



# GOVERNMENTAL ENTITY LOAN APPLICATION

Name/Title of Contact Person: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Tax I.D # \_\_\_\_\_ Number of Borrowers: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address of Project (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: See Attachments

**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).**

## 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 I meet 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 regulations and has received approval for all necessary permits  True  False
- (e) No owner 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; no owner is currently facing charges for a felony or a crime of moral turpitude; and no owner is currently on probation for any crime.\*  True  False



The Office of the Missouri State Treasurer | PO Box 210 | Jefferson City, Missouri 65102  
(573)751-2372 | [LinkedDeposits@treasurer.mo.gov](mailto:LinkedDeposits@treasurer.mo.gov) | <https://www.treasurer.mo.gov/LinkedDeposit>



(f) I have read and verify I am in compliance with all state statutes and policies of the Missouri State Treasurer's office relative to the Missouri Linked Deposit Program.  True  False

\* NOTE: Missouri State Treasurer'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 the Missouri State Treasurer'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 the Missouri State Treasurer 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*

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Name (type or print)

Title (if business)

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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 the Missouri State Treasurer'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 the Missouri State Treasurer's office in determining whether this applicant is an appropriate participant in the Missouri Linked Deposit Program and agrees to immediately notify the Missouri State Treasurer'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 the Missouri State Treasurer'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.



See Attachments

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For Lender

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Signature (Electronically Signed)

Title

Date

### ATTACHMENTS

**Description of Project:**

**If requesting multi-year fixed rate, attach justification and indicate term.**