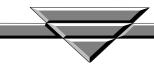
MIDAS Application Number: 1305	50-06
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Address	

Application Formfor the MIDAS Council of Governments EDA Revolving Loan Fund Program

602 1st Avenue South Fort Dodge, Iowa 50501 Phone (515)576-7183 FAX (515)576-7184 E-Mail: cweldon@midascog.net



Before completing an application the applicant is urged to review the "Program Implementation summary and Plan for the MIDAS Business Revolving Loan Fund," which outlines other conditions and requirements of the program.

A Non-refundable Application Fee is due at the time this application is submitted. Also, note that the applicant/borrower will be responsible for paying the costs for legal review of security documents and the cost of filing of such documents if a loan is finalized.

Items that must be included to be a complete application

<u>L_</u> J	Loan Request Form (page 3)
[_]	History and Description of Business (page 4-6)
[_]	Employee and Payroll Information (page 6-7)
[_]	Financial Information (page 8-9)
[_]	Schedule of Collateral (page 10-12)
[_]	Signatures (page 12)
[_]	Environmental Information (page 13-16)
F 1	Release of Information and Indemnification (page 17)

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Required Attachments. Check Off Each One Submitted Or Not Applicable (NA).

[_]	Business Plan and Marketing Plan (If New Business). Exhibit #1
[_]	Balance Sheets and Profit and Loss Statements for the past three years. Exhibit #2
	Balance Sheets and Profit and Loss Statements projected for the next two years. Exhibit #3
	Letters of Commitment of Funds from banks and all lenders participating in the project and terms of the loan(s). Exhibit #4
	A copy of existing or proposed lease or purchase agreement or other financing arrangements. Exhibit #5
	An independent appraisal on property being acquired that includes before construction value, after construction value, and quick sale value. Exhibit #6
[_]	A copy of the deed to the property involved. Exhibit #7
	Preliminary plans and specifications covering new construction and cost estimates for machinery and equipment. Exhibit #8
[_]	Resumes of the principals involved in the firm. Exhibit #9
	If your business is a franchise, include a copy of the franchise agreement and the Franchisor's FTC Disclosure Statement. Exhibit #10
	Current personal financial statement for each owner, partner, and each stockholder with 20% or more ownership of the business. Exhibit #11
	Resolution from the Board of Directors, if a corporation, authorizing the business to borrow funds and sign loan documents. Exhibit #12
	Corporation's Certificate of Good Standing. If a Partnership is involved, provide a Partnership Agreement and a Certificate as to Partners. Exhibit #13
[_]	Statement of Assurances. Exhibit # 14
[_]	Statement of Required Acts. Exhibit #15
	Is any officer, director or controlling group of the Mid Iowa Development Association Council of Governments an officer, director or holder of any direct or indirect pecuniary interest in the business? [_] No [_] Yes
	(If yes, explain and attach as Exhibit #16)
Please ide	entify the purpose of this application for assistance.
[_] [1. CREDIT IS NOT OTHERWISE AVAILABLE If 1. is checked, a letter from a financial institution stating this fact <u>MUST</u> be attached.
[_] 2	2. INCENTIVE TO LOCATE If 2. is checked, please provide a letter (on company letterhead) defining why the incentive is required

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APPLICANT INFORMATION

* * * * * * * * * * * * * * * * * * * *	*****************		
Company Name	Telephone #		
Address			
City	State	Postal Code	
Date Established	EstablishedName of Franchise (if Applicable)		
Type of Entity:			
Ŀ J	PORATION "S" OI		
<u></u>	Proprietorship (d/b/	(a)	
<u></u> -	eral Partnership		
	ted Partnership		
	r: (explain)		
OWNERSHIP OF APPLICANT COList below all owners, partners, and stockholders with 20% or more ow			
Name	Name		
Title			
City, State, Zip	City, State, Z	ip	
Telephone	Telephone		
Percent Ownership	Percent Owne	ership	
Social Security No	Social Securi	ty No	
Name	Name		
Title			
City, State, Zip	City, State, Z	ip	
Telephone	Telephone		
Percent Ownership	Percent Own	ership	
Social Security No	Social Securi	ty No	

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Sponsoring Local Development Corporation (Required)

Sponsoring LDC	Telephone #		
Address			
City	State	Postal Code	
CONTACT PERSON/TITLE _		Signature	
applicant is located will be require funds requested from the MIDAS l	thontas and Calhoun Counties the Loca d to submit a "local match amount" to RLF fund. The local match will remain les match funds to three project loans.	this project. The local match is ex	pressed as 10% percent of t
HISTORY <i>A</i> * * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * *	*****
City	Project Location StreetZIP		
2. Company's Federal I.D. N	Number		
Company's DUNS Nur	mber		
Is your company a	New Business E	xisting/Expanding Busi	iness
	on of your business? [_] `ating from?		_
3 Briefly describe the type	of product(s) manufacture	d or service your busing	ess will nrovide

4. Provide a detailed description of your proposed project.
5. Provide a brief history of your company.
6. What date will the project begin? Has any part of the project been started? [] Yes [] No
7. For what purpose are you requesting the loan funds? [
[_] Other (please explain) 8. Who are the KEY people involved in the operation of your company?
9. Is the company a franchise? [_] Yes [_] No If Yes, include a copy of the franchise agreement.
10. How often are financials prepare and by whom?

11. Please identify all financial participants involved with this project and their corresponding contact information .
12. Who would be considered your main competitors and where are they located?
13. What markets are targeted or served?

14. What type of marketing program will you use?

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EMPLOYEES AND PAYROLL INFORMATION

15.	What has been your greatest number of em When?	ployees?
16.	What is the current number of employees?	Full TimePart Time
17.	HOW MANY NEW JOBS WILL THIS MONTHS?	PROJECT CREATE IN THE NEXT 12
		Part Time
18.	HOW MANY NEW JOBS WILL THIS MONTHS?	
	Full Time	Part Time
19.	What will be the average starting wage for	new employees? \$
	[_] Yes [_] No If yes, how many?Explain why	/:
	What is the estimated annual payroll of the oject? Within the first TWELVE MONTH PERIWITH WITH THE WITH THE WITH THE MONTH THE WITHIN THE WITHI	
22.	Please check what type of benefits your new	w employees will received.
	 Health Life Disability Insurance Vacation Holiday Sick Other 	
	If checked, please describe benefit	š.

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FINANCIAL INFORMATION

Accountant's Name	Attorney's Name	
Firm	Firm	
Address	Address	
City, State, Zip	City, State, Zip	
Telephone	Telephone	
	Contact	
Contact BANK REFERENCES (Busin	Contact ess and Personal)	
BANK REFERENCES (Busin Name	Contactess and Personal)	
BANK REFERENCES (Busin Name	Contactess and Personal)Name	
BANK REFERENCES (Busin Name	Contactess and Personal)	

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ESTIMATED PROJECT COSTS

Land Acquisition/Site Preparations

New Building Construction

Existing Land and Building

Building Improvements/Repairs

Acquisition of Machinery/Equipment

Acquisition of Furniture/Fixtures

Inventory Purchase

Working Capital

Other (Identify)

TOTAL ESTIMATED PROJECT AMOUNT

TOTAL RLF LOAN REQUESTED

CASH/EQUITY TO BE COMMITED

Source of Equity: Cash from personal resources

Cash from Business

Other Sources of Equity:

\$

Source of

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FINANCING INFORMATION

PROJECT SOURCES AND USES

	Source A	Source B	Source C	Source D	Source E
Land Acquisition	\$	\$	\$	\$	\$
New Building Construction	\$	\$	\$	\$	\$
Existing Land and Building	\$	\$	\$	\$	\$
Building Improvements/Repairs	\$	\$	\$	\$	\$
Acquisition of Machinery/Equipment	\$	\$	\$	\$	\$
Acquisition of Furniture/Fixtures	\$	\$	\$	\$	\$
Inventory Purchase	\$	\$	\$	\$	\$
Working Capital	\$	\$	\$	\$	\$
Other (Identify)	\$	\$	\$	\$	\$
TOTAL PROJECT AMOUNT	\$	\$	\$	\$	\$

