# Instructions for RD Form 4290-2

# *Form title Rural Business Investment Program (RBIP) Rural Business Investment Company (RBIC) Application, Part II Exhibits*

### Form Description This form is used to collect information for the purpose of determining whether the applicant should be selected as a Rural Business Investment Company (RBIC) in the Rural Business Investment Program. This form is also used to update RBIC information.

| Fld Name / Item No. | | Instruction | |
| --- | --- | --- | --- |
| Name of Applicant | | Enter the name of the Rural Business Investment Company filing the application. | |
| Date of Submission | | Enter the date the application is being submitted. | |
| Type of Application | | If the applicant is seeking a leveraged license, place an X after “Leveraged:”. If the applicant is seeking a non-leveraged license, place an X after “Non-leveraged:”. | |
| Address | | Enter the full mailing address of the applicant. | |
| Contact Person | | Enter the full name of the contact person for the applicant. This will be the person the Agency will contact. | |
| Telephone | | Enter the full telephone number of the Contact Person. If applicable, include any extensions. | |
| FAX | | Enter the fax number of the Contact Person. | |
| Email | | Enter the email address that is best to use for contacting the Contact Person. | |
| Name of Person Submitting Application | | Enter the name of the person submitting the application. This may or may not be the same as the Contact Person. | |
| Exhibit A – Checklist for RBIC Exhibits | | | |
|  | | Check the appropriate boxes to indicate which Exhibits are being submitted with the application. Submit Appendix A with the application. | |
| Exhibit B Parties Required to Submit Information | | | |
| Table B1 – Parties Required to Submit Information | | Please make copies of Table B1 as needed. | |
| Individual/ Entity | | In the column “Individual/Entity”, please list the names of:  (1) All officers and directors of a Corporate RBIC, general partners of an unincorporated RBIC, or managers of an LLC RBIC. Note that if the general partner, in the case of an unincorporated RBIC, or the manager in the case of an LLC RBIC, is an entity, then also list all of the managers of that entity.  (2) All Persons that exercise "Control" or who are “Control Persons”  (3) All individuals or entities who own or Control, directly or indirectly, ownership interest of the RBIC equivalent to thirty-three percent (33%) or more of the outstanding ownership interests of the RBIC.  (4) All investment committee members.  (5) Any individual whose role is highly influential (USDA liaison, officers and employees of your Investment Advisor/Manager with day-to-day management responsibility or signing authority for you).  (6) The three ranking managers or officers of any entity described in (2) or (3) above. | |
| Code | | In the column “Code,” enter a category number from the choices (1) through (6) in Instruction 1 on this Exhibit B. | |
| Role in the RBIC | | In the column “Role in the RBIC”, insert a few words describing each party’s role in the RBIC. Use one line only. | |
| FPC | | In the column “FPC”, place an “X” for each individual required to be fingerprinted. (See Guidelines for Fingerprint Cards following Table B1.) | |
| Exhibit C-1 Statement of Personal History (Individuals) | | | |
|  | | Exhibit C relates to personal information required of every individual listed in B-1. | |
| C1 RBIC Name | | Enter the full legal name of the RBIC. | |
| RBIC Address: Street, City, State, Zip Code | | Enter the physical address of the RBIC including zip code. If the RBIC has a PO Box, list both the physical address and the PO Box. | |
| Phone | | Enter the landline phone number of the RBIC including the area code. | |
| Fax | | Enter the landline fax number of the RBIC including the area code. | |
| Email | | Enter the work e-mail address of the RBIC. | |
| C2a. first Name in Full | | Enter the first name of the individual in full. | |
| Middle Name(s) in Full | | Enter the middle name of the individual in full. | |
| Last Name | | Enter the last name of the individual in full. | |
| C2b. Former names and other current names | | Enter any former or alternate names including nicknames, if any. If none, enter “N/A”. | |
| From (date) | | List the start date the former or alternate name was used. | |
| To (date) | | List the end date the former or alternate name was used. If the name is still in use, enter “present”. | |
| C2c Former and other current SSNs | | Enter current and form social security numbers, if any. | |
| C3a Birth date | | Enter the date of birth numerically using two numbers for month, day and year. If the month is a single digit (March being month number 3), enter a zero before the single digit (March is 03). For year, enter the last two numbers of the four digit year of birth. | |
| C3b Place of birth | | Enter the City, State and Country of birth. | |
| C3c US Citizen | | Enter an X after Yes if you are a Citizen of the United States. Enter an X after No if you are not | |
| C3d Type of citizenship | | Enter an X if you are Native born or naturalized. Enter an X after N/A if you are not a citizen of the United States | |
| C3e Naturalized citizens | | Enter the Date, City, State and the certification number if you are a naturalized US Citizen. If you are not naturalized, enter “N/A”. | |
| C3f permanent resident alien | | Enter an X after yes if you are not a US Citizen but are a resident alien. Enter an X after No if you are neither a US Citizen nor a resident alien. Enter an X after N/A if you are a Citizen of the United States. | |
| C3g Date of entry and alien registration number | | Enter the date you entered the US, the city and state of your current location and your alien registration number of you answered yes to question C3f. If you did not answer yes to question C3f, enter an X after N/A. | |
| C4 Residence addresses | | Enter ten years of addresses with the most recent being first and descending in time order. | |
| From (date) | | Enter the start date of when you began residing at this address . | |
| To (Date) | | Enter the end date of when you began residing at this address . | |
| Address | | Enter the full postal address of the location including the zip code. | |
| C5a through C5c Criminal records | | Enter an X after Yes if the answer to the question is yes. Enter an X after No if the answer is No. | |
| C6 Civil liability and other court actions | | Enter an X after Yes if the answer to the question is yes. Enter an X after No if the answer is No. | |
| Certification | | Sign your name and print your title with the RBIC and the date of the signature. | |
| Exhibit C-2 Statement of Personal History (Entities) | | | |
|  | | This section is similar to C-1 but is reserved for Entities, not individuals as they relate to the RBIC. | |
| C1 RBIC Name | | Enter the full legal name of the RBIC. | |
| RBIC Address Street, City, State, Zip | | Enter the physical address of the RBIC including zip code. If the RBIC has a PO Box, list both the physical address and the PO Box. | |
| Phone | | Enter the landline phone number of the RBIC including the area code. | |
| Fax | | Enter the landline fax number of the RBIC including the area code. | |
| e-mail | | Enter the work e-mail address of the RBIC. | |
| C2 | | Enter the full legal name of the entity as it would appear on the Entity’s organizational documents. | |
| C3 | | Enter any alternate names, former names or “Doing Business As” including the addresses and EIN numbers. Enter “N/A” if none. | |
| C4 | | Enter the full physical address of the Headquarters location of the Entity. | |
| C5 | | Enter the primary contact person at the Entity and their title. | |
| C6 Phone | | Enter the landline phone number of the Contact Person including the area code. | |
| Fax | | Enter the landline fax number of the Contact Person including the area code. | |
| Email | | Enter the work e-mail address of the Contact Person. | |
| C7 Date of Organization | | Enter the date the Entity was legally formed. | |
| EIN | | Enter the Employer Identification Number of the Entity. | |
| C8 | | Enter the state (of the United States) where the Entity was organized or the Foreign Country of origin. | |
| C9 List the three ranking officers/managers with their respective titles. | | Enter the top three executives of the Entity, typically the CEO, CFO/Treasurer, and Secretary. | |
| Name | | Enter the name of the ranking individual. | |
| Title | | Enter the title of the ranking individual. | |
| Certification | | Need original signature the printed title of the signee and the date of the signature. | |
| Exhibit D Legal Proceedings History | | | |
|  | | This section needs to be completed for every individual listed on Exhibit B. | |
| Individual Name | | Enter the full legal name of the individual. | |
| Date | | Enter the date the Exhibit is being completed. | |
| D1 through D7 | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. | |
| D8a through D8c | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. If the answer to the question is not applicable, enter an X to the right of N/A. | |
| D9a | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. | |
| D9b and D9c | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. If the answer to the question is not applicable, enter an X to the right of N/A. | |
| D10 through D14 | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. | |
| Certification | | Sign the certification and print the title of the signee and provide the date the certificate was signed. Submit the certificate with an original signature. | |
| Exhibit E Business Experience & Education | | | |
|  | | This section relates to the relevant business experience and education of every individual listed on Exhibit B with a numerical code of (1) or (5). | |
| Individual Name | | Enter the full legal name of the individual, exactly as it appears on Exhibit B1. | |
| Date | | Enter the date this Exhibit was completed. | |
| 2. Resume | | For each individual, provide a resume (not a narrative) of relevant experience and education, with dates and addresses shown. (The resume belongs in this exhibit and in no other place.) A length of two pages is preferable, but do not exceed three pages in type no smaller than 11 pt. Arial or Times Roman.   * Relate your business and professional experience during the past 20 years, as well as any prior experience that relates to your qualifications to manage a RBIC. Give the title of each position, and describe the basic functions and responsibilities. * Regarding education, list your degrees, major areas of study, and names and addresses of the institutions attended. * If desired, you may also include any other information that you consider relevant to demonstrate qualifications for managing a RBIC. | |
| E1 References | | This table is used to complete reference information as called for under Exhibit E Instruction 3 of the Form. | |
| Reference’s Name and Contact Information | | Enter the full name of the reference and that individual’s contact information including primary phone with area code and primary Email address. | |
| Time Periods and Description of Relationship | | Enter the time period as a numerical figure in years or partial years and a description of the relationship. | |
| Category of Reference (A) - (E) | | Enter the corresponding letter for the category as discussed in Exhibit E Instruction 3. | |
| E2 Common Experience in a Private Equity Fund | | Enter information here that relates to common experiences in a Private Equity Fund between individuals listed in Exhibit B1. | |
| Fund Name | | Enter the legal name of the Private Equity Fund. | |
| Individuals | | Enter the individual that had the common experience in the fund. | |
| Overlapping Dates | | Enter the dates that the individuals shared using start date – end date. | |
| E3 Common Experience in Other Types of Companies | | Enter information here that relates to common experiences in other types of companies that are not Private Equity Funds between individuals listed in Exhibit B1. | |
| Company Name and Activity of Entity | | Enter the legal name of the Company. | |
| Individuals | | Enter the individual that had the common experience in the Company. | |
| Overlapping Dates | | Enter the dates that the individuals shared using start date – end date. | |
| E4 Other Common Experience | | Enter information here that relates to common experiences in other types of common Experience not listed in E2 and E3. | |
| Nature of Interaction | | Enter the nature of the interaction. | |
| Individuals | | Enter the individual that had the common experience. | |
| Overlapping Dates | | Enter the dates that the individuals shared using start date – end date. | |
| Exhibit F Investment and Other relevant Experience | | Submit this Exhibit F with the initial application submission. Each individual listed on Table B1 in Exhibit B with corresponding numerical code (1) or (5) must submit this exhibit. The terms “I,” “my,” “myself,” “you,” or “your” as used in this Exhibit F refer to the individual completing the Exhibit, not the RBIC.  Exhibit F is divided into four sections to be completed as follows:   * Section F-1, “Relevant Investment Experience“ in Excel format. * Section F-2, “Relevant Venture Capital Finance and Community Development Finance Experience”: Individuals with lending experience must complete Section F-2. * Section F-3, “Relevant Grant Management Experience”: Individuals with grants management experience must complete Section F-3. * Section F-4, “Relevant Venture Capital Finance and Community Development Finance Experience.”   In completing this Exhibit F, you can duplicate pages and tables as needed. You can change table column widths as desired, and you can add or delete rows as appropriate. Insofar as possible, do not allow tables to break across pages.  When entering data into tables, place brackets “< >” around all negative numbers or losses. For all data requested in dollar amounts, do not use “000” or “000,000,” but rather use “K” for thousands and “M” for millions. Use ditto marks for duplicate alpha information such as “company” or “industry.”  When responding to the questions in this Exhibit F, do not present any experience gained more than 10 years ago. In Sections F2 and F3, do not present more than five years total of experience, and present only that which is most recent.  Do not discuss any information or financial results (e.g., returns on investment, Distributions to investors, loan data) that cannot be verified by USDA via due diligence.  For all questions requesting a narrative response, limit your answers to 10 lines or less, unless otherwise specifically instructed. | |
| Exhibit F-1 Relevant Investment Experience | | | |
|  | | Exhibit F-1, including instructions and a comprehensive example, is available in a separate Excel file. To download this file, please go to <https://www.rd.usda.gov/programs-services/rural-business-investment-program> and click on the tab “Forms & Resources.” Near the bottom will have all the Workbooks needed to complete Exhibit F. | |
| F2.1 | | Enter in narrative form which investments listed in F-1 qualify as either Relevant Venture Capital Finance or Community Development Finance and why you believe they are relevant. | |
| F2.2 | | Discuss how you will use the experience resulting from these Relevant Venture Capital Finance and Community Development Finance investments to enhance the RBIC’s management team capabilities and to assist the RBIC in fulfilling its business plan. | |
| F2.3 Lending Experience | | This table is to be completed with information about Lending Experience. | |
| Name of Lending Institution | | Enter the legal name of the lending institution. | |
| Address | | Enter the physical address of the lending institution including zip code. If a PO Box, enter both the box number and the physical address. | |
| Contact Name | | Enter the primary contact individual’s full name. | |
| Phone | | Enter the primary contact phone number including area code. | |
| Type of Lending Institution (e.g., Bank, Thrift, Credit Union, Community Development Corporation, Certified Development Corporation, (CDFI) | | Enter the type of lending institution from the following: Bank, Thrift, Credit Union, Community Development Corporation, Certified Development Corporation. | |
| Individual’s Title and/or Role | | Enter the Individual’s Title and/or Role in the Lending Institution. | |
| Capital of Lending Institution | | Enter the Capital of the Lending Institution as a dollar amount. | |
| List all states served by the Lending Institution: | | List all states served by the Lending Institution. You may use an abbreviation for each state. For example, New Jersey may be entered as NJ. | |
| Target Market | | Enter the target market for each category as a percentage between rural, Suburban and urban. The percentages must add up to 100. | |
| Primary Market | | Enter the primary market for each category as a percentage between rural, Suburban and urban. The percentages must add up to 100. | |
| Percentage of lending targeted to RURAL Areas | | Enter the percentage of lending targeted to RURAL Areas. | |
| F2.4 | | Enter a description of specific loans that were worked on at each Lending Institution that would qualify as Community development Finance. Enter “none” if you did not make any relevant loans. | |
| F2.5 | | Discuss how you will use the lending experience resulting from these Community Development Finance loans to enhance the RBIC’s management team capabilities and to assist the RBIC in fulfilling its mission and business plan. If you entered “none” for question F2.4, enter “N/A”. | |
| F2.6 | | Briefly describe any experience you have in commercial lending to Enterprises located in Rural Areas and how you will use this lending experience to assist the RBIC in fulfilling its business plan. If you do not have any experience, enter “none”. | |
| F2.7 | | Enter any experience with workouts, turnarounds, bankruptcies, and liquidations. This experience must have come from your role as the decision maker. Express this in a numerical figure for average number and size of loans and the outcomes of the workout action. | |
| F2.8 | | If you have experience in investing or lending to Enterprises located in Rural Areas, describe the major non-monetary contributions that you have made to such Enterprises. Cite specific examples to illustrate your discussion. | |
| Section F-3 Relevant Grant Management Experience | | This section is to be completed by applicants for Leverage only. For non-leveraged applicants, you may skip this entire section an continue on to Exhibit G. | |
| F3.1 Summary Information | | This section will summarize the grant management experience. | |
| Name of Entity | | Enter the full legal name of the entity. | |
| Address | | Enter the physical address of the entity including zip code. If a PO Box, enter both the box number and the physical address. | |
| Contact Name | | Enter the primary contact individual’s full name. | |
| Phone | | Enter the primary contact phone number including area code. | |
| Purpose of Entity | | Enter the purpose of the Entity . | |
| Targeted Market | | Enter the Targeted Market of the Entity. | |
| States Served by the Entity | | List all states served by the Lending Institution. You may use an abbreviation for each state. For example, New Jersey may be entered as NJ. | |
| Nature of services or training provided | | Enter the nature of services or training provided. | |
| Using annual financial statements for the entity indicate past performance for each year that corresponds with your experience. | | For this section you will need the annual financial statement that corresponds to the grant funds for that year. This can be an Audit or a compilation of financial statements. | |
| Year | | Enter the year the grant funds were received. | |
| Number of Clients | | Enter the number of clients assisted with the grant funds. | |
| Grant Funds | | Enter the amount of the grant funds. | |
| Employees | | Enter the total of the employees involved with the grant. | |
| Total Expenses | | Sum of the total expenses related to the grant. | |
| F3.2 | | Briefly describe your role in the grant recipient entity. Quantify where possible your responsibility and authority (e.g., the number of clients receiving grant funds, total grant amount, number of employees supervised). | |
| F3.2 | | Describe how you believe your grants management experience is relevant to your role in and the mission of the RBIC. | |
| F3.4 | | If you have experience in providing grant-funded Assistance to Smaller Enterprises, describe the major non-monetary contributions that you have made to such Smaller Enterprises. Cite specific examples to illustrate your discussion. | |
| Exhibit G Information Regarding Other Activities and Relationships | | | |
|  | | Submit Exhibit G with the initial application submission. Each individual listed on Table B1 in Exhibit B with corresponding numerical code (1) must submit this Exhibit. The terms “you” and “your” as used in this Exhibit refer to the individual completing the Exhibit, not the RBIC. | |
| G1 | | Enter all business activities or investments in which you are actively involved. In a few words, describe each entity, and estimate the percentage of work time that it now occupies and the percentage it will take once the RBIC is licensed. | |
| G2 | | List all for-profit and non-profit boards, committees and councils on which you sit, and estimate the percentage of time that each now occupy and the percentage they will take once the RBIC is licensed. | |
| G3 | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. | |
| G4 | | If you answered Yes to question G3, give full details, including your net worth, amount borrowed or to be borrowed, source of funds borrowed or to be borrowed, terms of repayment, security and guarantors. | |
| G4.1 through G.4.4 | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. | |
| G5 | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. If you answered Yes, provide the name of the RBIC, SBIC, or NMVCC and the relationship. | |
| G6 | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. If you answered Yes, describe below, giving all pertinent details, including the names of all parties to the transaction, dates, amounts involved, terms, use of proceeds, etc., and the outcomes of the Financings. | |
| G7 | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. If you answered Yes, give full details, as requested in G6 above. | |
| G8 | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. If you answered Yes, give full details. | |
| G9 and G10 | | If the answer to the question is “yes”, enter an X to the right of yes. If the answer to the question is “no”, enter an X to the right of no. If you answered Yes, state the name of the employee, the nature of the relationship, and contact information. | |
| Certification | | Need original signature the printed title of the signee and the date of the signature. | |
| Exhibit H Authorization to Release Information | | | |
|  | | Submit Exhibit H with the initial application submission. Each individual listed on table B1 in Exhibit B with corresponding numerical code (1) must submit this Exhibit. | |
| Individual Name | | Enter the name of the individual. | |
| Date | | Enter the date the Exhibit was completed. | |
| Printed Name/Title | | Print the name of the individual and the title of the individual. | |
| Signature | | The individual must sign their signature. | |
| Date | | Enter the date the Exhibit was signed. | |
| Exhibit I Declaration of Significant Investors | | | |
|  | | Submit this Exhibit I with the initial application submission. Each individual or entity that subscribes for 50% or more of the ownership interests of the RBIC and that is not required to sign the Declaration found on page 2 of RD Form 4290-1, RBIC application, Part I, Management Assessment Questionnaire, must submit this Exhibit. | |
| Printed name of investor | | Enter the legal name of the investor. | |
| Signature | | Enter an original signature. | |
| Title | | Enter the title of the Investor. | |
| Date | | Enter the date the Exhibit was signed. | |
| Exhibit J Transferor’s Liability Contract | | | |
|  | | Submit Exhibit J with the initial application submission for:   * each individual, in his/her individual capacity, listed in table B1 in Exhibit B with the corresponding numerical code (1), * each individual, in his/her individual capacity, who will own or Control, directly or indirectly, 50% or more of the Private Capital (see 7 CFR 4290.230) of the RBIC, and * each entity that will own or Control, directly or indirectly, 50% or more of the Private Capital of the RBIC. * each individual, in his/her individual capacity, who will own or Control, directly or indirectly, 10% or more of the Private Capital of the RBIC and will participate in investment decisions of the RBIC (e.g., participation on the RBIC’s Investment Committee), and * each entity that will own or Control, directly or indirectly, 10% or more of the Private Capital of the RBIC and will have a nominee who Participates In investment decisions of the RBIC. | |
| Guarantor | | Enter the name of the Guarantor. “Guarantor” means the individual or entity signing this Contract and identified above. | |
| Percentage Of Private Capital | | Enter the percentage of Private Capital. | |
| Printed Name | | Enter the printed name of the Guarantor. | |
| Title | | Enter the title of the Guarantor. | |
| Signature | | Put an original signature as the Guarantor. | |
| Date | | Enter the date the Exhibit was signed. | |
| Exhibit K RBIC Organizational Charts | | | |
|  | | Submit Exhibit K with the initial application. Draft documents are acceptable at that time. You must submit Exhibit K in final form, including a narrative supporting statement explaining the organization chart, by a later date specified by USDA. Exhibit K must be acceptable to USDA before the RBIC will be licensed.  You may use either of the templates provided (except that the second template must be used for a drop-down fund), but be sure to remove the descriptive words and enter the appropriate data. Delete these instructions and insert two organizational charts as described below. Each chart must include a heading stating the name of the RBIC.  K1. An organization chart of all individuals or entities with a direct or indirect ownership interest in the carried interest of the RBIC, or in the annual management fee to be paid by the RBIC. Show the percentage amount of any carried interest and the dollar amount of the annual management fee, and the ownership interest in each of them by percentage. The chart also must show the names of all investors (10% or more only) in the RBIC (see the two examples for this K1 on the next pages).  K2. An organization chart of the management of the RBIC. Identify each individual by name and title, projected or actual annual salary and the percentage of that person’s time commitment to the RBIC. Also include such information for the managers of any general partner or Investment Advisor. | |
| Exhibit L Supplemental Information | | | |
|  | | If you wish to provide extensive supplemental information for a particular question, you may do so in this Exhibit. If this Exhibit is used, be sure to identify the question being referenced. If this Exhibit is not utilized, write “N/A” and retain this page in the submission so that it is clear that a page is not missing. | |
| Exhibit M RBIC Capital Certificate | | | |
|  | | Applicant. As used in this Capital Certificate, “Applicant” means the applicant for a license as a RBIC or an existing RBIC, as applicable.  Signatures. For limited partnerships, the Capital Certificate must be signed by the general partner. If the general partner is an Entity General Partner, an officer, managing member, or general partner of the Entity General Partner must sign the Capital Certificate.  For limited liability companies, the Capital Certificate must be signed by an authorized managing member, manager or officer. If the managing member is an Entity Managing Member, an officer, managing member, or general partner of the Entity Managing Member must sign the Capital Certificate.  For corporations, the Capital Certificate must be signed by the authorized senior executive officer, the Chairman, President, Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Vice President, or Treasurer.  Drop Down funds. Applicants that are “drop-down funds,” i.e., funded by one or more parent venture funds, should refer to the Addendum A to Exhibit M for further instructions on completing this Capital Certificate.  Tables. Do not let any table break across a page unless its length exceeds a page in length.  Instructions. Delete the instructions prior submitting the Capital Certificate. INSTRUCTIONS DURING LICENSE APPLICATION PROCESS You are not required to submit this Exhibit M with your initial application submission, unless you have obtained binding commitments from all investors by that time. You must submit a signed Capital Certificate that meets the minimum Regulatory and Leverageable Capital requirements by the date specified by USDA, in order to be considered by USDA for final licensing action. INSTRUCTIONS AFTER APPLICANT HAS BEEN LICENSED AS AN RBIC Each time you apply to USDA for a Leverage draw, you must submit an updated RBIC Capital Certificate, unless the one on file with USDA is still accurate. | |
| RBIC Capital Certificate | |  | |
| RBIC Name | | Enter the Legal name of the RBIC. | |
| Date of this Certificate | | Enter the date of completion. | |
| Applicant’s Leverageable Capital | | Enter the Applicant’s Leverageable Capital as a dollar figure. | |
| Applicant’s Regulatory Capital | | Enter the Applicant’s Regulatory Capital as a dollar figure. | |
| Applicant’s Regulatory Capital Adjusted to Determine Overline Limit | | Applicant’s Regulatory Capital Adjusted to Determine Overline Limit as a dollar figure. | |
| Name of Applicant | | Enter the name of the applicant. | |
| By (Typed Name) | | Enter the typed name. | |
| Title | | Enter the title of the applicant. | |
| Signature | | Enter the signature of the applicant. | |
| Table M1A Entity Institutional Investors | | This section is reserved for Entity Institutional Investors Only. For individuals, see Table M1B. | |
| “x” if this is a drop down Fund | | Enter “X” if this is a Drop Down fund. If you entered an X, there are additional requirements which can be located on page 48 of the 4290-2 Form. A drop fund in general is an Entity that is funded by one or more parent venture funds. | |
| Name and address | | Enter the full legal name and the physical address of the Entity. | |
| Type of Entity & Qualifying Subsection | | Enter the type of entity, pursuant to which the Applicant believes such partner qualifies as an Institutional Investor. | |
| Paid in capital | | Enter the amount of capital already paid into the fund. | |
| Unfunded Commitment | | Enter the amount committed to the fund but not yet funded. | |
| Capital Commitment | | Enter the total capital commitment, which should be the total of Paid in Capital and Unfunded Capital. | |
| Diversity Investor (Y/N) | | Check Y for Yes if the Entity Investor is a Diversity Investor and N for No if they are not. Diversity Investor is a person or entity who meets the requirements of Management and Ownership Diversity as found in 7 CFR 4290.150. | |
| Table M1B Individual Institutional Investors | | This section is reserved for Individual Institutional Investors Only. | |
| “X” if this is a Drop-Down Fund | | Enter “X” if this is a Drop Down fund. If you entered an X, there are additional requirements which can be located on page 48 of the 4290-2 Form. A drop fund in general is an Entity that is funded by one or more parent venture funds. | |
| Name and Address | | Enter the full legal name and the physical address of the Individual. | |
| Qualifying Subsection | | Enter the type of entity, pursuant to which the Applicant believes such partner qualifies as an Institutional Investor. | |
| Paid-In Capital | | Enter the amount of capital already paid into the fund. | |
| Unfunded Commitment | | Enter the amount committed to the fund but not yet funded. | |
| Capital Commitment | | Enter the total capital commitment, which should be the total of Paid in Capital and Unfunded Capital. | |
| Diversity Investor (Y/N) | | Check Y for yes if the Entity Investor is a Diversity Investor and N for No if they are not. Diversity Investor is a person or entity who meets the requirements of Management and Ownership Diversity as found in 7 CFR 4290.150. | |
| Table M1C-Other Investors | | This section is reserved for any entity that does not meet the definition to be included in tables M1A or M1B. | |
| Name And address | | Individuals must list their primary residence and entity investors must list their business address. P.O. boxes are not acceptable addresses. | |
| Type | | Enter if an individual LLC, S Corp etc. | |
| Paid-In Capital | | Enter the amount of capital already paid into the fund. | |
| Unfunded Commitment | | Enter the amount committed to the fund but not yet funded. | |
| Capital Commitment | | Enter the total capital commitment, which should be the total of Paid in Capital and Unfunded Capital. | |
| Diversity Investor (Y/N) | | Check Y for Yes if the Entity Investor is a Diversity Investor and N for No if they are not. Diversity Investor is a person or entity who meets the requirements of Management and Ownership Diversity as found in 7 CFR 4290.150. | |
| Enter “X” if Parent Fund | | Enter an “X” if the individual or entity is a parent fund. | |
| Table M1D-Dual Commitments | | This table addresses dual Commitments. A dual commitment is the arrangement of one or more Institutional Investors (“back-up investor”) that makes a Capital Commitment to the Applicant identical to that made by the non‑Institutional Investor (“primary investor”). | |
| Name & Address | | Individuals must list their primary residence and entity investors must list their business address. P.O. boxes are not acceptable addresses. | |
| Type of Entity for Primary Investor & Type of Entity and Qualifying Subsection for Backup Investor | | Enter the type of entity, pursuant to which the Applicant believes such partner qualifies as an Institutional Investor. | |
| Paid-In Capital | | Enter the amount of capital already paid into the fund. | |
| Unfunded Commitment | | Enter the amount committed to the fund but not yet funded. | |
| Capital Commitment | | Enter the total capital commitment, which should be the total of Paid in Capital and Unfunded Capital. | |
| Diversity Investor (Y/N) | | Check Y for Yes if the Entity Investor is a Diversity Investor and N for No if the Equity Investor is NOT a Diversity Investor. A “Diversity Investor” is a person or entity who meets the requirements of Management and Ownership Diversity as found in 7 CFR 4290.150. | |
| Primary Investor | | Enter the primary investor’s name. | |
| Back-up Investor | | Enter the backup investor’s name. | |
| Totals | | Add only amounts that are not in Brackets. | |
| M1E Name of Investor | | Enter the names of each investor for each separate category. | |
| Entity Institutional Investors (From Table M1A) | | Enter Entity Institutional Investors (From Table M1A). | |
| Individual Institutional Investors (from Table M1B) | | Enter Individual Institutional Investors (from Table M1B). | |
| Dual Commitments (primary investors from Table M1D) | | Enter Dual Commitments (primary investors from Table M1D). | |
| Paid-In to Parent | | Enter the dollar amount for each listed investor that was Paid-In to Parent. | |
| Unfunded Commitment to Parent | | Enter the dollar amount for each listed investor that was an Unfunded Commitment to parent. | |
| Total Contribution | | Enter the total contribution which will be the sums of the Paid-In to Parent and the Unfunded Commitment to Parent. | |
| Investor Totals | | Sum and total the total amounts given by each investor as Paid-In to Parent, Unfunded Commitment to Parent and Total Contribution. | |
| Table M1F-Investor Diversity summary | | This table breaks down the diversity percentages for each type of capital. | |
| Type of capital | | There are two types - Regulatory and Leverageable. | |
| Regulatory Capital | | Regulatory Capital means Private Capital, excluding non-cash assets contributed to a RBIC or an Applicant unless such assets have been converted to cash or have been approved by the Secretary for inclusion in Regulatory Capital. For purposes of this definition, sales of contributed non-cash assets with recourse or borrowings against such assets shall not constitute a conversion to cash. | |
| Leverageable Capital | | Leverageable Capital means Regulatory Capital, excluding unfunded commitments. | |
| Total Amount | | Enter the total amounts of each type as a dollar figure. | |
| Diversity amount | | Enter the diversity amounts of each type as a dollar figure. | |
| Diversity % | | Enter the diversity percentage as a numerical number by dividing the diversity amount by the total amount. | |
| Table M1G-Changes in Regulatory Capital | | This table addresses changes in Regulatory Capital. | |
| Date | | Enter the date the table is completed. | |
| Beginning Regulatory Capital | | Enter the amount of beginning Regulatory Capital. | |
| Decrease Pursuant to 7 CFR 4290.585 | | Enter the Decrease. You must obtain the Secretary's prior written approval to reduce your Regulatory Capital by more than two percent in any fiscal year. At all times, you must retain sufficient Regulatory Capital to meet the minimum capital requirements in the Act and Section 4290.210, and sufficient Leverageable Capital to avoid having excess Leverage in violation of section 384E(d) of the Act. | |
| Other Decreases | | Enter the amount of other decreases. | |
| Ending Regulatory Capital | | Enter the amount of Ending Regulatory Capital which will be the number derived from subtracting the Decrease amount, other decrease amount from the Beginning Regulatory Capital. | |
| M1H-qualified Non-private Funds | | This table addresses Qualified Non-private Funds. | |
| Name of Investor | | Enter the names of the Investor from tables M1A, M1B, and M1C. | |
| Capital Commitment | | Enter the amount of Capital Commitment. | |
| Qualified Non-private Funds Whose Source is Federal Funds | | Enter the amount of Qualified Non-private Funds Whose Source is Federal Funds. | |
| Qualified Non-private Funds Whose Source is State or Local Gov’t. Funds | | Enter the amount of Qualified Non-private Funds Whose Source is State or Local Government Funds. | |
| Totals | | Add up all of the sums and put the amount here | |
| Non-Federal Qualified Non-private Funds ÷ Regulatory Capital | | Enter the percentage by dividing Non-Federal Qualified Non-private Funds by Regulatory Capital. | |
| M1I-Associates of Applicant | | This table addresses Associates of the Applicant. | |
| Name of Investor | | Enter the name of the Investor. | |
| Describe Relationship to Applicant | | Enter a description of the relationship to the applicant. | |
| Applicable Subsection of Definition of Associate | | Enter the applicable subsection of the definition of Associate. Table M1I shows all of Applicant’s investors that are Associates of Applicant (as defined in 13 CFR §107.50), and Table M1J shows persons who are investors and who may be affiliates of one another. | |
| Table M1J-Investor Affiliates | | This table addresses relationships between the Investor affiliates. | |
| Name of Investor#1 | | Enter the name of an investor. | |
| Name of Investor #2 | | Enter the name of a second investor. | |
| Describe Relationship Between Investors | | Enter a description of the Relationship Between them. | |
| Table M1K-10% Investors | | This Table addresses 10% investors and the owners of the Investors. | |
| Level 1 – RBIC 10% Investors | | Enter the name of the Investor and what percentage of the fund they will own. Enter a remaining percentage for those less than 10 percent. | |
| Level 2 – Owners of RBIC 10% Investors | | Enter the name of the Owner of the Investor and what percentage of the fund they will own. | |
| Level 3 – Indirect Equity Holder - % of Level 2 / % of RBIC | | Enter the name of the Indirect Equity Holder of the Entities listed in Level2 and what percentage of the fund they will own. | |
| Table M2 – Investors Who Are Not Permanent Residents of the United States | | Enter the names of Investors who are not permanent residents of the United States. For individuals, a permanent resident of the United States means a lawful permanent resident of the United States under the immigration laws. For entities, permanent resident of the United States means an entity qualified to do business and maintaining a place of business in one or more states of the United States, the District of Columbia or U.S. Territories. | |
| Name & Address of Non-Resident Investor | | Enter the full legal name and physical address including zip code for any Non-Resident Investor. Enter none if there aren’t any. | |
| Name & Address of U.S. Agent for Service of Process | | For anyone listed as a Non-Resident Investor, enter the Name and Address of U.S. Agent for Service of Process. | |
| Table M3 – Approved Letters of Credit | | This table references letter of credit for the Investors. | |
| Name of Investor | | Enter the full legal name of the Investor. | |
| Unfunded Commitment | | Enter the amount of Unfunded Commitment. This number should be the same as from M1E. | |
| Amount of Letter of Credit | | Enter the amount of the Letter of Credit. | |
| Issuing Institution | | Enter the issuing Institution of the Letter of Credit. | |
| Expiration Date | | Enter the expiration date of the Letter of Credit. | |
| Totals | | Enter the sum totals here of the Unfunded Commitments and the sums of the Letters of Credit. | |
| Table M4 – Conditions to Exercise of Right to Receive Unfunded Commitments | | Enter any Conditions to Exercise of Right to Receive Unfunded Commitments. For purposes of determining the applicant’s Regulatory Capital, the unfunded commitment of the parent fund is only considered to be Regulatory Capital to the extent it is backed up by investors that qualify as Institutional Investors. If there are no conditions, enter “None”. | |
| Exhibit N Model Forecast | | | |
|  | | Submit Exhibit N with your initial application submission. Utilize your own model to prepare a 10-year financial forecast. It is suggested that you do the forecast annually for all years. If you prefer, you can prepare a monthly or quarterly forecast for the first year only, with subsequent years shown annually. Do not provide any more detail than this.  As an alternative, you can provide a narrative detailing the key assumptions that would normally serve as the basis for preparing a model forecast. Rather than using actual calendar years, use years 1, 2, 3, etc. Be sure to discuss the following items, as applicable:   * Number of investments the fund expects to make * Period of time over which investments will be made, and number of investments and dollars to be invested by year * Expected investment size * Expected holding period of investments prior to harvest * Year in which harvesting is supposed to begin * Projected Internal Rate of Return for the total fund, both before and after the management fee and the carry * Management fee amount and payment schedule * Amounts and timing of USDA Leverage draws and associated leverage fees * Interest rate or prioritized payment rate on USDA Leverage, including the annual charge * USDA profit participation rate selected (for participating securities issuers) * Assumptions concerning Distribution/reinvestment of proceeds * Assumptions concerning management of cash balances | |
| Exhibit O Offering Documents | | | |
|  | | Submit Exhibit O with the initial application submission, to the extent that documents are available. Draft documents are acceptable. You must submit Exhibit O in final form by the date specified by USDA. These documents must be acceptable to USDA before the RBIC will be licensed.  Attach your offering memorandum, prospectus, letter, or other publication that you have provided or plan to provide to your investors; and any documents filed with the Securities and Exchange Commission (SEC) (see 7 CFR 4290.660(a) and (b)). | |
| Exhibit P Internal Due Diligence Documents | | | |
|  | | Submit Exhibit P with the initial application submission to the extent that documents are available. Draft documents are acceptable.  Attach all documents relating to your internal due diligence and decision-making process for investments, for example:   * Due diligence checklists and questionnaires * Report formats * Term sheets * Deal summary formats * Financial models * Investment committee decision-making formats   You may submit relevant documents on a compact disk (CD); hard copies are not required. | |
| Exhibit Q Organizational Documents of RBIC | | | |
|  | | Do not submit Exhibit Q with the initial application submission. You must submit Exhibit Q in final form by a later date specified by USDA. These documents must be acceptable to USDA and signed before the RBIC will be licensed.  For the RBIC and its general partner or managing member, if applicable, please provide the following:  1. Organizational Documents:  A. For limited partnerships, include the certificate of limited partnership and a copy of the limited partnership agreement.  B. For limited liability companies, include the certificate of formation or other comparable document and a copy of the operating agreement  C. For corporations, include a copy of the Articles of Incorporation or charter and by-laws.  D. For a limited partnership RBIC with a general partner that is an entity (i.e., corporation, LLC, or partnership) (“Entity General Partner”) or for a limited liability company RBIC with a managing member that is an entity (“Entity Managing Member”), the organizational documents for such Entity General Partner or Entity Managing Member as well.  Please note that for such Entity General Partners and Entity Managing Members, the organizational documents for such entity must include language which states that the entity is organized under State law solely for the purpose of serving as the general partner or managing member of one or more RBICs.  2. Minutes, resolutions and/or written consents. Include certified copies of minutes, resolutions or written consents at which current directors, managers, officers were elected or appointed, as applicable.  3. Model Partnership Agreement. Applicants may use the SBIC model partnership agreement for limited partnership RBICs. If used, an edited version must be submitted showing the changes made to the model partnership agreement. If the SBIC model partnership agreement is not used, the Applicant must use a USDA-approved partnership agreement.  4. Execution. The organizational documents need not be signed when the application is submitted, as the USDA may require changes in your organizational documents in order to continue processing your application. The organizational documents must be signed, however, prior to USDA’s and USDA’s approval of the Applicant’s license. | |
| Exhibit R Opinions Of Counsel | | | |
|  | | Please review Form 4290-2 for instructions on how to complete the Opinion of Counsel. | |
| Exhibit S Management Services and Other Agreements | | | |
|  | | Submit Exhibit S with the initial application submission, to the extent that documents are available. You must submit this Exhibit S in final form by the date specified by USDA. These documents must be acceptable to USDA and signed before the RBIC will be licensed. | |
| Exhibit T Bank Letter | | | |
|  | | Do not submit Exhibit T with the initial application submission. You must submit Exhibit T in final form by the date specified by USDA. This document must be acceptable to USDA and signed before the RBIC will be licensed.  Attach a letter or letters addressed to USDA from the institutions(s) or custodian(s) as evidence that unencumbered cash or permitted investments of idle funds as defined in 7 CFR 4290.530(a) are on deposit in the account(s) of the RBIC. The funds evidenced by these letters must match the amounts in table T1. The letters must be signed by senior officers of the institution, and must be addressed to USDA and must contain the following language evidencing the deposit of funds to the RBIC’s account:  "This certifies that there is on deposit in the name of [RBIC] the sum of [$]. This institution has no right, written or otherwise, to restrict the use of or the withdrawal of funds from this account, or to apply the funds in this account against any indebtedness owed to it; and it has no knowledge of any agreements with other parties restricting the right of withdrawal from, or concerning the use of, the funds in this account.” | |
| Table T1 | | This is a summary of the Bank Letters of Credit. | |
| Description (cash on deposit, U.S. Treasury bill, etc.) | | Enter a description of the type of unencumbered cash. | |
| Amount | | Enter the dollar amount. | |
| Custodian or Where Located | | Enter who the custodian of the cash is and their geographic location. | |
| Total | | Total the amounts here. | |
| Table T2 Description | | Enter the total dollar amount for each description identified in Table T2. | |
| Total Paid-In Capital (per Exhibit M) | | Total all of the sums corresponding to their descriptions and enter the total here. | |
| Table T3 – Secured Third Party Debt | | If the Applicant has secured third party debt, provide the name, address, phone number and email address of the contact person at the entity that has provided the loan, and give the details of the amount, the terms of the debt and the nature of the collateral. | |
| Exhibit U Legal Document Certification | | | |
|  | | The following Certification concerning the Applicant's legal documents must be completed and signed by either a Principal of the Applicant or Applicant's legal counsel and submitted with the Applicant's final, fully-executed legal documents prior to USDA’s approval of the Applicant's license application. | |
| List of Documents | | Enter the list of legal documents that will be certified. | |
| Printed Name | | Enter the name of the signatory. | |
| Signature | | Enter your signature here. | |
| Title/Role | | Enter the title or role of the Signatory. | |
| Date | | Enter the date that the certification was signed. | |
| Exhibit W Approval of Organizational and Management Expenses | | | |
|  | | Do not submit this Exhibit W with the initial application submission. You must submit this Exhibit W in final form by the date specified by USDA. These documents must be acceptable to USDA and signed before the RBIC will be licensed.  You must use Exhibit W to request the approval of expenditures for (1) organizational expenses incurred before licensing, (2) for Management Expenses during the licensing process (see 7 CFR 4290.520) and (3) Non-Cash Capital Contributions (see 7 CFR 4290.230(d)) incurred after selection but before licensing as a RBIC. USDA will use this form to approve amounts you have incurred or anticipate incurring before final approval. Attach supporting schedules detailing all expenses summarized in Tables W1, W2 and W3 of this Exhibit W. Indicate the detailed expenses from the summarized Tables W1 and W2 that you will reimburse to Principals of the RBIC. | |
| W1 Organizational Expenses | | Table W1 itemizes the organizational expenses for USDA approval. | |
| Sources | | Enter the source of the expense (accounting, legal etc). | |
| From Date | | Enter the start date of the expense. | |
| Through Date | | Enter the through date of the expense. | |
| Amount Accrued | | Enter the amount of expense that has accrued from the dates listed above. | |
| Amount Paid | | Enter the amount that was paid on the expense. | |
| Amount Projected | | Enter the projected amount of the expense. | |
| Subtotals | | Add up the sums for each category; Amount Accrued, Amount Paid and Amount Projected. | |
| Requested Amount of Organizational Expenses | | Ad up the sub totals and put the sum total as a dollar amount that will be requested. | |
| Typed Name | | Enter the name of the signatory. | |
| Signature | | Enter your signature here. | |
| Date | | Enter the date that the request was signed. | |
| USDA Name | | Leave this section blank. | |
| W2 Management Expenses | | Table W2 itemizes the management expenses for USDA approval. | |
| Sources | | Enter the source of the expense (accounting, legal etc). | |
| From Date | | Enter the start date of the expense. | |
| Through Date | | Enter the through date of the expense. | |
| Amount Accrued | | Enter the amount of expense that has accrued from the dates listed above. | |
| Amount Paid | | Enter the amount that was paid on the expense. | |
| Amount Projected | | Enter the projected amount of the expense. | |
| Subtotals | | Add up the sums for each category; Amount Accrued, Amount Paid and Amount Projected. | |
| Requested Amount of Management Expenses | | Add up the sub totals and put the sum total as a dollar amount that will be requested. | |
| Typed Name | | Enter the name of the signatory. | |
| Signature | | Enter your signature here. | |
| Date | | Enter the date that the request was signed. | |
| USDA Name | | Leave this section blank. | |
| W3 Non-Cash Capital Contributions | | Table W3 itemizes the Non-Cash Capital Contributions for USDA approval. | |
| Paid By | | Enter the name of the person who paid the capital contribution. | |
| Nature of Non-Cash Contribution | | Enter the Nature of the Non-Cash Contribution. | |
| From Date | | Enter the start date. | |
| Through Date | | Enter the through date. | |
| Amount Paid | | Enter the total amount paid. | |
| Subtotal | | Add up each non-cash contribution. | |
| Requested Amount of Non-Cash Capital Contributions to be added to Regulatory Capital | | Add up the sub totals and put the sum total as a dollar amount that will be requested. | |
| Typed Name | | Enter the name of the signatory. | |
| Signature | | Enter your signature here. | |
| Date | | Enter the date that the request was signed. | |
| USDA Name | | Leave this section blank. | |
| Exhibit X Visual Representation of Targeted Rural Areas | | | |
|  | | You must submit Exhibit X with the initial application submission. You must use the mapping software on USDA’s website at <http://eligibility.sc.egov.usda.gov/eligibility/welcomeAction.do> to visually present the Rural Areas in which you intend to target your investing and Operational Assistance activities, as required by Question 207 of RD Form 4290-1, Part I, Management Assessment Questionnaire. Multiple maps may be required to adequately identify those Rural Areas. | |
| Exhibit Y Operational Assistance Grant Budget and Certifications | | | |
|  | | You must submit Exhibit Y with the initial application submission. These documents must be acceptable to USDA and signed before the RBIC will be licensed. This exhibit is only applicable to Applicants seeking a license as a leveraged RBIC.  Standard Forms can be downloaded in PDF by clicking on the links provided below. If you don't have the free reader software, go to <http://www.adobe.com/products/acrobat/readstep.html>.  Documents you are required to complete and submit are the following:   * SF424, Application for Federal Assistance [<http://www.whitehouse.gov/omb/grants/sf424.pdf>] * SF424A, Budget Information [<http://www.whitehouse.gov/omb/grants/sf424a.pdf>] * Appendix A, Supplement to SF 424A, Section F, Other Budget Information, together with a supporting narrative justification * SF424B, Assurances – Non-Construction Programs [<http://www.whitehouse.gov/omb/grants/sf424b.pdf>] * Appendix B, Supplement to SF 424B, USDA Assurances and Certifications | |
| Appendix A Supplement to SF 424A, Section F Other Budget Information | | Personnel   * Enter in Column 1 the annual (12 months) salary rate for each key position referred to in the narrative, which will be filled for all or any part of the year by an incumbent working on the project. This rate may not be more than that paid by the grantee to other employees in comparable positions or, if the grantee has no comparable positions, the rate may not be more than that paid for such services elsewhere in the community. * Enter in column 2 the number of months the position will be filled by an incumbent working on the project. * Enter in Column 3 the percent of time or effort the incumbent will devote to the project during the number of months shown in Column 2. * Enter in Column 4 the total amount required, as computed from the information shown in Columns 1 through 3. Use the following formula:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Annual Salary | X | No. of Months  12 Months | X | Percent of Time | = | Total Amount Required | | |
| Supplement to SF 424A, Section F | | This is a supplemental form to SF 424A. | |
| Personal Services and Fringe Benefits Worksheet | | This worksheet requires information to be entered regarding salaries and fringe benefits. | |
| Personnel | | Enter the name and position of the employee. | |
| Annual Salary Rate | | Enter the numerical number expressed in dollars of the total annual pay of the person. | |
| Number of Months | | Enter number of months that they work. Full time permanent employees should have 12 months . | |
| Percent of Time | | Enter the percent of time. | |
| Total Amount Required | | Enter the total amount required. | |
| Total | | Enter the total of all of these figures. | |
| Fringe Benefits Rate | | Enter the fringe benefit rate. | |
| Total Fringe Benefits | | Enter the total of the fringe benefits. | |
| Signature | | Sign the document here. | |
| Title | | Enter the title of the Signatory. | |
| Date | | Enter the date on which the document was signed. | |
| Supplement to SF 424A, Section F Detailed Budget for Project and Budget Period | | All costs approved on this budget must meet the tests of necessity, reasonableness, allowability, and allocability in accordance with applicable cost principles applicable to this award. All costs charged to this project are subject to audit. Recipients are responsible to insure proper management and financial accountability of Federal funds to preclude future costs disallowances.  All categories must be supported by narrative justification. | |
| Direct Cost | | This table lists categories of budged listed below. | |
| Personal Services | | Enter the dollar amount for personal services from the Personal Services and Fringe Benefits Worksheet. | |
| Fringe Benefits | | Enter the dollar amount for personal services from the Personal Services and Fringe Benefits Worksheet. | |
| Consultants | | Enter the dollar amount for personal services from the contractual agreements to Contractual category. | |
| Travel | | Enter the dollar amount allocated for Travel in the budget. | |
| Equipment | | Enter the dollar amount allocated for Equipment in the budget. | |
| Supplies | | Enter the dollar amount allocated for Supplies in the budget. | |
| Contractual | | Enter the dollar amount allocated for Contractual in the budget. | |
| Other | | Enter the dollar amount allocated for Other items in the budget. | |
| Total Direct Cost | | Add up the total direct cost. | |
| Indirect Cost | | Add up the total indirect cost. | |
| Profit/Fees | | Input the amount for profit/fees. | |
| Total Allowable Budget | | Enter the sum total for the entire budget. | |
| Appendix BSupplement to SF424BUSDA Assurances and Certifications | | You must review and sign these appendixes. | |
| Legal Name of Participant | | Enter the Legal Name of Participant. | |
| Address | | Enter the physical address of the participant. | |
| Print Name and title of Authorized Representative | | Enter the name and title of the Authorized Representative. | |
| Signature of Authorized Representative | | Enter the Signature of the Authorized Representative. | |
| Date Signed | | Enter the Date of the signature . | |