



## NATURAL CAPITAL INVESTMENT FUND

THE CONSERVATION FUND

### APPLICATION

#### Program Contact:

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#### INSTRUCTIONS

Please complete this application and provide the information requested on the business plan checklist. Financing needs are reviewed by NCIF staff. Initial response to a request is made within 10 days; closing may take up to 90 days. *All materials submitted to NCIF in connection with your loan application shall become the property of NCIF, unless otherwise requested and shall be retained or destroyed in accordance with NCIF's file retention policy.*

**I. INFORMATION ABOUT YOU**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

How did you hear about NCIF? \_\_\_\_\_

**II. INFORMATION ABOUT YOUR BUSINESS**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Structure:

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ S Corp \_\_\_\_\_ C Corp \_\_\_\_\_ Nonprofit \_\_\_\_\_

Date Established: \_\_\_\_\_ IRS Employer I.D.: \_\_\_\_\_

**III. INFORMATION ABOUT MANAGEMENT**

List the names of all owners (having 20% or greater interest), officers, and/or partners. Provide the percent of ownership and annual compensation. (Attach additional information if necessary.)

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

Name and Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ Annual Compensation: \_\_\_\_\_

**IV. PROPOSED SOURCES AND USES OF FINANCING (Please be specific)**

SOURCES		USES	
Bank		Land	
NCIF		Buildings	
Equity		Equipment	
Owner Cash Contribution		Working Capital	
Other		Other	
<b>Total Sources</b>		<b>Total Project Cost</b>	

**V. SUMMARY OF COLLATERAL**

Item	Appraised / Purchase Value	Outstanding Debt / Leases
Land & Buildings		
Inventory		
Accounts Receivable		
Machinery / Equipment		
Furniture & Fixtures		
Other		
<b>Total Collateral</b>		

**VI. BUSINESS EMPLOYMENT AND BENEFITS**

Employees & Wages	Full-Time (37.5+ hours/week)	Part-Time
Current # of Employees		
High Salary/Wage		
Low Salary/Wage		
Median Salary/Wage		
Projected # of Employees - end of next FY		
Projected # of Employees – end of 2 FYs		

Benefit	Offered to Full-Time Employees?	Amount of Company Contribution (\$ or % of salary/wage)	# of Full-Time Employees Currently Receiving Benefit
Paid Holidays		Days	
Paid Vacation		Days	
Paid Sick Days		Days	
Health Insurance		/ month	
Dental Insurance		/ month	
Insurance for Dependents		/ month	
Short-Term Disability		/ month	
Long-Term Disability		/ month	
Life Insurance		/ month	
401(k) / Other Retirement			
Child Care			
Education / Training			

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of Discrimination may be filed with the Secretary of Agriculture, Washington D. C. 20250.*

*The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.*

<u>Gender</u>	<u>Race</u>	<u>Ethnicity</u>
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Not Hispanic or Latino
	<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Native American or other Pacific Islander	
	<input type="checkbox"/> White	

**BUSINESS PLAN CHECKLIST**

Please provide the following information. Please note in the space next to each item whether the information requested is either included in the business plan (I), or not applicable (N/A).

- \_\_\_\_ 1. A history of your company and description of your business, including the products and/or services offered.
- \_\_\_\_ 2. A paragraph describing the amount of financing you are seeking, the specific uses of the money and its expected benefits.
- \_\_\_\_ 3. An analysis of the current and expected conditions in your market, including current/potential competition and your particular niche. Provide the names and addresses of principal competitors.
- \_\_\_\_ 4. A discussion (with specific data as available) of how your current and/or proposed activities meet one or more of the following criteria:
  - a. Increasing the efficiency of energy use
  - b. Reducing the use of non-renewable energy sources (and/or increasing its use of renewable energy sources)
  - c. Reducing the amount of toxics used in products, manufacturing processes or services
  - d. Reducing the amount of waste produced relative to business peers, competitors, and/or standard practices
  - e. Restoring and/or enhancing natural conditions at an environmentally distressed site or in a region
  - f. Employing practices that involve the sustainable use of renewable natural resources
  - g. Preserving or enhancing a discrete environmental habitat
- \_\_\_\_ 5. Documentation of any Environmental Management System currently in use.
- \_\_\_\_ 6. Business financial information:
  - a. Most recent (internally generated, if necessary) Balance Sheet
  - b. Year to date Income/Expense Statement
  - c. Tax returns for the past three years
  - d. Financial statements from each of the past 3 completed fiscal years (or as many years as are available)
  - e. Aging of accounts receivable and accounts payable
  - f. Projected cash flow for the next three years, broken out by month
  - g. Projected income statements and balance sheets for the next 3 years
- \_\_\_\_ 7. A list of all outstanding debts, detailing for each loan the creditor's name, the original date and amount of the loan, the current balance owed, the interest rate, the monthly payment, the maturity, and the associated collateral. Please indicate whether loan payments listed above are current or past due.
- \_\_\_\_ 8. Resumes of all management.