SOURCE A	Financial Institution	Amount \$	Term	Yrs	Rate%	
SOURCE B	MIDAS RLF	Amount \$	Term	Yrs	Rate%	
SOURCE C	OWNERS EQUITY	Amount \$	Term	Yrs	Rate%	
SOURCE D		Amount \$	Term	Yrs	Rate%	
SOURCE E		Amount \$	Term	Yrs	Rate%	
24. Have any [_] Ye If yes,	of the funds from the fes [_] No how much? \$	inancial instituti	on been disbursed?		No	
23. W Hat IS II	ic source of the local in	aun:				
Name	of the contact person?		Tele	phone No	0	

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SCHEDILE OF COLLATERAL

OCHE	DULE OF	COLLATERAL
* * * * * * * * * * * * * * * * * *	******	* * * * * * * * * * * * * * * * * * * *
SECURITY		
26. What type of security and in v	what amount will th	e assisted business provide to MIDAS?
MORTGAGE	\$	What Position?
PERSONAL PROPERTY	\$	What Position?
PERSONAL GUARANTEE	\$	
OTHER	\$	
DEAL ESTATE		

	LIST PARC	CELS OF REA	AL ESTATE		
Address	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lien Holder

Attach a copy of the deed(s) containing a full legal description of the land (if the land is to be used to secure this loan).

ATTACH PHOTO (IF AVAILABLE)

PERSONAL PROPERTY

All items listed must show the manufacturer or make model, year, and serial number. Items with no serial number must be clearly identified.

LIST ITEMS TO BE PROVIDED AS COLLATERAL					1
Name	Year Acquired	Original Cost	Market Value	Amount of Lien	Name of Lien Holder

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Address	

Environmental Information

27. Name of current property owner(s)
28. Historic use of the property (check all that apply).
[_] Personal Services
[_] Manufacturing
[_] Retail Trade
[_] Health Services
[_] Other
29. Did this property have, or will it have underground storage tanks in use?
[] Yes [] No [] Unknown as to past use
30. Will your company or business need an environmental permit? [] Yes [] No If yes, type of permit and regulatory agency.
31. Are you aware of any violations regarding the release threat of release, or cleanup of any hazardous substances on this property? [] Yes [] No
32. Has an environmental audit been completed on this property? [] Yes [] No
33. Are there currently chemicals, fuels, pesticides, or waste products on this property? [] YES [] Stored in tanks [] NO
34. If you answered "YES" to having chemicals currently on the property, have there been any accidental spills? [] Yes [] No
35. If you answered "YES" to having chemicals currently on the property, what is the current practic of disposal of the used solvents, oils, metal shavings, etc.?

A. Name of City.

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FORM 1 - ENVIRONMENTAL CLEARANCE WORKSHEET

В.	Project name and location.
C.	Brief description of proposed activity.
D.	 Are there properties listed on, nominated to or eligible for nomination to, the National Register of Historic Places on the site, or in the vicinity of the proposed activity? yes no
	2) If yes, does the proposed action have an effect on the properties? yes no
	3) How has this determination been made?
E.	Environmental Checklist:
	Rate the proposed activity of the following environmental components in terms of actual or potential impacts on the project on the environment on the project.
	The rating scale is as follows:
	$0 = \frac{\text{no impacts.}}{\text{no impacts.}}$
	$1 = \underline{\text{minor impacts}}$ (i.e., those impacts which can be easily mitigated with minimal extra
	expenses or delay in project implementation).
	2 = <u>major adverse impacts</u> (i.e., those impacts which cannot be mitigated or which
	would require extensive mitigate long delays of project implementation
	N/A = not applicable to the type of activity proposed.

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Environmental Checklist

01.	Unique geologic features on	
	site or in vicinity	
02.	Valuable geologic resources	
	within 1 mile of site	
03.	Slope stability/rockfall	
04.	Depth of impermeable layers	
05.	Subsidence	
06.	Consolidation (geologic)	
07.	Seismic risk	
08.	Foundation support	
09.	Soil plasticity	
10.	Frost susceptibility	
11.	Liquefaction	
12.	Erosion/sedimentation	
13.	Soil permeability	
14.	Abandoned, active or planned	
	sanitary landfill	
15.	Wetlands	
16.	Coastal/zones/shorelines	
17.	Mine dumps/spoil areas	
18.	Hydrologic balance	
19.	Aquifer yield	
20.	Drainage	
21.	Flooding	
22.	Water quality	
23.	Ground water	
24.	Surface water	
25.	Unique or endangered animal species	
26.	Vegetative community	
27.	Plant/animal diversity	
28.	Nutrient cycling	
29.	Special climatic conditions	
30.	Forest/range fires	
	Energy resources	
	Air quality	
33.	Education facilities:	
	Elementary	
	Junior high/senior high	
	other (specify)	
34.	Employment	

59. Nuisances

60. Compatibility of land uses 61 Aesthetic compatibility

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AUTHORIZATION TO RELEASE INFORMATION

I/we hereby authorize the Mid Iowa Development Association (MIDAS) Council of Governments or any of its affiliates/support agencies to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit worthiness for any purpose related to our credit transaction with them. I/we hereby certify that the enclosed application information including attachments/exhibits is valid and correct to the best of my/our knowledge.

I/we hereby authorize the Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies to furnish relevant information to all necessary sources including various federal, state and conventional funding opportunities to obtain the best sources for the project

I we further agree that I shall indemnify and hold the Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies harmless from any claim or cause of action arising because of incorrect, inaccurate or incomplete information furnished by me/us, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of the Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies' assistance, I/we waive all claims against the Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies, its personnel or counselors arising from this assistance.

Signature	Date
Signature	Date

INDEMNIFICATION AGREEMENT

BORROWER(S) hereby agree to indemnify and hold harmless the Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies from and against any liabilities, losses, damages, suits, judgments, counsel fees, or costs arising attributable to the release, discharge, manufacture, production, storage or disposal or the presence of hazardous toxic substances, on, or under borrower's property or property in which the borrow has an interest and based upon claims assertible by local, state, and federal governmental authority or other third parties against the Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies.

This indemnification will specifically survive, and is entirely independent of; the debtor's contractual obligation to repay the primary obligation held by Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies as amended, extended, or renewed by Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies prepayment in full of the borrower's indebtedness Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies; and release of Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliates/support agencies liens on the borrower's real or personal property by payment, foreclosure, or action including Mid Iowa Development Association (MIDAS) Council of Governments and any of its affiliate's discretionary abandonment of lien.

Signature	Date	2

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Statement of Required Acts

I certify to the best of my knowledge and belief, data in the application is true and correct, including any commitment of local resources, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all applicable Federal and State requirements, including the following if this assistance is approved:

- A. Housing and Community Development Act of 1974, as amended;
- B. Age Discrimination Act of 1975;
- C. Section 504 of the Rehabilitation Act of 1973;
- D. Davis-Bacon Act, as amended (40 U.S.C. 276a-276-a-5) where applicable under Section 110 of the Housing and Community Development Act of 1974, as amended;
- E. National Environmental Policy Act of I969; and
- F. Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1979, Title II and Title III.
- G Public Works and Economic Development Act of 1965, as amended

Signature of Company Official	
Date	

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Revolving Loan Fund Compliance Commitment

Note: Some of the following assurances may not be applicable to your project or program; if :you have any questions please contact the Awarding Agency. Further, certain federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- 1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
- 2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- 3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination (luring the useful life of the project.
- 4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
- 5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans anti specifications and will furnish progress reports and such other information as may be required by the assistance awarding agency, or State
- 6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5C.F.R. 900, Subpart F).

