

Grow Maine - Loan Exhibit B – SSBCI Recycled Funds Reuse Request and Certifications Form

Please assign a “unique loan identifier” to each proposed loan. This number must coincide with future reporting on your “Annual and Quarterly Reconciliation Reports”. **This form must be accompanied by the signed commitment letter and Borrower’s Certification (Exhibit C). FAME must approve all loans before closing. You must submit a copy of your loan analysis for the proposed loan into the SSBCI portfolio. If not defined herein, the terms used in this form shall have the same meaning as in the Participant Allocation Agreement between the Authority and the Participant.**

Participant: _____

Participant’s EIN: _____

Mailing Address: _____

Contract Officer: _____

Phone: _____ Email: _____

Participant Loan ID #: _____

Legal Name of Borrower: _____

Borrower EIN#: _____

NAICS 6-digit code for borrower’s industry: _____

Address: _____

Phone: _____

Census tract (11 digits total) State Code (2 digits) _____ County Code: (3 digits) _____

Tract Code (6 digits) _____ (or attach Geocoding Search Result)

Zip Code of principal location in Maine: _____

Loan will provide access to capital to: (check all that apply) (per SSBCI guidelines)

- ☐ A Socially or Economically Disadvantaged Individual (“SEDI”)-owned business
- ☐ A Very Small Business (“VSB”)

Loan will provide access to capital in: (check all that apply) (per HUD guidelines)

- ☐ Low or moderate income community
- ☐ Minority community
- ☐ Other underserved community

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The borrower is (check all that apply) (per HUD guidelines)

- ☐ A woman or women owned business
- ☐ A minority owned business

Borrower's annual sales revenues in last fiscal year: _____

Year borrower was incorporated or established: _____

Purpose of Borrowing (Project Description) (attach additional sheet if necessary):

Proposed Loan Structure: You must identify all others sources of funds by name (attached a separate sheet if necessary).

IMPORTANT: Identify if there is Goodwill in your project and report on a separate line item on the Sources and Uses table below and properly reflect which source of funding is paying for Goodwill. **NO SSBCI FUNDS OR REQUIRED MATCHING FUNDS CAN PAY FOR GOODWILL.**

SOURCES:		USES:	
SSBCI Recycled Funds Reuse Requested:	\$		\$
Lender (<i>name</i>): _____	\$		\$
Borrower (<i>equity</i>):	\$		\$
Private/Non-Profit:	\$		\$
Private/For Profit:	\$		\$
Public (<i>name</i>): _____	\$		\$
Other: _____	\$	Goodwill	\$
TOTAL	\$		\$

Please note that the funding partners must directly account for a minimum of 20% of the SSBCI Funds Requested on their balance sheet (Private Capital at Risk – PCAR).

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On behalf of Participant, I certify that all pre-conditions set forth in Borrower's financing commitment submitted herewith have been fulfilled, Borrower and the project are eligible for funding under the Participant Allocation Agreement between Participant and FAME, and this loan is ready to close.

I further certify:

1. The SSBCI-supported loan is not being made in order to place under the protection of the SSBCI program prior debt that is not covered under the SSBCI program and that is or was owed by the borrower to the lender or to an affiliate of the lender.
2. If the SSBCI-supported loan is a refinancing, it complies with all applicable SSBCI restrictions and requirements in Sections VII.f and VIII.f of the SSBCI Capital Program Policy Guidelines (Exhibit A-2) regarding refinancing and new extensions of credit, including that the SSBCI-supported loan is not a refinancing of a loan previously made to the borrower by the lender or an affiliate of the lender.
3. The lender is not attempting to enroll any portion of an SBA-guaranteed loan.

To the knowledge of the undersigned, neither the Participant nor any of its executive officers, directors, or principal shareholders, including immediate family members and related interests of such individuals, is an executive officer, director or principal shareholder of Borrower or an immediate family member or related interest of such individuals.

Signature of Participant's Officer: _____ **Date:** _____