



## **Business Enterprise Resource Office (BERO)**

### **Rural Small Business and Entrepreneur Loan Fund Program**

**\$500 - \$10,000 Loans**

**for Entrepreneurs and Small Businesses**

**in rural Tennessee**



*\*Note: All potential borrowers must contact BERO before submitting an application.*



## ECD Rural Small Business and Entrepreneur Loan Fund Program

**Dear Potential Applicant,**

Thank you for your interest in the Rural Small Business and Entrepreneur Loan Fund Program. This fund offers \$500-\$10,000 below prime rate loans to startup and existing businesses in rural Tennessee. To apply, please review the application package and contact BERO. The basic eligibility requirements are:

- The applicant(s) must operate the business in a rural area as defined by the USDA.
- The applicant(s) must be current on all personal and business debts.
- The applicant(s) must agree to technical assistance to improve his/her business management skills.
- The applicant(s) must provide a current business plan that has been reviewed and approved by an accepted business counselor.
- Loans over \$5,000 require collateral; loans under \$5,000 may require collateral or a co-signor.
- There is a 2% loan closing fee.
- The applicant must agree to provide certain information required by the program funders.

To determine if your business residence is located in an eligible rural area, visit: <http://eligibility.sc.egov.usda.gov/eligibility/welcomeAction.do?pageAction=rbs>. Click "Accept" on the 'Property Eligibility Disclaimer' and enter your business address.

Once you have submitted your application package with all required documentation, it will be evaluated on the following criteria:

- Strength of the business and financial plan
- Experience of the business owner(s)
- Applicant(s) personal credit history and available collateral

On average, a decision will be made within three to four weeks once *all* documentation is received. If approved, please expect up to four to six weeks to receive the loan proceeds.

For more information contact BERO at the following:

- [ecd.bero@tn.gov](mailto:ecd.bero@tn.gov)
- 800/872.7201
- [www.tn.gov/ecd/bero](http://www.tn.gov/ecd/bero)

Thank you for your interest.



## ECD-BERO Rural Enterprise Loan Fund: Application Check list

Applicant(s)/Business Name: \_\_\_\_\_

- ECD-BERO Micro-Loan Application** with two signatures of each principal owner of 20% or more of the company
- ECD-BERO Borrower Information Sheets** – Each principal owner of 20% or more of the company must complete his/her own form (Page 4-5)
- Schedule A** – List all available collateral
- Personal Financial Statement** - Each principal owner of 20% or more of the company must complete his/her own statement; use SBA template provided
- USDA Environmental Form** – Complete, sign and date
- Technical Assistance Form** – Signed by borrower and BERO
- Certification of use of funds** – Signed and dated by each borrower
- Resume** – Provide for each applicant and key management person
- Copy of Driver’s License** – Must be a clear copy and may not be expired; if not a US citizen, copy front and back of Green Card or Visa
- Copy of Business License(s)** – Include any other applicable licenses per industry standards
- Business Plan** – Reviewed and approved by a business counselor; the business plan must include historical financials (if existing business) and one year of cash flow projections

BERO: \_\_\_\_\_

Date: \_\_\_\_\_



## ECD-BERO Rural Enterprise Loan Fund Program: Application

**Please Complete All of the Following:**

FY2011/2012

Products/Services Offered by Business:					
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation					
Legal Name of Business			DBA Name (if any)		
Mailing Address			Physical Location Address		
City	State	Zip	City	State	Zip
Business Phone		Business Fax		Business Web Address	
Business TIN/ FEIN	Time in Business YRS ___ MOS ___	Related Industry Exp YRS ___ MOS ___	Average Monthly Sales \$	Ave. Annual Sales Last 3 YRS \$	
Additional Household Income: \$ /month			Source of Income:		
Additional Household Income: \$ /month			Source of Income:		
Average Household Expenses: \$ /month			List Expenses:		
<b>Principal #1 and Guarantor #1</b> (Please sign below as Principal and Guarantor)					
Percentage of Ownership ___%		Do you own more than 20% of any other business? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Last Name	First Name		Middle Initial	Date of Birth	
Residence Address	City	State	Zip	County	
Residence Telephone Number	Social Security Number	Driver's License # / State/Expiration Date		Total Cash on Hand \$	
Mobile Phone Number			Other Phone Number		
Email Address			Other Email		
Do you Rent or Own? (if you live with parents select rent) <input type="checkbox"/> RENT <input type="checkbox"/> OWN			How long? Years: ___ Months: ___		
<b>Principal #2 and Guarantor #2</b> (Please sign below as Principal and Guarantor)					
Percentage of Ownership ___%		Do you own more than 20% of any other business? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Last Name	First Name		Middle Initial	Date of Birth	
Residence Address	City	State	Zip	County	
Residence Telephone Number	Social Security Number	Driver's License # / State/Expiration Date		Total Cash on Hand \$	
Mobile Phone Number			Other Phone Number		
Email Address			Other Email		
Do you Rent or Own? (if you live with parents select rent) <input type="checkbox"/> RENT <input type="checkbox"/> OWN			How long? Years: ___ Months: ___		