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- \_\_\_\_ 9. If you are buying machinery or equipment with the money from this financing, include a list of the equipment and its cost.
- \_\_\_\_ 10. A personal financial statement (see enclosed form) for each stockholder, partner or officer with 20% or greater ownership.
- \_\_\_\_ 11. If you have any cosigners and/or guarantors for this financing application, please submit their names, addresses, and personal financial statements.
- \_\_\_\_ 12. If your business is a partnership, please provide a copy of your partnership agreement.
- \_\_\_\_ 13. If your business has any subsidiaries or affiliates, please provide their names and the relationship to your company, along with a current balance sheet and income statement for each.
- \_\_\_\_ 14. Have you, your business, or any officers of your company been cited for any environmental violations in the past 3 years?  
(Circle one) Yes (#\_\_\_\_) No  
If yes, please attach a detailed description of each violation and steps that have been taken to address it.
- \_\_\_\_ 15. Have you or any officers of your company ever been involved in receiverships, bankruptcies or insolvency proceedings? Or, have you or any officers of your company ever been involved in compromises with creditors?  
(Circle one) Yes No  
If yes, please attach a detailed description of the situation.
- \_\_\_\_ 16. Are you, your business, any of the officers, directors, or principal stockholders involved in any pending, or threatened lawsuits?  
(Circle one) Yes No  
If yes, please attach the details.
- \_\_\_\_ 17. Have you or any of the officers, directors or principal stockholders been delinquent on taxes?  
(Circle one) Yes No  
If yes, please attach the details.
- \_\_\_\_ 18. Do you buy from, sell to, or use the services of any entity in which your company has a financial interest of 20% or more?  
(Circle one) Yes No  
If yes, please attach the details.
- \_\_\_\_ 19. List names and addresses of principal trade suppliers, indicating if any one supplier provides 10% or more of business requirements. Please provide name and telephone number of individual to contact.
- \_\_\_\_ 20. If you are buying a business, please include a purchase and sale agreement.
- \_\_\_\_ 21. List any contractual obligations not apparent from the financial statements for which the business is committed as of date of application.

- \_\_\_\_ 22. List names and addresses of principal customers, indicating if any one customer purchases 10% or more of business output. Give name and telephone number of individual to contact.
- \_\_\_\_ 23. If you had professional assistance in preparing this application, list the names, addresses and telephone numbers of those who helped you.
- \_\_\_\_ 24. Other items requested by loan officer.

***Construction or Renovation Loans only***

- \_\_\_\_ 25. If you are doing a construction or renovation project, please include project bids and quotes and construction plans and specifications. An independent appraisal may be required during the application process.

*Failure to include an item may result in a delay in processing your application.*

I/We understand that by signing this application I/we authorize the Natural Capital Investment Fund to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. I/We certify the information is true and accurate and is provided for the purpose of obtaining a loan.

The applicant agrees to pay all legal expenses incurred by Natural Capital Investment Fund related to this loan or equity application.

The applicant further agrees to pay any other expenses incurred by the Natural Capital Investment Fund in connection with this application and loan/investment.

If Applicant is proprietor or general partner, sign here.

\_\_\_\_\_ Date

If Applicant is a corporation, sign below.

\_\_\_\_\_ Corporate Name

\_\_\_\_\_ Signature of President or duly authorized officer Date

*For internal use only*

Date Received \_\_\_\_\_