FOR LOAN GUARANTEE (ANIMAL FACILITY – OPERATION)**

|                   |                          |                |
|-------------------|--------------------------|----------------|
| LENDER            |                          |                |
| STREET ADDRESS    |                          | E-MAIL ADDRESS |
| CITY              | STATE                    | ZIP CODE       |
| PERSON TO CONTACT | PHONE NUMBER (AREA CODE) | FAX NUMBER     |

|                |       |          |                            |
|----------------|-------|----------|----------------------------|
| BORROWER       |       |          |                            |
| STREET ADDRESS |       |          | PHONE NUMBER (AREA CODE)   |
| CITY           | STATE | ZIP CODE | COUNTY OF PROJECT LOCATION |

1. AMOUNT OF COLLATERIZED ANIMAL FACILITY OPERATION LOAN BEING FINANCED, REFINANCED, OR RESTRUCTURED:

DETAIL USE OF LOAN PROCEEDS:

FEED

- Commercial
- Grain Purchased
- Hay Purchased
- Silage Purchased
- Grain Raised
- Hay Raised
- Silage Raised

|    |    |
|----|----|
|    | \$ |
| \$ |    |
| \$ |    |
| \$ |    |
| \$ |    |
| \$ |    |
| \$ |    |
| \$ |    |

VETERINARY, MEDICINE & SUPPLIES

HIRED LABOR

UTILITIES & INSURANCE

FACILITY REPAIR AND MAINTENANCE

PROPERTY TAXES

TRANSPORTATION

INTEREST DUE

REPLACEMENT BREEDING LIVESTOCK, SEMEN, AI SERVICES

OTHER (PROVIDE LIST)

|    |
|----|
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |

|        |    |
|--------|----|
| TOTAL: | \$ |
|--------|----|

|   |    |
|---|----|
| 2. ELIGIBLE LOAN AMOUNT SUBJECT TO GUARANTEE ( <b>CANNOT EXCEED \$250,000 and 90% of costs</b> )<br>(IF THE TOTAL LOAN EXCEEDS \$250,000 THEN THE LENDER AND THE AUTHORITY SHALL EXECUTE A PARITY AGREEMENT.) | \$ |
|---|----|

|   |    |
|---|----|
| 3. AMOUNT OF GUARANTEE REQUESTED ( <b>CANNOT EXCEED 50% OF THE ELIGIBLE LOAN AMOUNT</b> ) | \$ |
|---|----|

4. TERMS OF LOAN     NEW LOAN     REFINANCING     RESTRUCTURING

A. LENGTH OF LOAN \_\_\_\_\_

B. INTEREST RATE \_\_\_\_\_%     FIXED     VARIABLE

IF VARIABLE, HOW IS RATE DETERMINED?

C. WHAT COLLATERAL IS BEING PROVIDED ON THIS LOAN?

\_\_\_\_\_

D. REPAYMENTS:

MONTHLY     QUARTERLY     SEMI-ANNUALLY     ANNUALLY     OTHER (SPECIFY) \_\_\_\_\_

AMOUNT OF REPAYMENT PER PERIOD \$ \_\_\_\_\_



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**CERTIFICATION OF LENDER**

The undersigned Lender has read the following statements and hereby certifies that:

1. The Lender is qualified in the State of Missouri to originate and service loans and is a "Lender" as defined in Chapter 348 RSMo as amended.
2. The borrower is an independent producer who is at least 18 years of age qualifying for a loan through the Single-Purpose Facilities Loan Guarantee Program. (A loan **cannot** be made to an integrated cattle producer with 5,000 or more head feedlot capacity, or to a swine producer with 1,200 or more sows.)
3. The project being financed is located in Missouri and will be financed by a resident(s) of the state.
4. The borrower has made a down payment or provided equity of at least 10% toward the cost of the project being financed.
5. The guaranteed portion of loans made under the program does not exceed \$250,000.
6. Loans made under the program will not be assumed by another person(s) without the prior approval of the Authority.
7. Loans made under the program will not be assigned by the lender without approval of the Authority.
8. Loans made under the program will not be extended beyond the original time established for the loan without prior approval of the Authority.
9. A participation fee of 1% of the loan will be collected from the borrower at the time of closing and submitted to the Authority.
10. A loan guarantee fee of (a) one-half of one percent of the loan at closing and (b) one-half of one percent of the declining principal balance of the loan due each year on the anniversary date of the loan. Acceptance of all fees shall not constitute any waiver by the Authority of any negligence or malfeasance on part of the Lender. Closing shall mean the execution date of the Certificate of Loan Guarantee.
11. The lender will apply normal due diligence procedures in the collection of loans guaranteed through the program.
12. The lender will use its regular collection procedures prior to any action being undertaken by the Authority.
13. The lender will execute a parity agreement with the Authority if total loan exceeds \$250,000.
14. The lender has submitted with the application requested financial information on the borrower and will submit annually the borrower's profit and loss statement (if available), current balance sheet, federal and state income tax reports, and loan status reports.
15. Prior to a loan loss payment being made, the lender shall provide proof of compliance (copy of MOU) with the federal work authorization program (E-verify).