Applicant/Guarantor ("borrower") authorizes ECD and the USDA to investigate and confirm the information herein and hereby certifies that all information provided, including legal status, is true, correct, and complete. Borrower hereby authorizes ECD to utilize credit bureau/reporting agencies and/or its own agents for purposes of verifying the accuracy of any information provided by borrower and for purposes of assessing and monitoring borrower credit status. This application may only be modified as approved in writing by an authorized ECD officer. No other representative of ECD is authorized to make any verbal or written modification to this application. By signing below I/We represent that the information presented on this application is complete and accurate and that all loan proceeds will be used only for business purposes.

\_\_\_\_\_  
Signature of Principal #1 and Guarantor #1                      Date

\_\_\_\_\_  
Signature of Principal #2 and Guarantor #2                      Date

\_\_\_\_\_  
Print name of Principal #1 and Guarantor #1

\_\_\_\_\_  
Print name of Principal #2 and Guarantor #2



**ECD-BERO Rural Enterprise Loan Fund: Borrower Information**

*To be completed by each proprietor, owner, holder of 20% or more of the business*

Business Name:	
Applicant Name:	Title:
Social Security Number:	Date of Birth:
Place of Birth (City & State or Foreign Country):	
Citizenship:	If not U.S., Type of VISA or alien registration:

**All Questions Must Be Answered:**

(1) Are you in default on a federal student loan or on any type of government loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do you owe back payments for child support in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are you or any of your company's officers, major shareholders or partners, or the spouses or close relative of such individuals presently employed by the State of Tennessee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Will any of the loan proceeds be used for construction, breaking ground, constructing a building, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) If the company registered to do business in the State of Tennessee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Is the company which would be assisted with the ECD-BERO loan currently in violation of environmental regulations of the U.S. Environmental Protection Agency or the Tennessee Department of Environment and Conservation? If yes, please provide information on the nature and current status of this violation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(8) List the race, ethnicity, gender and nationality for all employees (names not required). Do not include 1099 subcontractors.

Employee Title	Ethnicity	Race	Gender	Nationality

Ethnicity: Hispanic/Latino (L); or Not Hispanic (H)  
 Race: White (W); Black/African American (AA); American Indian/Alaska Native (NA); Asian (A); Native Hawaiian/Other Pacific Islander (OP)  
 Gender: Male (M); Female (F)  
 Nationality: Country of citizenship or nationality (example, USA)



## ECD-BERO Rural Enterprise Loan Fund Borrower Information Form (cont'd)

*To be completed by each proprietor, owner, holder of 20% or more of the business*

The following information is requested by the federal government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you chose to furnish it. However, if you choose not to furnish it, under federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

(9) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
(10) Ethnicity/Race: <input type="checkbox"/> Caucasian		<input type="checkbox"/> African American	
<input type="checkbox"/> Native American		<input type="checkbox"/> Asian-Pacific Islander	
		<input type="checkbox"/> Hispanic	
		<input type="checkbox"/> Refugee	
(11) Are you a veteran of the United States Armed Forces?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(12) Are you physically disabled?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(13) Do you have health insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(14) Highest Level of Education Completed:		<input type="checkbox"/> Less than 9 <sup>th</sup> Grade	
		<input type="checkbox"/> Some College	
		<input type="checkbox"/> Some High School	
		<input type="checkbox"/> College Graduate	
		<input type="checkbox"/> High School Graduate/GED	

I do not wish to furnish the information.

