



SOUTHERN MINNESOTA
INITIATIVE FOUNDATION

Grow a Farmer Fund Loan Application Form

Click in the boxes below to type your information. Use the Tab key to navigate through application. Save and/or print the application to submit to Southern Minnesota Initiative Foundation (SMIF)

Basic Information

Company Name

Company Contact(s)

Address

City/County

Zip

Telephone

Cell Phone

Email Address

Website Address

Fax

Company Information

Date Established

Federal Tax ID (if you have one)

Business Structure

Sole Proprietorship LLC Other (please list) _____

List all owners (current or anticipated) holding at least 20% or more of the share equity in the company

Last Name

First Name

Ownership %

Years of Experience

Last Name

First Name

Ownership %

Years of Experience

*All owners over 20 percent ownership are required to fill out and sign the signature page.

Requested Amount (Up to \$15,000)

How Much Money Are You Asking to Borrow?

\$

Use of Funds

What Will You Do With The Money? Check all that apply.

- Equipment
 Seed
 Inventory
 Fertilizer
 Real Estate
 Other _____

Business Owner Information

Why do you want to be a farmer?

What are your long term goals?

How are you keeping financial records?

- Finpak
 QuickBooks
 Excel
 Shoebox
 Other _____

Collateral Offered

Asset	Value	SMIF's Lien Position, ie, 1 st or 2 nd (any outstanding loans on this item?)

Job Creation

	Full Time	Hourly Wage (average)	Part Time	Hourly Wage (average)
Number of Existing Employees:				
Number of New Jobs Created:				
Jobs Retained (jobs that would be lost without project):				

- Employee Benefits:
 None
 Health
 Dental
 Retirement
 Disability

 Sick
 Life
 Vacation
 Profit Sharing
 Other: _____

Balance Sheet

Personal Financial Statements are required by all owners holding at least 20% or more of the share equity in the Company. You may submit in your own format, or use the one below:

ASSETS

1. Cash	
2. Savings Account	
3. Checking Account	
4. Subtotal (Lines 1-3)	
5. U.S. Bonds	
6. Other Securities	
7. Other Assets	
8. Subtotal (Lines 5-7)	
9. Household Real Estate Owned	
10. Other Real Estate Owned	
11. Personal Property	
12. Other Assets	
13. Subtotal (Lines 9-12)	
14. TOTAL ASSETS (Line 4 + 8 + 13)	

LIABILITIES

15. Notes due to Banks	
16. Notes due to Relatives	
17. Notes due to Others	
18. Unpaid Bills	
19. Rent Due	
20. Subtotal (Lines 15-19)	
21. Real Estate Mortgages and Contract for Deed	
22. Liens	
23. Installment Debts, Credit cards etc	
24. Car or Vehicle Debts	
25. Subtotal (Lines 21-24)	
26. TOTAL LIABILITIES (Line 20 + 25)	
27. NET WORTH (Line 14 minus 26)	

Applicant's Full Name (Printed)

Applicant's Full Name (Signature)

Date

Government Monitoring

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, and Title VI of the Civil Rights Act of 1964. **You are not required to furnish this information, but are encouraged to do so.** The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

<p>Applicant 1 Applicant 2</p> <p><input type="checkbox"/> <input type="checkbox"/> I do not wish to furnish this information</p> <p><i>Race Categories</i></p> <p><input type="checkbox"/> <input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> <input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> <input type="checkbox"/> White</p> <p><input type="checkbox"/> <input type="checkbox"/> Native Hawaiian or Pacific Islander</p> <p><i>Ethnic Categories</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> <input type="checkbox"/> Not Hispanic or Latino</p>	<p>Applicant 1 Applicant 2</p> <p><i>Military Service</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Veteran</p> <p><input type="checkbox"/> <input type="checkbox"/> Non Veteran</p> <p><i>Sex</i></p> <p><input type="checkbox"/> <input type="checkbox"/> Female</p> <p><input type="checkbox"/> <input type="checkbox"/> Male</p> <hr/>
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Are you a citizen of the United States of America? Yes No

If no, please provide a copy (front and back) of your alien registration card.

Signature Page

Information Release Authorization

I certify that all statements made in this application are an accurate representation of my financial condition on this date and are made for the purpose of obtaining the funding indicated. Verification and re-verification of any information contained in this application may be made at any time by Southern Minnesota Initiative Foundation, its agents, successors and assigns, either directly or through a credit reporting agency or another source named in this application at any time while checking the credit worthiness of this authorized signer.

