



Electronic Medical Records Loan Program

APPLICANT INFORMATION

Applicant Name		
Mailing Address	City/State/Zip	County
Phone Number	Fax Number	E-mail Address

LOAN INFORMATION

Amount Requested	Term Requested
Number of Jobs Created	Number of Jobs Retained

BUSINESS INFORMATION

Business Name				
Federal Tax ID Number	Federal DUNS	NAICS Number	Date Established	State
Mailing Address	City/State/Zip	County		
Phone Number	Fax Number	E-mail Address		
Contact Person Name	Title			
Phone Number	Fax Number	E-mail Address		

Business Type	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> S-Corp	<input type="checkbox"/> C-Corp
	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Other (describe)	
Are there underground tanks on the property?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please describe.		
Is there any legal action currently pending or threatened against the applicant or any guarantor?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please explain.		



Electronic Medical Records Loan Program

Applicant Name

Business Principals: List all Owners, Partners, Members or Stockholders and their ownership percentage*.
 (Attach additional sheets if necessary.)

Name & Title	Address	Phone Number	Ownership Percentage
			%
			%
			%

**Individuals owning 20% or more of the business or owning 5% or more and receiving substantial income from the business must provide unlimited personal guarantees and complete a Personal Financial Statement.*

Business Indebtedness: Include major leases. Use an asterisk (*) to identify debts to be paid with loan proceeds.
 (Attach additional sheets if necessary.)

Payable To	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	How Secured

Proposed Collateral: (Attach additional sheets if necessary.)

Type	Description	Market Value	Basis for Valuation	Existing Lien holder	Outstanding Balance

APPLICANT SIGNATURE and CERTIFICATION

By signing below, I represent that I am the individual authorized to complete this application on behalf of the above applicant. I also certify that the information provided and submitted in connection with the application is true and accurate and fairly presents the business and financial status of the applicant. I authorize FAME to conduct appropriate business or personal credit checks.

Signature

Date

Printed Name

Title



Electronic Medical Records Loan Program

Applicant Name

FAME DISCLOSURE & CONFIDENTIALITY STATEMENT

Certain information in the Finance Authority of Maine's (FAME's) possession must be available for public inspection after an application for financial assistance is received. This information includes the names of applicants, including principals; the amounts, types and general terms of financial assistance; description of projects and businesses benefiting from the assistance; the number of jobs and the amount of tax revenues projected in connection with a project; and the names of the financial institutions participating with the Authority.

Certain records at FAME are designated confidential and will not be available to the public for inspection. This includes the disclosure of records which would constitute an invasion of an individual's privacy, such as: personal tax returns, financial statements, assessments of creditworthiness or financial condition, records obtained by FAME in connection with any monitoring or servicing on an existing project, or any records or information the release of which FAME had determined could cause a business or competitive detriment to the person to whom the information belongs or pertains.

If an applicant desires certain information remain confidential, the applicant must clearly identify what information or documents it wishes to remain confidential. The applicant must also explain, in writing, the basis for such a request. Where the applicant asserts that the basis for the confidentiality request is that release of the information could cause a business or competitive disadvantage, or loss of a competitive advantage, the applicant must provide FAME with sufficient information to independently determine the likelihood of such a detriment. Applicants may wish to consult their attorney or FAME's legal counsel as to the scope of public disclosure and confidentiality as it relates to FAME and the business seeking assistance.

This program is administered by FAME in cooperation with the Maine Health Access Foundation (MeHAF). Notwithstanding the foregoing, by signing below the applicant agrees that information provided to MeHAF in connection with this loan will be shared with FAME by MeHAF and non-confidential information provided to FAME in connection with this loan may be shared with MeHAF by FAME. MeHAF is responsible for providing certain program reporting to the federal government which may contain aggregated program statistics.

FAME does not discriminate in the administration of any of its programs or in its employment practices on the basis of race, color, national origin, age, gender, religion, physical or mental disability, political affiliation, marital status or sexual orientation. FAME is an equal opportunity employer, provider and lender.

APPLICANT SIGNATURE and CERTIFICATION

By signing below, I certify that I have read and understand the Finance Authority of Maine's (FAME's) Disclosure and Confidentiality Statement.

Signature

Date

APPLICATION CHECKLIST

A completed loan application package must include the following:

- Electronic Medical Records Loan Program Application
- MeHAF certification letter*
- Detailed description of project being financed
- Detail of the sources and uses of all financing, include itemized description of work and costs
- Copies of business federal income tax returns for the previous two years
- Accountant prepared financial statements, including income statement and balance sheet with notes
- Copy of most recent federal income tax return for all business principals owning 20 percent or more of the business, or 5 percent or more and receiving substantial income from the business
- Copies of signed commitment letter from other financing sources, as applicable
- Personal Financial Statement of all business principals owning 20 percent or more of the business, or 5 percent or more and receiving substantial income from the business
- Employment Plan, if your business employs ten or more

*Do not submit this loan application to FAME unless you are aware that MeHAF has submitted a certification letter to FAME indicating that your business and your project meet MeHAF's eligibility criteria.

Supplemental information such as collateral appraisals, marketing plans, resumes, site assessments, and aging of accounts receivable/payable maybe requested by the Authority. If these materials are readily available, please include them with your application package.