### FEDERAL EQUAL CREDIT OPPORTUNITY ACT STATEMENT

Federal law does not allow discrimination of any kind. You cannot be denied a loan because of your race, color, religion, national origin, sex, marital status, handicap, or age (if you can legally sign a contract). You cannot be denied a loan because all or part of your income is from a public assistance program. If you believe that you have been discriminated against for any reasons, you can write the secretary of Agriculture, Washington, D.C. 20250. You cannot be denied a loan because you exercised your rights under the Consumer Credit Protection Act. You must have exercised these rights in good faith. The Federal Agency responsible for seeing this law is obeyed is the Federal Trade Commission, Washington, D.C. 20580.

### Certificate of Eligibility

I hereby certify to the best of my knowledge that I am eligible to participate in the ECD-BERO Rural Enterprise Loan Fund Program:

- I CERTIFY that my business is a micro-enterprise with five or fewer employees **and**
- I intend to establish or expand a small business enterprise in a rural area as defined by USDA regulations **and**
- I have completed a business plan and small business training from a Tennessee Small Business Development Center or approved training provider **and**
- I have established that I have financial need, am financially sound and capable of repaying the monies I borrow under the ECD-BERO Rural Enterprise Loan Fund program **and**
- I agree to have my application reviewed by a representative from the USDA and ECD **and**
- I authorize ECD to utilize credit bureau/reporting agencies and/or its own agents for purposes of verifying the accuracy of any information provided by borrower and for purposes of assessing and monitoring borrower credit status **and**
- If the loan is awarded, the company concurs understanding of the USDA and State of Tennessee's Comptroller office's opportunity to audit ECD-BERO program spending **and**
- As a recipient of federal funds, I agree that my business will comply with Title VI regulations **and**
- As a potential recipient of American Recovery and Reinvestment Act (ARRA) funds, I agree that I will provide any and all requested documentation and reports **and**
- All the information provided is true and accurate.

Applicant Signature

Title

Date

**SUBSTITUTE W-9 FORM**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

**1. Please provide general information:**

Taxpayer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Business Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**2. Circle the most appropriate category below: (please circle ONLY one)**

- 1) Individual (not an actual business)
- 2) Joint account (two or more individuals)
- 3) Custodian account of a minor
- 4) a. Revocable savings trust (grantor is also trustee)  
b. So-called trust account that is not a legal or valid trust under state law
- 5) Sole proprietorship (using a social security number for the taxpayer ID)
- 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
- 7) A valid trust, estate, or pension trust
- 8) Corporation
- 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
- 10) Partnership
- 11) A broker or registered nominee
- 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
- 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e. IRC 501c3 entities)

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**3. Fill in your taxpayer identification number below: (please complete only one)**

1.) If you circled number 1-5 above, fill in your Social Security Number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
2.) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN)

\_\_\_\_\_ - \_\_\_\_\_

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**4. Sign and date the form:**

*Certification* - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title (if applicable) \_\_\_\_\_



# ECD-BERO Rural Enterprise Loan Fund: PERSONAL FINANCIAL STATEMENT

<b>DATE Completed:</b>				
Name of Applicant			Home Phone	
Business Name			Business Phone	
Email			Cell Phone	
Residence Address	City	State	Zip	County

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand \$ in Banks.....	\$	_____	Accounts Payable.....	\$	_____
Saving Accounts.....	\$	_____	<i>(including credit cards)</i>		
IRA or Other Retirement Account.....	\$	_____	Notes Payable to Banks and Others.....		_____
Accounts & Notes Receivable.....	\$	_____	<i>(Describe in Section 2)</i>		
Life Insurance-Cash Surrender Value Only.....	\$	_____	Secured: \$ _____		
<i>(Complete Section 8)</i>			Unsecured: \$ _____		
Stocks and Bonds.....	\$	_____	Installment Account (Auto).....	\$	_____
<i>(Describe in Section 3)</i>			Payments \$ _____/month		
Real Estate.....	\$	_____	Installment Account (Other).....	\$	_____
<i>(Describe in Section 4)</i>			Payments \$ _____/month		
Automobile-Present Value.....	\$	_____	Loan on Life Insurance.....	\$	_____
<i>(use Kelly Blue Book Wholesale)</i>			Mortgage Debt on Real Estate.....	\$	_____
Personal Property.....	\$	_____	<i>(Describe in Section 4)</i>		
<i>(Describe in Section 5)</i>			Taxes Payable.....	\$	_____
Other Assets.....	\$	_____	<i>(Describe in Section 6)</i>		
<i>(Describe in Section 5)</i>			Other Liabilities.....	\$	_____
<b>Total Assets.....</b>	<b>\$</b>	<b>_____</b>	<i>(Describe in Section 7)</i>		
			<b>Total Liabilities.....</b>	<b>\$</b>	<b>_____</b>