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- 9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) which prohibits the use of lead based paint in construction or residence structures.
- 10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794) which prohibits discrimination on the basis of handicaps; and (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107) which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 93-255), as amended, relating to non-discrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §8 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patients records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other non-discrimination provisions in the specific statute(s) under which application for Federal assistance is being made, and (i) the requirements on any other non-discrimination Statute(s) which may apply to the application.
- 11. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally assisted programs. These requirements apply to interest in real property acquired for project purposes regardless of Federal participation in purchases.
- 12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. § 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333) regarding labor standards for federally assisted construction sub agreements.
- 14. Will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection 'Act of 1973 (P.L. 930234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514;(b) Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands

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pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking X, Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

- 16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- 17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
- 18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
- 19. Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations and policies governing this program.
- 20. Will operate and maintain the facility in accordance with at least the minimum standards as may be required or prescribed by the applicable Federal, State and local agencies for the maintenance and operation of such facilities.
- 21. Will require the facility to be designed to comply with the Americans With Disabilities Act of 1990 (ADA) (P.L. 101-336) and the Accessibility Guidelines for Buildings and Facilities, as amended, (36 CFR Part 1191). Will be responsible for conducting inspections to insure compliance with these specifications.
- 22. In consideration of EDA making a grant and/or loan for a project that is requested by an applicant which is a business enterprise, it agrees that for a period of two years after disbursement by EDA of said grant and/or loan or any part thereof, applicant will not employ or tender any office or employment to, or retain for professional services, any person who, on the date such assistance is needed or within one year prior to said date, shall have served as an officer, attorney, agent or employee of EDA occupying a position or engaged in activities which EDA has determined involves discretion with respect to the granting of assistance under the Public Works and Economic Development Act of 1965, as amended.
- 23. Will have no facilities under ownership, lease or supervision that are to be utilized for this project either listed or under consideration for listing on EPA's List of Violating Facilities.
- 24. Will comply with the EDA no relocation regulations which generally prohibit use of EDA financial assistance to assist employers who transfer jobs from one commuting area to another. This includes an affirmative duty on the part of the applicant to inform EDA of any employer who will benefit from such assistance who will transfer jobs in connection with the EDA grant.

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- 25. Will comply with Executive Order 12699, Seismic Safety of Federal and Federally Assisted or Regulated New Building Construction, which imposes requirements that federally assisted facilities be designed and constructed in accordance with the 1991 ICBO Uniform Building Code; or 1992 Supplement to the BOCA National Building Code; and/or 1991 Amendments to the SBCC Standard Building Code.
- 26. Will observe and comply with Federal procurement rules, as defined in 15 CFR Part 24 and/or Office of Management and Budget Circulars as applicable, for award of any contracts for architectural engineering and/or grant administration services and/or construction financed with grant funds.
- 27. Understands that attorneys' or consultants' fees, whether direct or indirect, expended for securing or obtaining EDA assistance for this application are not eligible costs.
- 28. Understands that conflicts of interest or appearances of conflicts of interest are prohibited and may jeopardize this application or result in the forfeiture of grant funds. A conflict of interest occurs, for example, where a representative, official of the Federal, State or local government, has a direct or indirect financial interest in the acquisition or furnishing of any materials, equipment or services to or in connection with the project.
- 29. Will comply with the required reporting requirements of the Government Performance and Results Act (GPRA) of 1993 for measuring and reporting project performance.
- 30. Will agrees that any equipment or products authorized to be purchased with funding provided in this application or amendments must be American made to the maximum extent feasible according to Public Law 103-121, Section 606.(a) and (b).

Signature of Authorized Company Certifying Official	Title
Date:	

MIDAS Appli	cation Number: 13050-06-
Name	
Address	

DATE

APPLICANT SIGNATURE

SIGNATURE

All information contained herein is TRUE and CORRECT to the best of my knowledge	e.

TITLE

SIGNATURE TITLE DATE