

ALTERNATIVE ENERGY OPERATION LOAN APPLICATION

Name:						
Business Name (as on file with the S	Secretary of State):					
Social Security #:	ial Security #: Tax ID #:		Number of F/T Employees:			
Mailing Address:						
City:	County:	State:		Zip:		
Physical Address (if different from	mailing address):					
City:	County:	State:		Zip: _		
Phone #:		Fax #:				
Type of Alternative Energy:			Applicant's Equity %:			
Number of Borrowers:	Amount Requested:		Total Cost of Project:			
New Business Ex	xpansion of Existing Operation					
Use of loan proceeds:						
Please attach brief narrative des the impact it will have on your o	0		. 0	ced Dep	posit and	
DEMOGRAPHIC INFORMAT	ION					
Have you participated in the Missouri Linked Deposit Program previously?				No No		
If yes, what time period?						
Are you a minority-owned firm] and/or a female-owned firm	or neither	(question required	by 30.75	58, RSMo)	
Are you a veteran, reservist or member of National Guard 🗌 or the spouse of such 🗌 or neither						
APPLICANT CERTIFICATIO	N					
In submitting this application, I the un following eligibility criteria:	ıdersigned eligible borrower, hav	ve read the following and h	ereby certify and agree the	ıt I meet	the	
(a) Am headquartered in Missouri.				True	False	
(b) Maintain operations and transit	t business in Missouri.			True	False	
(c) Am organized for profit.			<u> </u>	True	False	



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



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(d)	Employ only legal workers. *	True	False
(e)]	Do not currently owe any unpaid, non-protested taxes to the State or any political subdivision. *	True	False
(f)]	Borrower has no environmental compliance issues with the MO Department of Natural Resources. st	True	False
par	No owner has pleaded guilty to or been found guilty of, or is currently incarcerated, on probation or on ole, for a felony or a crime of moral turpitude; no owner is currently facing charges for a felony or a crime noral turpitude; and no owner is currently on probation for any crime. *	True	False
· ·	I have read and verify I am in compliance with all state statutes and policies of the Missouri State asurer's office relative to the Missouri Linked Deposit Program.	True	False

* NOTE: The 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 eligible expenses related to the production of power from energy sources other than fossil fuel, 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 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.

Name (type or print)	Title (if business)
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 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)).

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<i>The interest rate that would normally apply to this loan is</i> <u>%</u> .							
I am requesting a multi-year fixed rate?	Yes No	If yes, please submit justification and indicate term.					
See Attachments							
For Lender:							
Signature	Title	Date					

ATTACHMENTS

Please attach a brief narrative describing the nature of your operation, the reason you're requesting a Linked Deposit and the impact it will have on your operatoin; as well as the Altternative Energy Supplemental Application.

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