**Total Assets - Total Liabilities = Net Worth \$ \_\_\_\_\_**

Section 1a. Annual Source of Income		Description of Other Income in Section 1a:
Salary.....	\$ _____	_____
Net Investment Income.....	\$ _____	_____
Real Estate Income.....	\$ _____	_____
Other Income.....	\$ _____	_____
<i>(Describe in section 1 below)</i>		<small>*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income</small>

Section 1b. Contingent Liabilities		Description of Other Liabilities in Section 1b:
As Endorser or Co-Maker.....	\$ _____	_____
Legal Claims & Judgments.....	\$ _____	_____
Provision for Federal Income Tax.....	\$ _____	_____
Other Special Debt.....	\$ _____	_____

**Section 2. Notes Payable to Banks and Other.**

(Use attachments if necessary. Each attachment must be identified as part of the statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment /month (week)	Secured?		How Secured or Endorsed Type of Collateral
				Yes	No	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

**Section 4. Real Estate Owned**

(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Primary Residence	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Personal Property and Other Assets**

(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

**Section 6.**

Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7.**

Other Liabilities (Describe in detail.)

**Section 8.**

Life Insurance Held (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

I authorize the Tennessee Uniform Certification Program to make inquiries as necessary to verify the accuracy of the statements made and to determine my eligibility. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of determining Disadvantage Business Enterprise eligibility. I understand FALSE statement may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number \_\_\_\_\_



**ECD-BERO Rural Enterprise Loan Fund: PERSONAL FINANCIAL STATEMENT**

<b>DATE Completed:</b>				
Name of Applicant			Home Phone	
Business Name			Business Phone	
Email			Cell Phone	
Residence Address	City	State	Zip	County

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand \$ in Banks.....	\$	_____	Accounts Payable.....	\$	_____
Saving Accounts.....	\$	_____	<i>(including credit cards)</i>		
IRA or Other Retirement Account.....	\$	_____	Notes Payable to Banks and Others.....		
Accounts & Notes Receivable.....	\$	_____	<i>(Describe in Section 2)</i>		
Life Insurance-Cash Surrender Value Only.....	\$	_____	Secured:	\$	_____
<i>(Complete Section 8)</i>			Unsecured:	\$	_____
Stocks and Bonds.....	\$	_____	Installment Account (Auto).....	\$	_____
<i>(Describe in Section 3)</i>			Payments \$	_____	/month
Real Estate.....	\$	_____	Installment Account (Other).....	\$	_____
<i>(Describe in Section 4)</i>			Payments \$	_____	/month
Automobile-Present Value.....	\$	_____	Loan on Life Insurance.....	\$	_____
<i>(use Kelly Blue Book Wholesale)</i>			Mortgage Debt on Real Estate.....	\$	_____
Personal Property.....	\$	_____	<i>(Describe in Section 4)</i>		
<i>(Describe in Section 5)</i>			Taxes Payable.....	\$	_____
Other Assets.....	\$	_____	<i>(Describe in Section 6)</i>		
<i>(Describe in Section 5)</i>			Other Liabilities.....	\$	_____
<b>Total Assets.....</b>	<b>\$</b>	<b>_____</b>	<i>(Describe in Section 7)</i>		
			<b>Total Liabilities.....</b>	<b>\$</b>	<b>_____</b>

**Total Assets - Total Liabilities = Net Worth \$ \_\_\_\_\_**

Section 1a. Annual Source of Income		Description of Other Income in Section 1a:
Salary.....	\$ _____	_____
Net Investment Income.....	\$ _____	_____
Real Estate Income.....	\$ _____	_____
Other Income.....	\$ _____	_____
<i>(Describe in section 1 below)</i>		<small>*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income</small>

