

MISSOURI
LINKED*DEPOSIT
Loans to Develop Our Future

GOVERNMENTAL ENTITY LOAN APPLICATION

Name/Title of Contact Person: _____

Name of Agency: _____

Mailing Address: _____ City: _____

County: _____ State: _____ ZIP: _____

Physical Address (if different than mailing address): _____

City: _____ County: _____ State: _____ Zip: _____

Phone #: _____ FAX #: _____

Amount Requested: \$ _____ Total Cost of Project \$ _____

Use of loan proceeds: Capital Improvement Project Equipment/Cap. Outlay Operating Program

Description of Project: _____

Please attach a copy of the governing board's authorization to borrow funds for the above project (e.g., a resolution, ordinance, excerpt of budget document, etc).

NOTE: Missouri Linked Deposit Program loans are issued by Treasurer Zweifel's office for a one-year term, which may be renewed annually up to five years. A Missouri Linked Deposit for a multi-year fixed rate may be considered. If you are requesting a multi-year fixed rate, please attach a justification based on sound business reasons.

DEMOGRAPHIC INFORMATION

Have you participated in the Missouri Linked Deposit Program previously? Yes No

If yes, what time period: _____

APPLICANT CERTIFICATION:

In submitting this application, I the undersigned eligible borrower have read the following and hereby certify and agree that the applying agency meets the following eligibility criteria:

- (a) Is a political subdivision as defined by Missouri Revised Statutes (RSMo), i.e., a local governmental agency with taxing authority. True False
- (b) Has received necessary approval from governing board to initiate project. True False
- (c) Is legally authorized to enter into a loan with a banking institution for the purposes described above. True False
- (d) The proposed project is in compliance with all applicable federal and state laws and True False





regulations and has received approval for all necessary permits

- (e) No owner or board member of this entity has pleaded guilty to or been found guilty of, or is currently incarcerated, on probation or on parole, for a felony or a crime of moral turpitude; and no owner or board member of this entity is currently facing charges for a felony or a crime of moral turpitude.* True False
- (f) I have read and verify I am in compliance with all state statutes and policies of Treasurer Zweifel's office relative to the Missouri Linked Deposit Program. True False

* NOTE: Treasurer Zweifel's office may require documentation to verify compliance with these statements.

I further certify that the reduced rate loan will be used exclusively for the specified project, that I am aware of the Conflict of Interest Policy adopted by Treasurer Zweifel's office and I comply with that policy. Additionally, I attest that I am in compliance with all state and federal laws. In the event that the loan proceeds are not used for allowable expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that Treasurer Zweifel may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability.

I understand that by participating in the Missouri Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. By signing below and accepting the linked deposit, I acknowledge that information related to this linked deposit application may be released in the promotion of the Missouri Linked Deposit Program within the constraints set forth in Chapter 610, RSMo.

Name (type or print)

Title

Signature

Date



BANK CERTIFICATION:

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the Missouri Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify Treasurer Zweifel's office and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to Treasurer Zweifel's office in determining whether this applicant is an appropriate participant in the Missouri Linked Deposit Program and agrees to immediately notify Treasurer Zweifel's office if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this program.

I further certify that the bank is maintaining the documentation that proves eligibility of applicant(s) and can provide this information if requested by Treasurer Zweifel's office. (Resources that may be used to verify certification includes copies of driver's license (age), tax return (address), financial statement (equity of applicant), and the county appraisal (acreage owned in county)).

The interest rate that would normally apply to this loan is _____%.

I am requesting a multi-year fixed rate? yes no If yes, please submit justification and indicate term.

For Lender:

Signature	Title	Date
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Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of the Treasurer of Missouri, or be subjected to discrimination by the Treasurer of Missouri. Any applicant for the MISSOURI Linked Deposit program who needs special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from the Treasurer. For more information about such services, contact the Director of Investments at 1-573-751-8530.



BORROWER CERTIFICATION FORM

Dear Borrower,

Please review and certify by signing below that you meet all the following requirements for receiving a Missouri Linked Deposit Program loan. You may access our ineligible borrowers list at this website:

www.treasurer.mo.gov/IneligibleBorrowers.aspx. You must sign and return this form to our office in order for your application to be approved. If your signed form is not returned to our office, your application will not be approved.

Please note – a separate, signed, Certification Form is required from each owner of a business, farm or entity that is applying for Missouri Linked Deposit Program benefits.

I, _____ (print name), certify that:

1. I am applying to receive a Missouri Linked Deposit Program loan;
2. I have not pleaded guilty to or been found guilty of or am not currently incarcerated, on probation or on parole for a felony conviction or a crime of moral turpitude;
3. I am not currently facing charges for a felony or a crime of moral turpitude and am not currently on probation for any crime;
4. I have read and verify that I am not in violation of the Treasurer’s Conflict of Interest Policy (www.treasurer.mo.gov/policiesandinformation.aspx); and
5. I understand that by participating in the Missouri Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. **I also acknowledge that information related to this linked deposit application (such as business name, loan amount, estimated savings, etc) may be released in the promotion of the Missouri Linked Deposit Program within the constraints set forth in Chapter 610, RSMo. (Customer Initials) _____**

Please confirm your business or farm mailing address:

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Please confirm the physical address of your business or farm (if different than mailing):

Address: _____

City: _____ County (please provide all counties, if necessary): _____

State: _____ Zip: _____

Signature of applicant Date

Print Full Name Date of Birth Name of Business, Farm, or Entity on loan application