

**KENDALL COUNTY  
RF PRE-APPLICATION FACT SHEET**

To qualify as a RF project, you will be asked to provide the following information in convenient format for your company. Please mark attachments with corresponding numbers below. We would like to review these documents with your bank or lending institution participating in the project. Please return to: Kendall County Administration & Economic Development. Email [kendallesc@kendallcountyil.gov](mailto:kendallesc@kendallcountyil.gov) or fax 630-553-4214. **If pre-approved, an Application for Revolving Fund Financial Assistance must be completed and submitted to the Kendall County Office of Administrative Services.**

Business Name:

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Legal Name of Borrower:

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Home Address: Home Phone:

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Contact Person: Title:

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Business Address: Business Phone:

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Email: Fax:

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Type of Business/Products Produced, Services Provided:

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Number of Years in Business:

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Number of Years Operating at Present Business Address:

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Business Ownership:     Sole Proprietorship     Partnership  
                                           Corporation                                     Other(specify)\_\_\_\_\_

Principal Owners (Individuals, Address, and Phone of Those Owning 20% or more)

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General location of project:

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EXHIBIT A

Describe company product or service provided at the project site

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Describe proposed use of loan funds:

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Collateral/Security offered for RF Loan:

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Total number of jobs the company will create or retain in Kendall County:

Created:                      Retained:                      Total Number of all jobs:

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Number of jobs for low and moderate income individuals:

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Estimated date to complete job creation and retention above:

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Present Number of Employees:

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Anticipated Number of Employees:

1 Year Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

2 Year Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Total loan funds requested (Max \$15,000 x number of jobs created/retained, or 49% total project cost, whichever is less):

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Approached Lending Institution?

Yes \_\_\_\_\_

No \_\_\_\_\_

EXHIBIT A

If Checked "No", Please Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Checked "Yes", Please Complete the Following:

Name of Lending Institution:

Address:

Contact Person/Title:

Phone Number:

Please State the Amount, Interest Rate, and Term of the lender's loan:

Permission to contact lender (authorized signature here):

**Site Regulations**

Will any of the project activities be located in a special flood hazard area?

Yes\_\_\_\_No\_\_\_\_\_

Is the site annexed to a municipality?

Yes\_\_\_\_No\_\_\_\_\_

What is the current zoning for the site? \_\_\_\_\_

Is the site currently zoned for the project's proposed activities?

Yes\_\_\_\_No\_\_\_\_\_

If No, what is the anticipated date zoning will be finalized?\_\_\_\_\_

**Business Cash Flow**

**Revenue**

Prior Years		Current Year	
2 Yr	1 Yr	YTD @ mm/dd/yyyy	Projected Year End

Next Projected Year					
JAN	FEB	MAR	APR	MAY	JUN
JUL	AUG	SEP	OCT	NOV	DEC

EXHIBIT A

**Operating Expense**

Prior Years		Current Year	
2 Yr	1 Yr	YTD @ mm/dd/yyyy	Projected Year End

Next Projected Year					
JAN	FEB	MAR	APR	MAY	JUN
JUL	AUG	SEP	OCT	NOV	DEC

**Business Loans & Credit**

Institution/Bank				
Value				
Vehicles/Equipment/Land				
Purchase Amount				
Est. Current Value				
Balance Owed				
Term (start and end year)				
Payment Amount				
Required Payments/Year				

**Business Assets**

Institution/Bank				
Current Liquid Asset (checking acct., life insurance, etc.)				
Value				
Vehicles/Equipment/Land				
Purchase Amount				
Est. Current Value				
Balance Owed				

EXHIBIT A

**Personal Loans & Credit**

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Institution/Bank				
Value				
Vehicles/Equipment/Land				
Purchase Amount				
Est. Current Value				
Balance Owed				
Term (start and end year)				
Payment Amount				
Required Payments/Year				

**Personal Assets**

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Institution/Bank				
Current Liquid Asset (checking acct., life insurance, etc.)				
Value				
Vehicles/Equipment/Land				
Purchase Amount				
Est. Current Value				
Balance Owed				

EXHIBIT A

**Please provide a credit report from one of 3 credit bureaus within the last 60 days.**

[www.equifax.com](http://www.equifax.com)

[www.transunion.com](http://www.transunion.com)

[www.experian.com](http://www.experian.com)

**\*\*\*Please redact your entire Social Security Number (SSN) prior to submitting a credit report or any other document containing a portion of or an entire SSN. \*\*\***

**\*\*\*If any or all of a SSN is identified on any document prior to submitting to the Administrative Office, our office will redact any and all references to a SSN upon receipt of said documents**

**Please provide business references**

Contact Name			
Business Name			
Address			
City, State, Zip			
Phone			
Nature of Relationship			