**RATIO SUMMARY**

**DEBT/ASSET RATIO** (TOTAL LIABILITIES/TOTAL ASSETS): ..... %  
**OWNERSHIP EQUITY RATIO** (NET WORTH/TOTAL ASSETS): ..... %  
**LOAN TO ASSET VALUE** (TOTAL DEBT/PROPERTY VALUE): ..... %

**COVERAGE RATIO**

(NET FARM INCOME+NON-FARM REV.+DEPR.+INT. MINUS FAMILY LIVING & INCOME TAXES/DEBT PAYMENTS) . \_\_\_\_\_ %

THE LENDER HAS SUBMITTED WITH THE APPLICATION:

- Three (3) years Tax Returns
- Current Financial Statement (not more than 3 months old)
- Two (2) years prior Financial Statements
- Projected Loan Post-Closing Financial Statement
- Cash Flow Projections
- Copy of Lender's Loan Analysis
- Copy of Lender's Credit Bureau Report
- Copy of all security filings on this loan

SIGNATURE OF OFFICIAL LENDING INSTITUTION

TITLE OF LENDING OFFICIAL

DATE



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**CERTIFICATION OF THE BORROWER**

|   |                    |
|---|--------------------|
| I, the undersigned borrower, have read the following statements and hereby certify that:  |                    |
| 1. I am _____ with a substantial interest in an entity that is making the application for a loan guarantee<br><ul style="list-style-type: none"> <li>• A commissioner or employee of the Missouri Agricultural and Small Business Development Authority</li> <li>• A member of the General Assembly</li> <li>• A state-wide elected official</li> <li>• A director of a State Department</li> <li>• A parent, child, spouse or sibling of any of the above</li> </ul> (Substantial interest Defined in RSMo Section 105.40) If any apply, check the box True  | ___ TRUE ___ FALSE |
| 2. I am a permanent resident of the State of Missouri and at least 18 years of age.   | ___ TRUE ___ FALSE |
| 3. This project is located within the State of Missouri.  | ___ TRUE ___ FALSE |
| 4. I am an independent livestock, poultry, or earthworm producer. I am <b>not</b> an integrated poultry producer, an integrated cattle producer with 5,000 or more head capacity feedlot or a swine producer with 1,200 or more sow limit. (If two or more independent producers organize a networking agreement to produce swine, the 1,200-sow limit would not apply.)  | ___ TRUE ___ FALSE |
| 5. I will make a down payment or provide equity of at least 10% toward the cost of the project being financed.  | ___ TRUE ___ FALSE |
| 6. I will provide collateral on the loan.   | ___ TRUE ___ FALSE |
| 7. I agree that the loan may not be assumed by another person without the prior approval of the Lender and the Authority and then only if the purchaser of the property is an eligible applicant for an Authority loan.   | ___ TRUE ___ FALSE |
| 8. I understand and agree to a Participation Fee of 1% of the amount borrowed and understand it will be charged and due at closing.   | ___ TRUE ___ FALSE |
| 9. I understand and agree to a Loan Guarantee Fee of (a) one half of one percent of the loan at closing and (b) one half of one percent of the declining principal balance of the amount borrowed due each year on the anniversary date of the loan.  | ___ TRUE ___ FALSE |
| 10. I understand and agree that I must supply the Lender with requested financial information annually or more often if requested by the Lender.  | ___ TRUE ___ FALSE |
| 11. As an applicant to a program administered by the Missouri Agricultural and Small Business Development Authority, I (we) understand that:<br>(a) the information provided to the Authority in connection with the loan or loan guaranty is to be used by the Authority or its assignees in determining whether I (we) qualify as a participant in its programs;<br>(b) the information provided to the Authority will not be disclosed outside the Authority except as required by law;<br>(c) I (we) do not have to provide this information, but if the information is not provided, the application for approval may be delayed or rejected; and<br>(d) the application for a loan or a loan guaranty authorizes the Authority to obtain financial information contained in financial institutions (No further notice of subsequent access to this information shall be provided during the term of the loan or the loan guaranty). | ___ TRUE ___ FALSE |
| 12. To the best of my knowledge, all information I have supplied to the Lender is truthful and complete. This includes the application and all documentation, including financial statements.   | ___ TRUE ___ FALSE |
| 13. I authorize the Authority to release information regarding the description of the property to be financed to the extent necessary to comply with legal requirements for processing the loan application.  |                    |
| SIGNATURE OF BORROWER   | DATE               |
| SIGNATURE OF BORROWER   | DATE               |
| MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY<br>P.O. BOX 630<br>JEFFERSON CITY, MO 65102-0630<br>TELEPHONE: (573) 751-2129<br>FAX: (573) 522-2416<br>E-MAIL: <a href="mailto:masbda@mda.mo.gov">masbda@mda.mo.gov</a><br>WEB SITE: <a href="http://mda.mo.gov">http://mda.mo.gov</a>  |                    |

## Additional Documentation

Recent changes to Missouri's immigration law requires that applicants for any state administered benefit provide certification and evidence of legal residence and those that employ others must also provide certification and evidence that your employees' legal status is verified.

**You must provide a copy of your valid Missouri Driver's license with this application.** If you do not have one or are an out of state applicant, you must provide one of the documents listed below:

- U.S. Birth Certificate (certified with embossed or raised seal issued by state or local government)
- U.S. Passport (valid)
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad
- Any other document issued by the federal government affirming legal presence in the U.S.

### Additional Instructions:

#### All Applicants:

All applicants must fill out BOTH sections of the Certification of Citizenship/ Immigration Status and Employer Status document. You do NOT have to complete the Affidavit of Authorized Workers section and you do NOT have to enroll in E-verify if you have no employees.

#### If you have employees:

If you employ workers with your business you must indicate that you do on the Employer Status Section and complete the Affidavit of Authorized Workers. You also must enroll in the federal worker authorization program, E-Verify and send in a copy of the MOU you received when enrolling with this application. You can enroll by visiting [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify). E-Verify is a free service provided by the US Department of Homeland Security.

### **Checklist: Please use this checklist to ensure a complete application.**

#### All Applicants:

- \_\_\_\_\_ MO Driver's License (or other document listed above)
- \_\_\_\_\_ Signed Certification or Citizenship/ Employer Status  
(Both Section completed and signed)
- \_\_\_\_\_ Completed program application

#### Applicants with Employees:

- \_\_\_\_\_ Affidavit of Authorized Workers
- \_\_\_\_\_ Executed MOU from E-Verify

## Certification of Citizenship/ Immigration Status

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

I am a United States Citizen or have been granted lawful permanent residence\* of the United States. I understand that I am required by state law to provide proof of my citizenship, residency, and identity in order to apply for any state programs.

|                    |                |               |
|--------------------|----------------|---------------|
| _____<br>Signature | _____<br>Title | _____<br>Date |
| _____<br>Signature | _____<br>Title | _____<br>Date |

\*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship, identity, and residency at the time of applying for any state administered benefits. **You must provide a copy of your valid Missouri driver's license with this application.** If you do not have or cannot provide this, please see "Additional Documentation" for allowed alternatives.

## Employer Status

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

(Please select the statement that applies)

**Do you have employees or subcontractors in connection with this application in the state of Missouri?**

\_\_\_\_\_ **NO**

\_\_\_\_\_ **YES** (If yes, you must complete the attached Affidavit of Authorized workers, along with enrolling in the federal worker authorization program and enclose evidence of such enrollment)

|                    |                |               |
|--------------------|----------------|---------------|
| _____<br>Signature | _____<br>Title | _____<br>Date |
| _____<br>Signature | _____<br>Title | _____<br>Date |

## Affidavit of Authorized Workers

**BEFORE ME**, the undersigned Notary, \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, known to me to be a credible person and of lawful age, who being by me first duly sworn, on \_\_\_\_\_ oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant (please list name of applicant \_\_\_\_\_) and as such am authorized to make the statement of affirmation contained herein.

**I (We) hereby certify, subject to penalties of law, that I(we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.**

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired and currently employed by me, my business, and/or any other business entity which I have hiring or management authority.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understanding (MOU) you received when enrolling in e-verify.** To enroll visit [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify).

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed an unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

|                     |                    |                |
|---------------------|--------------------|----------------|
| _____<br>Print Name | _____<br>Signature | _____<br>Title |
| _____<br>Print Name | _____<br>Signature | _____<br>Title |

State of Missouri  
County of \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

[Notary Seal:]

\_\_\_\_\_  
[signature of Notary]

\_\_\_\_\_  
[typed name of Notary] My commission expires: \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC