

Paycheck Protection Program Application Checklist

Farm Bureau Bank is pleased to participate in the Paycheck Protection Program. To apply, please complete the checklist below and submit the required documents via email to sbaloans@farmbureaubank.com.

Please note, that only complete applications and forms with supporting documents will be processed and businesses may only apply for the program once.

Due to overwhelming demand, the Small Business Administration is taking excess time to process and fund these requests. Once we receive your application, we will provide updates via email. We appreciate your patience.

ies	is. Once	we receive your application, we will provide updates via email. We appreciate your patience.
	1 as we	ete the Paycheck Protection Program Borrower Application Form (p. 1 – 4) . Questions 5 & 6 on page of the last all certifications on page 2 must be initialed, and the application must be signed by any person of work of the local with Control if there is no one with at least 20% ownership.
	person owners Form n	ete Farm Bureau Bank's Supplemental Business Information Form (p. 5). It must be signed by any with 20% or more ownership or the Individual with Control if there is no one with at least 20% hip. If a company, or trust, is a 20% or greater owner, a separate Supplemental Business Information nust be completed and signed by the appropriate representative for that entity as well. Click here to ad an additional copy.
	20% or compa	ete Farm Bureau Bank's Beneficial Owner Certification (p. 6 - 8). It must be signed by any person with more ownership or the Individual with Control if there is no one with at least 20% ownership. If any, or trust, is a 20% or greater owner, a separate Beneficial Owner Certification must be completed ned by the appropriate representative for that entity as well. Click here to download an additional copy.
		- front and back - of the <i>valid</i> Driver's License for each person with 20% or more ownership or the ual with Control if there is no one with at least 20% ownership
	Payroll	Verification to support your loan amount calculation on the application:
	0	Businesses and Organizations (includes Corporations, LLCs, Partnerships and 501(c)(3)s): IRS Form 941 (Employer's Quarterly Federal Income Tax Return) or 943 (Employer's Annual Federal Tax Return for Agricultural Employees) - four most recent quarters. Typically, this should be the first quarter of 2020 and the second, third and fourth quarters of 2019. If you have not filed first quarter of 2020 yet, you should include first quarter of 2019 instead.
	0	Sole Proprietors: IRS Form 1040 Schedule C. Per SBA guidance you should use line 31 divided by 12 for your average monthly payroll calculation
	0	Independent Contractors: Most recent 12 months of 1099-MISC income

Important Notes:

- Only employees whose principal place of residence is the United States are eligible for inclusion in the Applicant's payroll calculation
- If you are including retirement plan funding and/or group health insurance premiums paid by the company in your loan amount calculation, also include supporting documentation
- We also may request any additional documents as required (e.g., 2019 Federal tax return, or if not yet filed, 2019 financials including balance sheet and income statement)
- Please visit sba.gov or treasury.com/cares for more details

Providing Validation of Operation through February 15, 2020 is required to be eligible for the Payched	ck
Protection Program	

- If payroll records supplied do not include the period through February 15, 2020, you must supply a
 paid invoice, cancelled check, or copy of a bank statement with activity on/after that date as evidence
 of operation.
- Provide Required Additional Documentation (see next page), if applicable



Paycheck Protection Program Checklist - <u>Continued</u>

Request for Business Documentation
The additional documentation below is required for any business that does not have open and active deposit account or Ioan with Farm Bureau Bank:

Business Type	Additional Documentation Required
Sole Proprietorship	 One of the following: Certification of Sole Proprietorship Certificate of Assumed/Trade Name Fictitious Name Certificate
DBA – Doing Business As	One of the following: Fictitious Name Certificate Certificate of Assumed/Trade Name Certification of Sole Proprietorship Note: If DBA refers to a separate business entity, provide applicable supporting documentation, TIN verification, Beneficial Ownership Certification & Supplemental Business Information for that entity.
General Partnership	 One of the following: Partnership Agreement State License or Permit
Limited Partnership	 One of the following: Limited Partnership Agreement Certificate of Registration/Filing (Secretary of State)
Limited Liability Partnership (LLP)	 One of the following: Limited Partnership Agreement Certificate of Registration/Filing (Secretary of State)
Limited Liability Company (LLC)	 One of the following: Certificate of Formation/Articles of Organization Certificate of Filing (Secretary of State)
501(c)(3)	 One of the following: Supporting business documentation requirements based on entity type (e.g. corporation or unincorporated association) AND IRS Determination Letter/501(c)(3) Letter Note: 501(c)(5) organizations are NOT eligible for this program
Corporation	 One of the following: Articles of Incorporation / Certificate of Incorporation Certificate of Filing (Secretary of State)
Unincorporated Association	 One of the following: Articles of Association or other organizing document By-laws



OMB Control No.: 3245-0407	
Expiration Date: 09/30/2020	

Check	One:	☐ Independ☐ 501(c)(3)	ent contracto nonprofit [ortnership □ C-Corp □ S or □ Eligible self-employed □ 501(c)(19) veterans organ 11(b)(2)(C) of Small Busine	d individual nization		Γ	DBA or Traden	name if Appli	cable		
			Business	Legal Name								
			Busine	ss Address			Business TIN	(EIN, SSN)	Busi	ness P	hone	
								, , , , , , , , , , , , , , , , , , , ,	()	-		
							Primary	Contact	Ema	il Add	lress	
		/ Payroll:	\$	x 2.5 + EIDL, 1 Advance (if App Equals Loan Re	plicable)	3		Number o	of Employee	s:		
_	e of the lo more than					_						
(select)	more than	one):	☐ Payroll	Lease / Mortgage Inter	rest Utilities		Other (explain):				
				Applicant Own	nership							
List all o	owners of	20% or more	of the equity	y of the Applicant. Attach a	separate sheet if	nece	essary.					
	Ow	ner Name		Title	Ownership %	TI	N (EIN, SSN)		Address			
<u>If</u>	questions	(1) or (2) be	elow are ansv	vered "Yes," the loan will r	not be approved.							
				Question							Yes	No
		ly excluded f		ne Applicant presently suspenation in this transaction by a								
	guarantee		SBA or any	ne Applicant, or any busines other Federal agency that is						or		
3.	Is the Ap	plicant or any	y owner of th	ne Applicant an owner of an esses and describe the relati						ner		
				A Economic Injury Disaster identified as addendum B.	Loan between Ja	nuar	ry 31, 2020 an	d April 3, 202	20? If yes,			
<u>If a</u>	questions	(5) or (6) are	e answered "	Yes," the loan will not be a	pproved.							
				Question					Y	es	No	
5.	to an inc	lictment, crin in any jurisd	ninal informatiction, or pre-	or any individual owning 2 ation, arraignment, or other sently incarcerated, or on prose to question $5 \rightarrow$	means by which	form			et]
6.	Within t been cor placed o	he last 5 year nvicted; 2) plon n any form o	rs, for any fel eaded guilty; f parole or p	lony, has the Applicant (if a 3) pleaded nolo contender robation (including probationse to question 6 →	e; 4) been placed	on p			· []
7.		nited States that's payroll c		place of residence for all en ove?	nployees of the Ap	pplic	cant included i	n the]
8.	Is the A ₁	oplicant a fra	nchise that is	s listed in the SBA's Franch	ise Directory?]]



By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS

I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS

The authorized representative of the Applicant must certify in good faith to	o all of the below by initialing flext to each one:
The Applicant was in operation on February 15, 2020 and had er contractors, as reported on Form(s) 1099-MISC.	mployees for whom it paid salaries and payroll taxes or paid independent
Current economic uncertainty makes this loan request necessary	y to support the ongoing operations of the Applicant.
	make mortgage interest payments, lease payments, and utility payments derstand that if the funds are knowingly used for unauthorized purposes charges of fraud.
	lying the number of full-time equivalent employees on the Applicant's nortgage interest payments, covered rent payments, and covered utilities
I understand that loan forgiveness will be provided for the su covered rent payments, and covered utilities, and not more than	am of documented payroll costs, covered mortgage interest payments 25% of the forgiven amount may be for non-payroll costs.
During the period beginning on February 15, 2020 and ending of loan under the Paycheck Protection Program.	n December 31, 2020, the Applicant has not and will not receive another
forms is true and accurate in all material respects. I understand from SBA is punishable under the law, including under 18 USC fine of up to \$250,000; under 15 USC 645 by imprisonment of	ation and the information provided in all supporting documents and that knowingly making a false statement to obtain a guaranteed loan C 1001 and 3571 by imprisonment of not more than five years and/or a not more than two years and/or a fine of not more than \$5,000; and, if 4 by imprisonment of not more than thirty years and/or a fine of not
acknowledge and agree that the Lender can share any tax info	oan amount using required documents submitted. I understand, rmation that I have provided with SBA's authorized representatives, Inspector General, for the purpose of compliance with SBA Loan
Signature of Authorized Representative of Applicant	Date
Print Name	Title



Purpose of this form:

This form is to be completed by the authorized representative of the Applicant and *submitted to your SBA Participating Lender*. Submission of the requested information is required to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

<u>Instructions for completing this form:</u>

With respect to "purpose of the loan," payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation.

For purposes of calculating "Average Monthly Payroll," most Applicants will use the average monthly payroll for 2019, excluding costs over \$100,000 on an annualized basis for each employee. For seasonal businesses, the Applicant may elect to instead use average monthly payroll for the time period between February 15, 2019 and June 30, 2019, excluding costs over \$100,000 on an annualized basis for each employee. For new businesses, average monthly payroll may be calculated using the time period from January 1, 2020 to February 29, 2020, excluding costs over \$100,000 on an annualized basis for each employee.

If Applicant is refinancing an Economic Injury Disaster Loan (EIDL): Add the outstanding amount of an EIDL made between January 31, 2020 and April 3, 2020, less the amount of any "advance" under an EIDL COVID-19 loan, to Loan Request as indicated on the form.

All parties listed below are considered owners of the Applicant as defined in 13 CFR § 120.10, as well as "principals":

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm;
- For a corporation, all owners of 20% or more of the corporation;
- For limited liability companies, all members owning 20% or more of the company; and
- Any Trustor (if the Applicant is owned by a trust).

Paperwork Reduction Act – You are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated time for completing this application, including gathering data needed, is 8 minutes. Comments about this time or the information requested should be sent to: Small Business Administration, Director, Records Management Division, 409 3rd St., SW, Washington DC 20416., and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Washington DC 20503

Privacy Act (5 U.S.C. 552a) – Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. (But see Debt Collection Notice regarding taxpayer identification number below.) Disclosures of name and other personal identifiers are required to provide SBA with sufficient information to make a character determination. When evaluating character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act).

Disclosure of Information – Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is disclosure to other Federal agencies conducting background checks but only to the extent the information is relevant to the requesting agencies' function. See, 74 F.R. 14890 (2009), and as amended from time to time for additional background and other routine uses. In addition, the CARES Act, requires SBA to register every loan made under the Paycheck Protection Act using the Taxpayer Identification Number (TIN) assigned to the borrower.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) – SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice, or (6) foreclose on collateral or take other action permitted in the loan instruments.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) – The Right to Financial Privacy Act of 1978, grants SBA access rights to financial records held by financial institutions that are or have been doing business with you or your business including any financial



institutions participating in a loan or loan guaranty. SBA is only required provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records. SBA's access rights continue for the term of any approved loan guaranty agreement. SBA is also authorized to transfer to another Government authority any financial records concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552) – Subject to certain exceptions, SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) – The Occupational Safety and Health Administration (OSHA) can require businesses to modify facilities and procedures to protect employees. Businesses that do not comply may be fined, forced to cease operations, or prevented from starting operations. Signing this form is certification that the applicant, to the best of its knowledge, is in compliance with the applicable OSHA requirements, and will remain in compliance during the life of the loan.

Civil Rights (13 C.F.R. 112, 113, 117) – All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. All borrowers must display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) – Creditors are prohibited from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Debarment and Suspension Executive Order 12549; (2 CFR Part 180 and Part 2700) – By submitting this loan application, you certify that neither the Applicant or any owner of the Applicant have within the past three years been: (a) debarred, suspended, declared ineligible or voluntarily excluded from participation in a transaction by any Federal Agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the regulations or (d) delinquent on any amounts owed to the U.S. Government or its instrumentalities as of the date of execution of this certification.



Supplemental Business Information Form

	GENERAL	BUSINESS INFO	RMATION		
Legal Business Name (Include DB	BA information, if applicable)				
Business Physical Address (Requir	red)				
Physical Address	City			State	Zip + 4
Business Mailing Address (If diffe	rent from physical address)				
Physical Address	City			State	Zip + 4
Date Business Established (MM/I	DD/YYY)				
NAICS Code (North American Indu	ustry Classification System; 6 digits a	re required)			
Business Description (Include god	ods sold and/or services provided)				
Affiliation with Farm Bureau Ban	k and/or Farm Bureau				
This Business is an existing Fa	rm Bureau Bank Client				
Account Number: ——					
I am an existing Farm Bureau	Member				
Member Number: ——	Member Sind	ce:	County o	of Membership:	
I am a Farm Bureau Agent					
Referral Source Code (RS	SC/ARSC): ——————				
Other:					
(Please explain why you cho	ose to apply with us)				
Anticipated Allocation of Payche	ck Protection Program Funds	If approved, ho	ow would you like you	r Ioan funded? (Please	choose one)
• Payroll:	\$	ACH transfe	er to account at anothe	r financial institution	(Submit a copy of voided Check)
• Lease/Mortgage Interest:	\$	Deposit to a	account at Farm Bureau	u Bank:	
• Utilities:	\$	•		(Account N	
• Other:	\$		g on the deposit account mus ction Program Loan	it be the same as the name	of the business applying for the
• Total:	\$				



Date of Birth

Residential Physical Address

Social Security Number

Beneficial Owner Certification

CERTIFICATION OF BENEFICIAL OWNERS For instructions, refer to page 1. Persons opening an account on behalf of a legal entity must provide the following information: A. ACCOUNT INFORMATION **Business Entity Name** Tax ID Number Name of person opening the account Title/Position **B. BENEFICIAL OWNER(S)** Please provide the following information for any individual(s), if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise owns 20% or more of the equity interests of the legal entity: Check here if no individual meets this definition and complete SECTION C. Individual Name Position with Business % Ownership Date of Birth Social Security Number Phone Number (Home Mobile) E-mail Address Residential Physical Address City State Zip + 4 Individual Name **Position with Business** % Ownership Date of Birth Social Security Number Phone Number (Home Mobile) E-mail Address Residential Physical Address Zip + 4 City State Individual Name Position with Business % Ownership Date of Birth E-mail Address Social Security Number Phone Number (Home Mobile) Residential Physical Address City State Zip + 4 Individual Name Position with Business % Ownership Date of Birth Social Security Number Phone Number (Home Mobile) E-mail Address Residential Physical Address City State Zip + 4Individual Name Position with Business % Ownership

City

Phone Number (Home Mobile)

E-mail Address

State

Zip + 4



Beneficial Owner Certification

CERTIFICATION OF BENEFICIAL OWNERS (CONT.)

C. INDIVIDUAL(S) WITH CONTROL

Please provide the following information for at least one individual with significant responsibility for managing the legal entity, such as: an executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer; or any other individual who regularly performs similar functions.

If appropriate, an individual listed under SECTION B may also be listed in SECTION C.

ber Phone Number (Home Mobile) City	E-mail Address State	Zip + 4
City	State	Zip + 4
r		(Name of Beneficial Owner or Individual with Control), hereby certify, to the best of motive and the information proceeds and the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify Farm Bureau Bank of any change in the information proceeds are to notify the proceeding are to notify for the information proceeds are to notify the proceeding are to notify for the proceeding are to notify for the information proceeds are to notify for the