



STATE OF MISSOURI  
 MISSOURI AGRICULTURAL AND SMALL BUSINESS DEVELOPMENT AUTHORITY (MASBDA)  
**APPLICATION FOR ANIMAL WASTE TREATMENT SYSTEM LOAN PROGRAM**

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM AND COMPLETE ALL QUESTIONS.

**TO BE COMPLETED BY APPLICANT**

NAME	EMAIL
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ADDRESS	CITY	STATE/ZIP
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TELEPHONE NUMBER	CELL NUMBER	SOCIAL SECURITY NUMBER/FEDERAL IDENTIFICATION NUMBER
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1.A. ESTIMATED PURCHASE OR CONSTRUCTION PRICE OF THE PROJECT (FROM DATE INPUT SHEET ADDENDUM) \$	1.B. AMOUNT OF LOAN DOWN PAYMENT (IF ANY) \$	1.C. AMOUNT OF FEDERAL OR STATE COST SHARE OR GRANT (IF ANY) \$
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2. AMOUNT OF LOAN REQUEST  
\$

3. DESCRIPTION OF EQUIPMENT AND FACILITIES TO BE FINANCED (CHECK THOSE THAT APPLY)

<input type="checkbox"/> earthen or concrete storage structures	<input type="checkbox"/> traveling gun irrigation system
<input type="checkbox"/> land	<input type="checkbox"/> tank wagon
<input type="checkbox"/> engineering costs	<input type="checkbox"/> manure spreader
<input type="checkbox"/> finance fees	<input type="checkbox"/> recycle pumps
<input type="checkbox"/> pipes	<input type="checkbox"/> portions of dairy feeding floors and loafing areas used for waste collection
<input type="checkbox"/> pumps	<input type="checkbox"/> tractor blades used for scraping waste
<input type="checkbox"/> agitation equipment	<input type="checkbox"/> vegetative filters
<input type="checkbox"/> fencing around lagoons	<input type="checkbox"/> other (describe)
<input type="checkbox"/> water systems	

4. DESIGNATED SOURCE OF REPAYMENT <input type="checkbox"/> assignment of payment from contractor or agribusiness <input type="checkbox"/> assignment of guarantee of principal and interest by agribusiness <input type="checkbox"/> assignment of CFSA payments <input type="checkbox"/> bank letter of credit <input type="checkbox"/> other	5. NAME OF AGENCY PROVIDING DESIGNATED SOURCE OF PAYMENT <hr/> ADDRESS <hr/> <table style="width:100%"> <tr> <td style="width:50%">TELEPHONE NUMBER</td> <td style="width:50%">PERSON TO CONTACT</td> </tr> </table>	TELEPHONE NUMBER	PERSON TO CONTACT
TELEPHONE NUMBER	PERSON TO CONTACT		

6. PRIMARY LENDER

ADDRESS

TELEPHONE	PERSON TO CONTACT	EMAIL
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7. ARE DEBTS OUTSTANDING ON THE LAND WHICH THE ANIMAL WASTE FACILITIES ARE LOCATED?  
 YES     NO

IF YES, TO WHOM ARE DEBTS OWED? (NAME)

ADDRESS

TELEPHONE NUMBER	PERSON TO CONTACT	EMAIL
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DO YOU OWN ANY OTHER LIVESTOCK? IF SO, WHAT?

**7. LOCATION OF PROJECT (COMPLETE ITEMS A AND B FOR LAND ON WHICH ANIMAL WASTE FACILITIES BEING FINANCED ARE LOCATED)**

A.	COUNTY AND TOWNSHIP NAMES	SECTION NUMBER
B.	LOCATION BY ROAD FROM NEAREST TOWN (EXAMPLE: 4 miles north and 3/4 miles west of Anytown, MO on Road N)	

**CERTIFICATION OF APPLICANT**

In submitting this application, I, the undersigned borrower, have read the following statements and hereby certify and agree that:

1. A. I am \_\_\_\_\_ in an entity that is making the application for a loan.
  - (i) a commissioner or employee of the Missouri Agricultural and Small Business Development Authority with a substantial interest.
  - (ii) a member of the Missouri General Assembly with substantial interest.
  - (iii) a state-wide elected official with substantial interest.
  - (iv) a director of a state department with substantial interest
  - (v) a parent, child, spouse or sibling or any of the above with a substantial interest (Substantial Interest defined in RSMo Section 105.40) *Does any statement apply?*  YES  NO
- B. If an individual, I am a permanent resident of the state of Missouri (If a partnership, all members must meet the resident requirements.)  YES  NO
- C. If a corporation, the company is located in Missouri.  YES  NO
2. The project is located within the State of Missouri.  YES  NO
3. If an individual, I am at least 18 years of age.  YES  NO
4. I have been unable to secure financing from conventional sources on equivalent terms.  YES  NO
5. I agree that the loan may not be assumed by another person without prior approval of MASBDA.  YES  NO
6. I understand and agree that a non-refundable application fee of \$150 shall be submitted with this application.  YES  NO
7. I understand and agree that a program fee of 1 1/2% of the amount borrowed will be charged and due at closing, with a minimum fee of \$250.  YES  NO
8. I understand that the borrower shall be obliged to pay closing costs incurred by MASBDA including attorney's fees, recording costs, survey costs, and filing fees in connection with the loan.  YES  NO
9. I understand and agree that loans cannot be made to producers whose poultry or livestock operation has been determined by the Missouri Department of Natural Resources to be a "concentrated animal feeding operation."  YES  NO
10. I understand and agree that no loan will be made until MASBDA has received: a) a copy of the NRCS certification or PE certification for the animal waste treatment system, and b) a copy of a Nutrient Management Plan (NMP) or a Comprehensive Nutrient Management Plan (CNMP) designed according to NRCS handbook specifications for the animal waste treatment system being financed.  YES  NO
11. I understand and agree that (a) security (first or second deed of trust and/or a lien on equipment being financed) and (b) a designated source of repayment (an assignment of allowable payments or guarantees) will be provided for the loan.  YES  NO
12. As an applicant to a program administered by the Missouri Agricultural and Small Business Development Authority, I (we) understand that the application for a loan authorizes the Authority to obtain financial credit information. (No further notice of subsequent access to this information shall be provided during the term of the loan.)  YES  NO
13. To the best of my knowledge, all information I have supplied to the Authority is truthful and complete. This includes the application and all documentation, including financial statements.  YES  NO
14. I authorize the Authority to release information regarding the description of the property to be financed to the extent necessary to comply with legal requirements for processing the loan application.  YES  NO

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| The Lender has submitted with the application; <ul style="list-style-type: none"> <li>• \$150 application fee</li> <li>• Cover Page (Explanation of what is wanted, background of farmer and operation, etc.)</li> <li>• A copy of Designated Source of Payment</li> <li>• Three (3) years Federal Tax Returns</li> </ul> | <ul style="list-style-type: none"> <li>• Current Financial Statement</li> <li>• Data Input Sheet</li> <li>• Data Input Sheet Addendum</li> <li>• Copy of Contract for the Contracting Firm</li> <li>• Copies of Receipts for expenses to be covered by loan</li> </ul> |
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SIGNATURE OF BORROWER	DATE
SIGNATURE OF BORROWER	DATE

## ADDITIONAL DOCUMENTATION

Recent changes to Missouri's immigration law requires that applicants for any state administered benefit provide certification and evidence of legal residence and those that employ others must also provide certification and evidence that your employees' legal status is verified.

**You must provide a copy of your valid Missouri Driver's license with this application.** If you do not have one or are an out of state applicant, you must provide one of the documents listed below:

- U.S. Birth Certificate (certified with embossed or raised seal issued by state or local government)
- U.S. Passport (valid)
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad
- Any other document issued by the federal government affirming legal presence in the U.S.

## ADDITIONAL INSTRUCTIONS

### All Applicants:

All applicants must fill out BOTH sections of the Certification of Citizenship/Immigration Status and Employer Status document. You do NOT have to complete the Affidavit of Authorized Workers section and you do NOT have to enroll in E-verify if you have no employees.

### If you have employees:

If you employ workers with your business you must indicate that you do on the Employer Status Section and complete the Affidavit of Authorized Workers. You also must enroll in the federal worker authorization program, E-Verify and send in a copy of the MOU you received when enrolling with this application. You can enroll by visiting [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify). E-Verify is a free service provided by the US Department of Homeland Security.

## CHECKLIST: PLEASE USE THIS CHECKLIST TO ENSURE A COMPLETE APPLICATION.

### All Applicants:

- Completed program application
- \$150 application fee
- MO Driver's License (or other document listed above)
- Signed Certification or Citizenship/Employer Status (Both sections completed and signed)

### Applicants with Employees:

- Affidavit of Authorized Workers
- Executed MOU from E-Verify

**CERTIFICATION OF CITIZENSHIP/IMMIGRATION STATUS**

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

I am a United States Citizen or have been granted lawful permanent residence\* of the United States. I understand that I am required by state law to provide proof of my citizenship, residency, and identity in order to apply for any state programs.

SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE

\*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship, identity, and residency at the time of applying for any state administered benefits. **You must provide a copy of your valid Missouri driver's license with this application.** If you do not have or cannot provide this, please see "Additional Documentation" for allowed alternatives.

**EMPLOYER STATUS**

By affixing my (our) signature below, I (we) hereby certify, subject to penalties of perjury, I am the applicant or an authorized representative of the applicant and as such am authorized to make the following affirmation:

(Please select the statement that applies)

**Do you have employees or subcontractors in connection with this application in the state of Missouri?**

- NO**
- YES** (If yes, you must complete the attached Affidavit of Authorized workers, along with enrolling in the federal worker authorization program and enclose evidence of such enrollment)

SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE

**AFFIDAVIT OF AUTHORIZED WORKERS**

**BEFORE ME**, the undersigned Notary, \_\_\_\_\_,  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, personally appeared \_\_\_\_\_,  
known to me to be a credible person and of lawful age, who being by me first duly sworn, on \_\_\_\_\_ oath, deposes and says:

I certify that I am either the applicant or am an authorized representative of the applicant (please list the name of applicant \_\_\_\_\_) and as such am authorized to make the statement of affirmation contained herein.

**I (We) hereby certify, subject to penalties of law, that I (we) do not knowingly employ, hire for employment, or continue to employ any unauthorized alien to perform work in the state of Missouri and further certify I have and will continue to comply with federal law (8 U.S.C., 1324a) which requires the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien.**

I further certify that I (the applicant) am enrolled in a federal work authorization program and actively verify the work authorization status of all those hired by me, my business, and/or any other business entity for which I have hiring or management authority from the date of enrollment in the federal work authorization program.

I understand that as a condition to participate in this program administered by a political subdivision of the State of Missouri I (the applicant) must provide documentation to certify my enrollment and participation in the federal work authorization program. **You must include a copy of the Memorandum of Understanding (MOU) you will receive when enrolling in e-verify.** To enroll visit [www.dhs.gov/e-verify](http://www.dhs.gov/e-verify).

I certify that I (the applicant) shall include in any contract it enters with a subcontractor in connection with the activities that qualify the applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1 RSMo, and shall not be in violation during the length of the contract. In addition the applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the applicant will maintain and provide MASBDA access to documentation demonstrating compliance with this requirement.

I understand that if the applicant is found to have employed and unauthorized alien, the applicant may be subject to penalties pursuant to law, including Sections 135.815, 285.025, and 285.535, RSMo.

PRINT NAME	SIGNATURE	TITLE
PRINT NAME	SIGNATURE	TITLE

<b>NOTARY</b>		
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		