

# BARREN COUNTY REVOLVING LOAN FUND Application

### Abstract

This document includes the required application, credit authorization and application checklist

Non Discrimination Clause The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status and age or because all or part of the applicant's income is derived from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. Complaints of discrimination may be filed with the USDA, Director Office of Civil Rights, Washington, D.C. 20250

> Maureen Carpenter mcarpenter@glasgow-ky.com

# BARREN COUNTY REVLVING LOAN FUND APPLICATION

Amount of RLF loan request:	\$

# I. APPLICANT INFORMATION

Applicant's Name:	
Title:	Date:
Name of Business:	
Ownership (Check one): ProprietorshipPartnershipC	CorporationNon-Profit
Business Address:	
Phone:	SS#
Co-applicant:	Phone:
Address:	
[] Business New OR	
[] Existing Business - Date Establishe	ed
Business License #	Federal Tax I.D. #
Landlord:	Phone:
Landlord Address:	
Terms of Lease:	

# IV. BUSINESS INFORMATION:

Briefly describe your business, the distinct function of your product / service, your intended customers, your marketing strategy, and how the BCRLF loan will assist your business development. Please submit a prepared business plan with this application. If no business plan available, please provide explanation

## II. PROJECT FINANCING:

A. Amount of Loan Request: \$\_\_\_\_\_

\$

B. Applicant Equity Contribution\*:

Purpose of Loan:

Source of Loan Repayment:

\*Equity contribution: Value of money and other assets the Applicant invested in the business during the past 12 months or will invest in the business. Please submit evidence of all private funds (bank statements, letter of commitment and turndown letters).

### III. USE OF FUNDS:

	Amount of Loan Request (listed on line A above)	(Plus)	Applicant's Equity Contribution (listed on line "B" above)*	(Equals)	TOTAL PROJECT COST
Inventory	\$	+	\$	=	\$
Equipment & Machinery	\$	+	\$	=	\$
Leasehold Improvements	\$	+	\$	=	\$
Other	\$	+	\$	II	\$
TOTAL	\$		\$	=	\$

\*Plus any additional Funds to be used for this project- including additional loans/ private funds. Sources of funds need to be documented, including denial of bank for additional funds.

# V. COLLATERAL OFFERED:

Collateral	Name(s) of Owner(s)	Present Market Value
Real Estate		\$
Equipment & Machinery		\$
Inventory		\$
Other Assets		\$
TOTAL		\$

\_\_\_\_\_

Other Collateral (Please Explain):

**VI. OUTSTANDING DEBT**: List all outstanding debts (not accounts payable). Any business loans, loans from family/friends, credit card debt, and any other debt the business has incurred. Please list EVERYTHING the business owes. If you need more room, please attach a separate sheet.

	Account Number		Original Amount (\$)	Maturity Date	Collateral Held
CREDITOR	Date of Loan	Interest Rate %	Current Balance (\$)	Monthly Payment (\$)	TIER
1.	Loan		\$		
		%	\$	\$	
		/0	•	¥	
2.			\$		
		%	\$	\$	
3.			\$		
		%	\$	\$	
4.			\$		
		%	\$	\$	
5.			\$		
		%	\$	\$	
6.			\$		
		%	\$	\$	
7.			\$		
		%	\$	\$	
8.			\$		
		%	\$	\$	

VII. PUBLIC BENEFIT: As a result of the loan, will your business:

a.	Create jobs?	[] Y	ΈS	[]	NO	
Estima	ate how many jobs the business will crea	te in the	next	two yea	irs:	
b.	Retain existing jobs?		[]	YES	[]	NO
C.	Strengthen a key commercial corridor or re-use a long vacant property?		[]	YES	[]	NO
d.	Provide goods/ services presently not av	vailable?	[]	YES	[]	NO
e.	Substantially increase tax revenues?		[]	YES	[]	NO

Please describe the public benefits and quantify, where possible.

# VIII. EMPLOYMENT

	TO	TAL	WH	HITE	BL	ACK	AS	AN	HISP	ANIC	AM.	IND	OT	HER
	М	F	М	F	М	F	М	F	М	F	М	F	Μ	F
Current Employees														
Management														
Professional														
Office/Clerical														
Skilled Workers														
Service / Maintenance														
Other														

# New Job Creation

Job Title and brief description	Full - Time	Part - Time	\$ / Hour	Proj. Hire Date

How did you hear about the RLF program?

After this application is reviewed by BCEA staff and determined to meet all appropriate lending criteria, supplemental materials and a credit check will be requested.

We appreciate your interest in the economic revitalization of Barren County.

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I hereby certify that the information provided, contained herein and attached hereto is accurate and correct to the best of my knowledge.

APPLICANT	Date	CO-APPLICANT	Date
(Print Name)		(Print Name)	

# Please submit the following information with your pre-application:

- A detailed list of exactly what the requested RLF loan would be used for.
- □ Most recent year-end financial statement, including income and expenses and balance sheet along with this pre-application form.
- Sources of funds need to be documented, including denial of bank for additional funds.

# **CREDIT AUTHORIZATION**

# CREDIT AUTHORIZATION FOR THE BARREN COUNTY REVOLVING LOAN FUND

The following information is required to complete a credit investigation with respect to your loan fund application. This form is to be completed by every applicant, and each partner or shareholder holding a 10% or more interest in the business concern.

Legal Name:	
Social Security #:	
Birth Date:	
Home Address:	
Occupation:	

"With my signature below, I hereby authorize the Barren County Economic Authority to contact and obtain credit reports from credit reporting agencies (Equifax, Dun and Bradstreet, etc.) And creditors with regard to the status of any past, outstanding or current indebtedness."

By:

Signature

Printed Name

Date:

# **DELINQUENT DEBT CERTIFICATION**

Delinquent debt. The applicant must not have any delinquent debt to the Federal Government. If an applicant has any delinquent debt to the Federal Government, the applicant will be ineligible to receive any funds obligated under this subpart until the debt has been paid.

I hereby certify that I the applicant do not have any federal delinquent debts.

Applicant Signature

Date

Attachment C

# **APPLICANT CHECKLIST**

# BARREN COUNTY REVOLVING LOAN FUND APPLICATION SUPPLEMENTAL INFORMATION

Applicant should submit the following items as applicable and as requested by BCEA staff.

- [] Financial Statement Prior 3 years and current within 90 days
  - A. Balance Sheets
  - B. Income/Expense Statement
  - C. Articles of Incorporation/By Laws or Partnership Agreement (If Applicable)
  - D. Resume(s) of Principal(s) (normally those with 20% ownership or more)
  - E. Certificate of Good Standing (corporations only) []
  - F. Pro Forma Financial Projections (Including Notes & Schedules)
  - G. 1-year Income/Cash Flow Statement (Month to Month)
  - H. Additional 2 years Cash Flow Projections
  - I. Explanation of the underlying assumption supporting the cash flow projections
- [] Individual Federal Income Tax Return (if proprietorship or partnership) Prior 3 years.
- [] Business Federal Income Tax Return Prior 3 years.
- [] IRS Form 4506, Request for Copy of Tax Return
- [] Verification of business space (i.e. Deed of Trust, Lease/Rental Agreement, Purchase Agreement as applicable)
- [] Agreement of Landlord (for tenant improvement loans)
- [] Proof of Hazard and Liability Insurance
- [] Plans, Cost Estimates/Bids for Construction or Equipment
- [] Appraisals or independent evaluations on assets offered as collateral.
- [] Aging of Accounts Receivable and Payable within 90 days and list of vendors and addresses and account numbers for any accounts over 30 days.
- [] Schedule of Business Debts (Include the following: original amount of debt, current balance outstanding, payment amount(s), payment amount, interest rate, collateral, status (current/delinquent)
- [] Private Lender Commitment or Denial of funds letter(s).
- [] Copy of Business License
- USDA Form AD-1047, Certification regarding Debarment, Suspension, and other
- Responsibilities Matters
- [] USDA Form 1048, Certification of Lower Tier Transactions
- [] USDA Form 400-4, Assurance Agreement
- USDA Form 3031, Felony Conviction and Tax Delinquency Certification Standard
- [] State Clearinghouse Comments, including State Historic Preservation Office
- [] Certification of Delinquent Debt



# Certification Regarding Debarment, Suspension, and Other Responsibility Matters AD-1047 Primary Covered Transactions

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 C.F.R. § 180.335, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

### (Read instructions on page two before completing certification.)

- A. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - 1. Are not presently debarred, suspended, or proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - 2. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (A.2.) of this certification; and
  - 4. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- B. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME	PR/AWARD NUMBER OR PROJECT NAME		
NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S)			
SIGNATURE(S)		DATE	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint (<u>https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer</u>) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.

### Instructions for Certification

- (1) By signing and submitting this form, the prospective primary participant is providing the certification set out on page 1 in accordance with these instructions.
- (2) The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out on this form. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
- (3) The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
- (4) The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- (5) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549, at 2 C.F.R. Parts 180 and 417. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- (6) The prospective primary participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
- (7) The prospective primary participant further agrees by submitting this form that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- (8) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.
- (9) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- (10) Except for transactions authorized under paragraph (6) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.



# Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion AD-1048 Lower Tier Covered Transactions

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 C.F.R. §§ 180.300, 180.335, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880. Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the proposed covered transaction.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0027. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

### (Read instructions on page two before completing certification.)

- A. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
- B. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ORGANIZATION NAME	PR/AWARD NUMBER OR PROJECT NAME		
NAME(S) AND TITLE(S) OF AUTHORIZED REPRESENTATIVE(S)			
SIGNATURE(S)		DATE	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint (<u>https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer</u>) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.