Southern Minnesota Initiative Foundation, its agents, successors and assigns will rely on the information contained in this application and I/we have a continuing obligation to amend and or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to advancement of funds by The Foundation or at any time thereafter if requested.

Applicant's Full Name (Printed)

Social Security Number

Applicant's Full Name (Signature)

Date

Applicant's Full Name (Printed)

Social Security Number

Applicant's Full Name (Signature)

Date

Applicant's Full Name (Printed)

Social Security Number

Applicant's Full Name (Signature)

Date

Application Submittal

Please return the completed application form along with attachments to:

Southern Minnesota Initiative Foundation
525 Florence Avenue
PO Box 695
Owatonna, MN 55060

Or email Marcia Haley at marciah@smifoundation.org

If you have any questions regarding the completion of this application contact Marcia Haley, SBA Lending Director at 507-214-7021, or email marciah@smifoundation.org

Southern Minnesota Initiative Foundation is an equal opportunity lender.

(Please feel free to reproduce this information)

Attachments

Please submit the following with this application. This application will not be considered complete until all the documents are included:

- Business Plan (see below or attach existing)
- Cash Flow Projection for at least one year
- Personal Budget
- Last two years of your taxes (personal and business if applicable)

If you need assistance with any of this information, please contact Marcia Haley, SBA Lending Director at SMIF at 507-214-7021 or marciah@smifoundation.org

This loan program is a collaborative effort made possible by the FEAST Local Food Network, including Renewing the Countryside, and Slow Money Minnesota.

F · E · A · S · T
LOCAL FOOD NETWORK



Beginning and/or Expanding Non-Traditional Ag Operations Business Plan

These narrative and financial documents should be submitted with the application. Make sure to include all of the information that is applicable to the project. Note that not all areas will apply to your business plan. If you already have a business plan, you may submit that. If not, please use this form in place of a formal plan. Fill in all of the questions that apply to the business you are seeking a loan for. Feel free to contact us if you are unsure how to answer a question.

Date:

Business Name, if applicable

Name:

Address:

City/County:

Executive Summary

- Explain who you are
- What type of operation you will be operating
- Are you a start-up or expansion
- What your market is for your product

Type of Business & Production Plan

Tell us what product you will be producing and your projected sales for the current year

Crop (e.g. vegetables, fruit, hops, nuts)	Acres	Projected Sales

Livestock (including poultry, bees)	Number	Projected Sales

History of the Business

Write a brief history of your business

If you are starting a new operation, let us know why you want to get into this type of business.

If you are an existing business and are expanding, describe how you got to this point.

Ownership Structure

Is your operation a sole proprietorship, limited liability corporation, etc? Who owns this business and what is the contact information for each owner? What percent of ownership does each owner have?

Location

Where is the business located? What are the advantages/disadvantages of the location?

Is there more than one location?

Is there a building on the location? If yes, tell us about it; include information on inventory, storage,

heating/cooling/ventilated, adequate parking, does it need to be inspected, are renovations needed, etc.

Equipment

Attach a listing of equipment already owned with current value.

Attach a listing of equipment needed to purchase with approximate value.

Operating Needs

Attach a listing of inventory, seed, fertilizer, feed, livestock, etc that you need to purchase along with the approximate value.

Market

Do you have a market for your product?

If CSA, how many members do you have lined up? What price are you charging? What have you promised to deliver?

If Farmers' Market, how many markets are you signed up for? What days and times will you be working them?

If operating a farm stand, where will it be located? What will the hours be?

If selling wholesale, who are your buyers? What price will they be paying?

If selling retail to others, what price will you be paying? How/where are you selling from?

Do you have the capacity of goods to expand your market?

How will you expand your market?

Describe the viable market opportunity in your area.

Marketing Strategy

How will you get the word out about your product? What will this cost?

Management

Who is on your management team? What experience do they have? Do you have any mentors? What experience do they have?

Operations

Do you need licenses/permits?

If you are raising meat/poultry, where will you take them to be processed?

Qualifications

Tell us about your experiences in this type of business

Do you have management experience?

Have you previously run a business?

For additional information and resources on farm business plans visit: <http://www.beginningfarmers.org/farm-business-planning/>

For information on this program contact Marcia at marciah@smifoundation.org, 507-214-7021.

For assistance with this business plan contact Jan at jan@rtcinfo.org, 612-251-7304.