

SMALL BUSINESS POLLUTION PREVENTION LOAN PROGRAM APPLICATION

(Authority: Part 145, PA 451 of 1994, as amended. Completion of all sections of this application is necessary to be considered for a loan.)

Please print with black ink or type all information.

SECTION I. GENERAL INFORMATION					
1. OWNER/APPLICANT NAME AND TITLE					
2. COMPANY NAME					
3. E-MAIL ADDRESS	4. TELEPHONE NUMBER (include area code)	5. FAX NUMBER (include area code)			
	()	()			
6. MAILING ADDRESS (number, street, city, state and zip code)		7. P.O. BOX (if applicable)	8. COUNTY		
9. DO YOU CONTRACT FOR THE TRANSPORTATION OF CARGO WITH ANY VESSEL OWNERS/OPERATORS THAT OPERATE ON THE GREAT LAKES AND/OR ST. LAWRENCE WATERWAY?					
10. IS THIS BUSINESS CURRENTLY OPERATING' YES. How long? NO. IF NO, PLEASE EXPLAIN (see instruction)					

SECTION II. LENDING INSTITUTION						
1. NAME OF LENDING INSTITUTION		2. CONTACT PERSON AND TITLE				
3. E-MAIL ADDRESS	4. TELEPHONE NUMBER	ELEPHONE NUMBER (include area code) 5. FAX NUMBER (include		e area code)		
	()		()			
6. MAILING ADDRESS (number, street, city, state, and zip code)			7. P.O. BOX (if applicable)			
8. HAS YOUR LENDING INSTITUTION AGREED TO PARTICIPATE WITH EGLE IN THIS LOAN?						
☐ YES	□ NO					
9. HAS YOUR LENDING INSTITUTION DETERMINED YOUR CREDIT WORTHINESS FOR THIS LOAN REQUEST?						
☐ YES	□ NO					

SECTION III. PROJECT INFORMATI	ON				
1. AMOUNT OF LOAN REQUEST	ESTIMATED TOTAL COST OF PROJECT				
\$	\$				
2. AMOUNT OF TIME TO COMPLETE PROJECT	ESTIMATED PROJECT START DATE	ESTIMATED PROJECT COMPLETION DATE			
months	<u> </u>	<u>\</u> \			
3. DO YOU MEET THE THREE CRITERIA OF A SMALL BUSINESS?					
a. <500 full-time employees:	b. Independently owned and operated:	c. Not dominant in your field:			
YES NO	□ YES □ NO	YES NO			
4. TYPE OF BUSINESS AND SIC Code (if known)		5. NUMBER OF FULL-TIME EMPLOYEES			
6. PROJECT DESCRIPTION					
7. ADDRESS (if different from mailing address)					
8. CONTACT NAME (if different from owner). If all correspondence is to go to the Project Contact,		9. CONTACT TITLE			
check the box.					
10. E-MAIL ADDRESS	11. TELEPHONE NUMBER (include area code)	12. FAX NUMBER (include area code)			
	()	()			

SMALL BUSINESS POLLUTION PREVENTION LOAN PROGRAM APPLICATION (continued)

SECTION IV. PROJECT ELIGIBILITY
1. POLLUTION PREVENTION ACTIVITY CODE(S) Check the box(es) by the appropriate code(s) that describe how this project meets the eligibility requirement for the loan program.
You must meet at least one of the criteria to be eligible.
A Equipment or technology modifications E Housekeeping, maintenance, or inventory control improvements
 B Process or procedure modifications F Employee training C Reformulation, reclamation, or redesign of products G Energy conservation studies or specifications
D Raw materials substitution $H \square On-site water conservation$
2. DID YOU HAVE A RETIRED ENGINEER TECHNICAL ASSISTANCE PROGRAM (RETAP) AUDIT?
Yes No
IF YOU ANSWERED YES ABOVE, IS THIS PROJECT A RECOMMENDATION FROM RETAP?
SECTION V. PROJECT DESCRIPTION
1. DETAILED DESCRIPTION OF PROJECT
In addition to a <u>summary of the project</u> , include <u>timetable</u> and breakdown of estimated project costs. <u>Please include written cost</u>
estimates with your loan application. If the loan request is to implement a RETAP pollution prevention recommendation, you may attach a copy of the recommendation to the application. (NOTE: You do not need to provide a copy of the complete RETAP report.)
Purpose of project (please indicate if project replaces old equipment):
Project description:
Breakdown of project costs (include written cost estimates):
Estimated timetable to complete the project:

SMALL BUSINESS POLLUTION PREVENTION LOAN PROGRAM APPLICATION (continued)

SECTION VI. POLLUTION PREVENTION PROJECT ESTIMATED RESULTS

	RVATION								
			WATER CONSERVATION						
Annual Consum	ption After Project (g	jallons) Es	timated Economic Savings						
WASTE REDUCTION									
al Waste Stream	Annual Amount	Annual Wa	ste Estimated						
antity Before	Recycled	Stream Qua	ntity Economic Savings						
Project	(if applicable)	After Proj	ect						
			timated Economic Savings						
Annual Consum	ption After Project (g	jalions) Es	umated Economic Savings						
USE REDUCTION	OR SUBSTITUTIC	N							
			Economic Savings/Year						
Before Project	t Afte	r Project	After Project						
		ΞTV							
NT AND PUBLIC H	IEALTH AND SAF		on Estimatos						
NT AND PUBLIC H		ETY posure Reductio	on Estimates						
	al Waste Stream iantity Before Project BRVATION OR FU Annual Consum USE REDUCTION Amount Purchased	antity Before Recycled Project (if applicable) ERVATION OR FUEL TYPE SUBSTIT Annual Consumption After Project (g USE REDUCTION OR SUBSTITUTIO Amount Purchased/Year	al Waste Stream antity Before Project (if applicable) After Project After Project ERVATION OR FUEL TYPE SUBSTITUTION Annual Consumption After Project (gallons) Es USE REDUCTION OR SUBSTITUTION Amount Purchased/Year Amount Purchased/Year						

SECTION VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted and that, based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

SIGNATURE

TITLE

DATE

FOR STATE USE ONLY

Date Received: