

Application for Certification as a Rural Fund

1. Applicant/Contact Information

a. Applicant (Fund) Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
FEIN: _____
Type of Entity: _____

b. Authorized Representative Information

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____

c. Contact Person Information (if different than Authorized Representative)

Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____

2. Investment Authority Request

Total Investment Authority Amount: _____

This amount represents the sum of the eligible investments the rural fund intends to make to eligible businesses.

3. Applicant Eligibility and Qualification

a. Applicant Designation:

- i. Select the appropriate qualifying designation for the Applicant:
 - Rural Business Investment Company (under 7 U.S.C. 2009cc)
 - Small Business Investment Company (under 15 U.S.C. 681)

b. License and Certification:

- i. Upload a copy of the Applicant's license as a rural business investment company under 7 U.S.C. § 2009cc or as a small business investment under 15 U.S.C. § 681
- ii. Upload Form COM-73-002, Investment License Certification Statement, which must be executed by an executive officer of the Applicant attesting that such license remains in effect and has not been revoked.

c. Historic Investment

- i. Provide evidence that the Applicant, together with or through its affiliates, have invested at least \$100 million in nonpublic companies in U.S. counties with populations under 75,000. Acceptable primary evidence includes audited financial statements of the Applicant or a verification report from a third-party fund administrator. Purchase/loan agreements may be provided as supplementary documentation.
- ii. Provide the name of the nonpublic companies, the amount of investment provided to each nonpublic company, and the counties in which the nonpublic companies have their principal business operations in.

Nonpublic	Amount of Investment	County	State

- iii. Upload the completed Form COM-73-003, Affidavit of Investment, signed by an executive officer of the Applicant.

4. Employment Information

Note: These estimates should be consistent with the projections provided in your third-party Revenue Impact Assessment.

- a. Estimate of the total number of new annual jobs that will be created over the life of the Program in the state because of the Applicant’s proposed eligible investments: _____
- b. Estimate of the total number of jobs that will be retained over the life of the Program in the state because of the Applicant’s proposed eligible investments: _____

5. Business Plan and Revenue Impact Assessment

- a. Upload the Applicant’s Business Plan, which must include a third-party Revenue Impact Assessment projecting state and local tax revenues to be generated, as well as state expenditures to be reduced, by the Applicant’s proposed eligible investments. The assessment must be prepared by a nationally recognized third-party independent economic forecasting firm. The assessment must:
 - i. Use a dynamic economic forecasting model.
 - ii. Analyze the Applicant’s business plan over 10 years following the date of application.
 - iii. Demonstrate the Applicant’s business plan will result in a positive economic impact on the state of Florida over a 10-year period by verifying the impact will exceed the cumulative amount of the Applicant’s requested tax credit.
 - iv. Analyze the accounting for the costs for existing state tax incentives utilized by potentially eligible businesses.
 - v. Include information on how the Applicant will ensure that at least 70 percent of the eligible investments will be made to rural communities.
- b. Rural Investment Strategy: Describe the Applicant’s Rural Investment Strategy and methodology for sourcing, vetting, and executing investments to ensure that at least 70 percent of the awarded

Investment Authority is invested in eligible businesses located in a designated Florida rural community.

6. Affidavits/Certifications

- a. Upload Form COM-73-004, Foreign Entity Compliance, which must be signed by an executive officer of the Applicant under penalty of perjury attesting that the Applicant is not a foreign entity in accordance with section 288.0071, F.S.
- b. Upload Form COM-73-005, Application Certification Statement, which must be signed by an executive officer of the Applicant.

7. Confidentiality

If the Applicant asserts that a portion of its Application is confidential or exempt from public records disclosure, the Applicant must identify the specific information and specify the statutory citation for the claimed exemption. Any information submitted is presumed to be public information unless an exemption is asserted by the Applicant in accordance with this section.

8. E-Verify

If the Applicant has or will have employees working in the State, upload a copy of the Applicant's signed E-Verify Memorandum of Understanding with the U.S Department of Homeland Security.

9. Leadership Information

Include names of the executive officers of the Applicant and the affiliates of the Applicant. Executive officers are the chairman of the board of directors, chief executive officer, chief financial officer, president, vice chairman, and executive vice president, as applicable.

10. Organizational Structure

Upload an organization chart showing the ownership structure and relationship for the rural fund, its affiliates, and its investors.

Signature of Authorized Representative
Of Applicant

Date

Type Title of Authorized Representative
Of Applicant

Type Applicant's Name

System should ensure all of the following documents are completed and uploaded:

- Form COM-73-002: Investment License Certification Statement
- Form COM-73-003: Affidavit of Investment
- Business Plan & Revenue Impact Assessment
- Form COM-73-004: Foreign Entity Compliance Affidavit
- Form COM-73-005: Application Certification Statement
- Organization Chart
- Names of the executive officers and the affiliates of the applicant
- E-Verify MOU (If applicable)