### Instructions for Certification

- (1) By signing and submitting this form, the prospective lower tier participant is providing the certification set out on page 1 in accordance with these instructions.
- (2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension or debarment.
- (3) The prospective lower tier participant shall provide immediate written notice to the person(s) to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- (4) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549, at 2 C.F.R. Parts 180 and 417. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
- (5) The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- (6) The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- (7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the System for Award Management (SAM) database.
- (8) Nothing contained in the foregoing shall be construed to require establishment of a system of records to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- (9) Except for transactions authorized under paragraph (5) of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



### Assurance Regarding Felony Conviction or Tax Delinquent Status for Corporate Applicants

# AD-3031

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a, as amended). The authority for requesting the following information for U.S. Department of Agriculture (USDA) agencies and staff offices is in § 744 and 745 of the Consolidated Appropriations Act, 2019, Pub. L. 116-6 as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.

According to the Paperwork Reduction Act of 1995 an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0025. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of appropriate criminal, civil, fraud, privacy, and other statutes may be applicable to the information provided.

This award is subject to the provisions contained in the Consolidated Appropriations Act, 2019, Pub. L. 116-6, Division E, Title VII, sections § 744 and 745, as amended and/or subsequently enacted for U.S. Department of Agriculture (USDA) agencies and offices regarding corporate felony convictions and corporate federal tax delinquencies.

Accordingly, by accepting this award the corporation recipient acknowledges: (1) that it does not have a Federal tax delinquency, meaning that it is not subject to any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, **and/or** (2) that it has not been convicted of a felony criminal violation under any Federal law within 24 months preceding the award, unless a suspending and debarring official of the USDA has considered suspension or debarment of the recipient corporation based on these convictions and/or tax delinquencies and determined that suspension or debarment is not necessary to protect the interests of the Government. If the recipient fails to comply with these provisions, the agency will annul this agreement and may recover any funds the recipient has expended in violation of the above cited statutory provisions.

APPLICANT'S SIGNATURE

TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY

**BUSINESS NAME** 

### DATE SIGNED (MM-DD-YYYY)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint (<u>https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer</u>) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442.

Position 3

USDA Form RD 400-4 (Rev. 3-97)

#### **ASSURANCE AGREEMENT**

(Under Title VI, Civil Rights Act of 1964)

on this

The

(name of recipient)

#### (address)

("Recipient" herein) hereby assures the U. S. Department of Agriculture that Recipient is in compliance with and will continue to comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et. seq.), 7 CFR Part 15, and Rural Housing Service, Rural Business-Cooperative Service, Rural Utilities Service, or the Farm Service Agency, (hereafter known as the "Agency") regulations promulgated thereunder, 7 C.F.R. § 1901.202. In accordance with that Act and the regulations referred to above, Recipient agrees that in connection with any program or activity for which Recipient receives Federal financial assistance (as such term is defined in 7 C.F.R. § 14.2) no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination.

- 1. Recipient agrees that any transfer of any aided facility, other than personal property, by sale, lease or other conveyance of contract, shall be, and shall be made expressly, subject to the obligations of this agreement and transferee's assumption thereof.
- 2. Recipient shall:

(a) Keep such records and submit to the Government such timely, complete, and accurate information as the Government may determine to be necessary to ascertain our/my compliance with this agreement and the regulations.

(b) Permit access by authorized employees of the Agency or the U.S. Department of Agriculture during normal business hours to such books, records, accounts and other sources of information and its facilities as may be pertinent to ascertaining such compliance.

(c) Make available to users, participants, beneficiaries and other interested persons such information regarding the provisions of this agreement and the regulations, and in such manner as the Agency or the U. S. Department of Agriculture finds necessary to inform such persons of the protection assured them against discrimination.

3. The obligations of this agreement shall continue:

(a) As to any real property, including any structure, acquired or improved with the aid of the Federal financial assistance, so long as such real property is used for the purpose for which the Federal financial assistance is made or for another purpose which affords similar services or benefits, or for as long as the Recipient retains ownership or possession of the property, whichever is longer.

(b) As to any personal property acquired or improved with the aid of the Federal financial assistance, so long as Recipient retains ownership or possession of the property.

(c) As to any other aided facility or activity, until the last advance of funds under the loan or grant has been made.

4. Upon any breach or violation this agreement the Government may, at its option:

(a) Terminate or refuse to render or continue financial assistance for the aid of the property, facility, project, service or activity.

(b) Enforce this agreement by suit for specific performance or by any other available remedy under the laws of the United States or the State in which the breach or violation occurs.

Rights and remedies provided for under this agreement shall be cumulative.

In witness whereof,

(name of recipient)

date has caused this agreement to be executed by its duly authorized officers and its seal affixed hereto, or, if a natural person, has hereunto executed this agreement.

(SEAL)
Recipient
Date
Attest:
<u>Title</u>
Title
Recipient
Control number for this information collection is 0570-0018. The time required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB
control number for this information collection is 0570-0018. The time required to complete this information is estimated to average 15 minutes per response, including the time for
reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.