



Wade Kapszukiewicz  
Lucas County Treasurer

Form 1

Package Number-please do not mark here

To be completed by lending institution

### Small Business Linked Deposit Program Application Summary

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Mailing Address for Correspondence

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Lender Contact Name Phone Number Fax Number

\_\_\_\_\_  
Small Business Name-As it appears on loan      \$ Amount Requested      % Present Borrowing Rate

- In Compliance with Chapter 135 of the Ohio Revised Code, total public funds on deposit at the lending institution may not exceed 30% of the total assets of the lending institution.
- The borrowing entity listed above must be the exact same entity saving and/or creating jobs. The debtor named on the loan must match business name above.
- Requests must correspond to fixed rate term loans where the borrower's normal borrowing rate does not change and is reduced by 300 basis points for the period of the deposit.
- A linked deposit request may include several loans to the same business; however each business is limited to one linked deposit at a time. Currently, approvals may be limited to \$150,000.00 per business.
- Acknowledgement of this request will be sent within 5 business days. A letter indicating approval or denial will follow once a status has been determined.
- Rates for linked deposit certificates of deposit will be priced off the bond equivalent yield of the current 2-Year Treasury Note less 300 basis points.
- Questions and/or comments regarding the linked deposit program should be directed to the Lucas County Treasurer's office at 419-213-4303.

Lending Institution send completed application to:

Wade Kapszukiewicz  
Lucas County Treasurer  
Attn: Linked Deposits  
One Government Center, Suite 500  
Toledo, OH 43604



Wade Kapszukiewicz  
Lucas County Treasurer

To be completed by business and lending institution

## Small Business Linked Deposit Program

### Application for Participation

**(A) Small Business Information:**

\_\_\_\_\_  
Name of Small Business

\_\_\_\_\_  
President/Owner/CEO

\_\_\_\_\_  
Street Address of Small Business

\_\_\_\_\_  
City                      State                      Zip Code                      County

\_\_\_\_\_  
Area Code & Phone Number                      Fax Number                      Email Address

**(B) Business Data**

- 1. Is the company headquartered in the State of Ohio with a project located in Lucas County?      Yes ( ) No ( )
- 2. Does the company employ less than 150 people?      Yes ( ) No ( )
- 3. Are the majority of employees Ohio residents?      Yes ( ) No ( )
- 4. Is the company organized for profit?      Yes ( ) No ( )

*If you have answered no to any of the questions above you are not eligible for participation in the Linked Deposit Program pursuant to program policy and/or Chapter 135 of the Ohio Revised Code.*

- 6. Is the borrowing entity the exact same entity saving or creating jobs?  
If no, please explain:      Yes ( ) No ( )

**(C) Linked Deposit Activity:**

- 8. Has the company been approved for participation in the Linked Deposit Program 4 out of the last 6 years?      Yes ( ) No ( )
- 9. Is this request for participation in the Linked Deposit Program in addition to a current Linked Deposit commitment? Answer no if request will be funded upon the expiration of the existing link      Yes ( ) No ( )

*If you have answered yes to question 8 or 9 you are not eligible for another Linked Deposit approval at this time.*

(D) How long has the company been in business?  
 If new, when is the expected opening date?

(E) Describe the product (s) and/or service (s) the company offers.

(F) Project Costs:

Total amount of loan dollars related to this project: \$ \_\_\_\_\_

Total amount of Linked Deposit request: \$ \_\_\_\_\_

*Note: Requests that represent 100% of the project and meet the job ratio criteria as well as all other program requirements will receive a priority.*

(G) Describe the proposed use of loan proceeds-detail amounts and uses of the money. *Note: Request for fixed assets and working capital will receive priority.*

(H) How many employees are currently on the payroll? \_\_\_\_\_

(I) How many jobs will participation in the Linked Deposit program affect in the next two years?

*Full time jobs saved _____	Full time jobs created _____
*Part time jobs saved _____	Part time jobs created _____

*\* Saved means only those employees who face a lay-off in the absence of a linked deposit*

(J) Define and quantify the employment positions that will be saved and/or created as listed in Section (I) above: *(attach addendum if necessary)*

(K) Explain how the benefits of the linked deposit program will materially contribute to the company's ability to meet the employment goals stated in Section (J) above: *(attach addendum if necessary)*

(L) Is the small business currently participating in any Federal, State or Local Government programs? *If yes, describe.*

Yes ( ) No ( )

(M) If applicable, describe any civic or community benefits this project may provide: (attach addendum if necessary)

**(N) Certification and Statement of Small Business:**

Under penalty of law, the Small Business named in this application has accurately and truthfully answered the questions as listed and has made application to the financial institution for the sole purpose of saving and/or creating jobs under the Linked Deposit provisions of the Ohio Revised Code. The business certifies that the funds borrowed from the eligible lending institution will not be used for purposes of gain under an investment arbitrage situation. Furthermore, it is fully understood that any use of the funds, other than that intended pursuant to the Ohio Revised Code sections 135.61 to 135.67, constitutes an act of fraud. It is also understood that, since the Treasurer of Lucas County is not a lender of funds, the decisions involved in granting loans to the Small Business rest solely upon the financial institution. The Small Business agrees to comply with any and all monitoring efforts that may be required by the Treasurer of Lucas County. Failure to do so in a complete and timely manner may affect continued participation in the program.

\_\_\_\_\_  
Small Business Name

\_\_\_\_\_  
Signature of President/Owner/CEO

\_\_\_\_\_  
Date

**(O) Certification of Financial Institution:**

Under penalty of law, the financial institution making application under the Linked Deposit provisions of the Ohio Revised Code certifies that, according to information revealed in the loan application, the applicant is an eligible Small Business and that the benefits of the Linked Deposit materially contribute to the preservation and/or creation of jobs. This statement by the financial institution is based upon its best judgment and only upon factors known to it and relevant in financial statements submitted to it by the Small Business in question. It is also understood that, since the Treasurer of Lucas County is not a lender of funds, the decisions involved in granting loans to the Small Business rests solely upon the financial institution. The lender certifies that the rate listed on Form 2 is the normal borrowing rate of this eligible Small Business, and is the true borrowing rate that would be charged in the absence of the Linked Deposit program. No fees will be charged to the applicant to process this application. Approved applicants will receive a non-changing rate reduced by 300 basis points on the term loan described in this application for the period of deposit of the Treasurer of Lucas County. The lender agrees to comply with any and all monitoring efforts that may be required by the Treasurer of Lucas County. Failure to do so in a complete and timely manner may affect continued participation in the program.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Signature of Lender

\_\_\_\_\_  
Date

Information provided to the Treasurer of Lucas County is a matter of public record.  
Applications must be submitted by an eligible institution.



Wade Kapszukiewicz  
Lucas County Treasurer

Form 4

To be completed by the lending institution

### Certificate of Deposit / Loan Package

Name of Lending Institution

Address to Send Correspondence

City

State

Zip Code

Contact Person

Phone Number, Extension

### Applicant Information

Business Name

AMOUNT REQUESTED	PRESENT BORROWING RATE	REDUCED BORROWING RATE	CD ISSUE DATE	MATURITY DATE OF CD

**NOTE:**

- The borrowing entity must be the same entity saving or creating jobs
- Linked Deposit commitments will be for two years
- Linked Deposit requests must be fixed rate loans
- A complete Linked Deposit package includes Forms 1,2,3,4 and 5
- Approval of renewal requests are at the discretion of the Treasurer



Wade Kapszukiewicz  
Lucas County Treasurer

Form 5

To be completed by the business

### Certification of Tax Payment

This certifies that all Federal, State and Local taxes are paid and current for the company/business making applications to the Lucas County Linked Deposit Program

\_\_\_\_\_  
Company/Business Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/CEO

### Employer Statement

I/we are an Equal Opportunity Employer and have a policy of hiring and retaining employees without regard to race, color, religion, sex, age, handicap, national origin or ancestry.

\_\_\_\_\_  
Company/Business Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/CEO