Section 1b. Contingent Liabilities		Description of Other Liabilities in Section 1b:
As Endorser or Co-Maker.....	\$ _____	_____
Legal Claims & Judgments.....	\$ _____	_____
Provision for Federal Income Tax.....	\$ _____	_____
Other Special Debt.....	\$ _____	_____





## ECD-BERO Rural Enterprise Loan Fund: Certification of Use of Funds

I hereby certify that I agree to provide a certification letter to ECD within three months (or 90 days) after receiving the micro-fund loan proceeds. In this certification letter, I will provide a detailed list of the use of the loan funds, including any equipment, inventory, professional services, fees and working capital expenditures. I understand that each borrower/co-signor of the loan must sign and date the certification letter and that it must be notarized.

I certify that I will use the loan proceeds in accordance with the application I submitted to ECD in my micro-loan application package and not for any other purpose without written prior consent by ECD. I certify that neither I nor the collective group will commit fraud when utilizing the awarded funds. I understand that fraud is defined as the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to the state or federal government.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**ECD-BERO Rural Enterprise Loan Fund: INITIAL ASSESSMENT OF BORROWER**

BERO: _____	Consultation Date: _____
Business Name: _____	In-Person: <input type="checkbox"/> Phone: <input type="checkbox"/> Email: <input type="checkbox"/>

**ASSESSMENT OF TECHNICAL NEEDS**

Primary Needs (from below)			Secondary Needs (from below)	
1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>
#	#	#	#	#
1. Accounting for a Business 2. Bookkeeping 3. Business Plan 4. Computer/Operational 5. Credit Counseling 6. Financial Management 7. International Trade 8. Inventory Control 9. Legal Assistance (permits, licenses, etc.)			10. Management (general) 11. Market Analysis 12. Marketing 13. Certification 14. Sales Training 15. Strategic Planning 16. Tax Services 17. Working Capital Management 18. Other:	
Additional Comments: _____				

**TECHNICAL ASSISTANCE ACTION PLAN**

The Borrower and the TA Provider agree to perform the following actions to the best of their abilities:

TA Need (#)	Action	Estimated Duration	Start Date	Completion Date

Signature of Borrower/Applicant	Date
Signature of BERO	Date
Signature of Lender	Date

**REQUEST FOR ENVIRONMENTAL INFORMATION**

Name of Project
Location

- Item 1a.** Has a Federal, State, or Local Environmental Impact Statement or Analysis been prepared for this project?  
 Yes  No  Copy attached as EXHIBIT I-A.
- 1b.** If "No." provide the information requested in Instructions as EXHIBIT I.
- Item 2.** The State Historic Preservation Officer (SHPO) has been provided a detailed project description and has been requested to submit comments to the appropriate Rural Development Office.  Yes  No Date description submitted to SHPO \_\_\_\_\_
- Item 3.** Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site(s)? (Check appropriate box for every item of the following checklist).

	Yes	No	Unknown		Yes	No	Unknown
1. Industrial .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Dunes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commercial .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Estuary .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residential.. .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Wetlands .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agricultural .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Floodplain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Grazing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Wilderness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mining, Quarrying .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(designated or proposed under the Wilderness Act)</i>			
7. Forests .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Wild or Scenic River .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recreational .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(proposed or designated under the Wild and Scenic Rivers Act)</i>			
9. Transportation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Historical, Archeological Sites .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Parks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(Listed on the National Register of Historic Places or which may be eligible for listing)</i>			
11. Hospital .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Critical Habitats .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Schools .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(endangered /threatened species)</i>			
13. Open spaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Wildlife .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Aquifer Recharge Area .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Air Quality .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Steep Slopes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Solid Waste Management .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Wildlife Refuge .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Energy Supplies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Shoreline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Natural Landmark .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Beaches .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(Listed on National Registry of Natural Landmarks)</i>			
				32. Coastal Barrier Resources System .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Item 4.** Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities?  Yes  No

\_\_\_\_\_  
(Date)

Signed: \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Title)

*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 collections is 0575-0094. The time required to complete this information collection is estimated to average 6 to 10 hours 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.*