Commercial Fishing Revolving Loan Fund

AS 16.10.300 – AS 16.10.370 3AAC 80.010 – 3 AAC 80.900

Loan Purpose

To provide long-term, low interest loans to Community Quota Entities for the purchase of halibut and sable fish quota shares through the National Marine Fisheries Service program, and then lease the quota back to local resident fishermen.

Contact Information

Mail Applications To: DIVISION OF INVESTMENTS

DCCED

P.O. Box 110802 Juneau, AK

99811-0802

(800) 478-LOAN (5626) Toll Free within Alaska

By Telephone: (907) 465-5437 TTD

By Email: investments@alaska.gov

In Person: Juneau Office

State Office Building

333 Willoughby Ave. 9th Floor

Juneau, Alaska

(907) 465-2510 Office (907) 465-2103 Fax **Anchorage Office**

Robert B. Atwood Building

550 W. 7th Ave., Suite 1850

Anchorage, Alaska (907) 269-8150 Office (907) 269-8147 Fax

Website: www.commerce.alaska.gov/web/inv

General Requirements

- Community Quota Entity (CQE) is certified by National Marine Fisheries Service (NMFS) and is eligible to hold Quota Shares.
- CQE is in good standing with the State and Federal Government.
- CQE is not eligible for financing from other recognized commercial lending institutions.

Program Requirements

- Purchases Loans are available to CQEs for the purchase of Quota Shares and reimbursement of Quota Share purchases less than 12 months from the date the application is received.
- Collateral The item being financed will be held as the collateral for the loan, and generally, a priority lien must be obtained. The maximum loan amount for a loan secured by Quota Shares is 80% of the purchase price. Other types of collateral may also be offered to reduce the down payment requirement.

Terms and Conditions

- Maximum loan amount is \$2 million for each eligible community. The total outstanding balances on all loans made to a community under Section E of the Commercial Fishing Loan Program is \$2 million.
- Maximum loan term is 15 years.
- Interest rate will be fixed at the time of loan approval, contact us for current rate.

Fees

- A \$100 application fee (non-refundable) must accompany all applications, if you
 have located the shares you wish to purchase.
- A \$200 pre-qualification application fee must accompany all applications, if you have not located Quota Shares to purchase, but wish to obtain conditional approval by submitting a pre-qualification application. The following are some advantages of pre-qualification:
 - You know your loan limit;
 - Seller is assured of a qualified buyer;
 - Faster loan processing after finding the quota shares; and
 - Pre-qualification approval is valid for 60 days.
- A 1% origination fee is due at closing.
- Borrower is responsible for all direct costs incurred in processing an application including surveys, inspections, appraisals, title insurance, etc.

DIVISION OF INVESTMENTS

Department of Commerce, Community, and Economic Development Community Quota Entity Loan Application

		PURCHASE OF COMMUN	NITY QUOTA ENTIT	Y SHARES				
Loa	ın Amount Requested:	Amount:	Loan Term Reque	sted:	Years:			
-	-Qualification Loan:	\$ Fishery:	# of Pounds:	Area:		Vessel Size:		
	- Cadimodion Louin	CHECI	K-OFF LIST					
The	following information is re	equired in order to process your		use the list	to make	sure all information is		
sub	mitted. Retain a copy of t	this application for your records. necessary in order to verify eligil	. The department m	ay require ad	ditional	information or		
	Application for Comm (Page 2)	unity Quota Entity Revolving	Loan Fund: Be sure	all forms ha	ve been	completed and signed.		
		eation Fee: You must include a	check or money ord	er for \$100 if	you hav	ve located the shares		
	OR							
	Non-refundable Pre-qu located the shares you v	ualification Application Fee: Y wish to purchase.	ou must include a ch	neck or mone	ey order	for \$200 if you have not		
	Financial Statement: R	Required from all individual appli	cants. (Page 3)					
	Current Bank Stateme Statement. (Page 3)	nt: Provide copies of current ba	ink statements verify	ing Cash Acc	counts a	s shown on Financial		
	Actual Profit & Loss S	tatement: (Page 5)						
	Projected Profit & Los	s Statement: (Page 6)						
	Corporate Resolution: (Page 7)							
	Authorization to Obtai	n Credit and/or Release Infor	mation: Must be sig	ned by all pa	rties or e	entities. (Page 8)		
	Oath: Must be signed by	y all parties or entities. (Page 9)					
	Federal Tax Returns for schedules).	or Past Three Years: Include co	omplete, signed copi	es of Federa	l Tax Re	eturns (including all		
	Letter of Denial from a	Recognized Quota Share Ler	nder.					
	Copy of NMFS Applica	ition and all Attachments.						
	List of Key Personnel,	Directors, and Officers.						
	Copy of By-Laws and	Articles of Incorporation.						
	Verification of Availab	ility of Down Payment.						
		eement for Fishermen who w						
	seller's name, address, requirement does not ap	eement and Down Payment R social security number, and date oply to pre-qualification applicati	e of birth; and signations).	ures of both	seller aı	nd purchaser (this		
	Additional Information application.	: Provide explanations or copie	s of supporting docu	mentation th	at may h	nelp clarify your		
	Additional Collateral:	f you are offering additional coll	-	to provide th	e follow	ring:		
		Verification of quota shares ow opy of tax assessment or other						
		tion of other collateral	F. 20. 21. 13100					

APPLICATION FOR COMMUNITY QU	OTA ENTITY REVOLVING LOAN FUND
Eligible Community:	Name of Non-Profit/CQE:
Mailing Address: (Street/PO Box, City, State, Zip Code)	Tay ID No. or Employee ID No.
ivialling Address. (Streev PO Box, City, State, 2ip Code)	Tax ID No. <u>or</u> Employee ID No.:
Physical Address: (Street, City, State, Zip Code)	Phone Number:
Contact Person: (Last, First, M.I.)	Fax Number:
Title:	NMFS – CQE ID No.:
Office Hours:	Email Address:

BOARD OF DIRECTORS INFORMATION (Please list all current members of the Board of Directors, title, and date individual terms expire.)							
Board Member	Title	Date Term Ends					

FINANCIAL STATEMENT						
Eligible Community/Name of CQE:		Tax ID/EIN:	Dat	e:		
Mailing Address (Street/PO Box):		City:	Sta	te:	Zip Code:	
The undersigned makes the following stateme	ent of financi	al condition as of day of	f		l	, 20 .
ASSETS	LI	ABILI	TIES Mon			
Asset	Amount	Liability	Liability			Balance Owing
Cash on Hand	\$	Employer Taxes Payable	Employer Taxes Payable			\$
Cash in Banks	\$	Owing to Processor		\$		\$
Securities (Attach Statement)	\$	Notes Payable (Schedule 5)		\$		\$
Due from Processor	\$	Real Estate Mortgages (Schedule 2)		\$		\$
Notes/Accounts Receivable (Schedule 1)	\$	Vessel Mortgages (Schedul	e 3)	\$		\$
Real Estate Owned (Schedule 2)	\$	Loans on Quota Shares (Schedule 4)		\$		\$
Vessels Owned (Schedule 3)	\$	Vehicles/Airplanes/RVs/ Equipment		\$		\$
Quota Shares Owned (Schedule 4)	\$	Other Liabilities (Itemize)				
Vehicles/Airplanes/RVs/Equipment	\$	1)	1) \$			\$
Other Assets (Itemize)		2)		\$		\$
1)	\$	3)	\$		\$	
2)	\$	Credit Cards (Itemize)				
3)	\$	1)		\$		\$
4)	\$	2)		\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES		\$		\$
CONTINGENT LIABILITIES						
Yes Are you a co-maker, endorser, or guarant on any loan or contract?		If "yes," to whom?		Amount: \$		
Yes Are there any unsatisfied judgment collections against you?	ts or	If "yes," attach letter of explanation.		Amount: \$		
Yes Have you filed for bankruptcy in the last 1 No years?		If "yes," attach letter of explanation.		Voor		
Other Expenses a	nd Other Ol	bligations			Am	ount
				\$		
				\$		
				\$		
				\$		

				_	STATE		IT					
SCHEDULE 1: NOTES RECEIVABLE, ACCOUNTS RECEIVABLE, MORTGAGES & CONTRACTS OWNED												
Description	Name of Debtor			Origina Balance		Present Balance			Monthly Payment		Amount Past Due	
				\$			\$		\$	\$		
				\$			\$		\$		\$	
				\$			\$		\$		\$	
		SCHE	DULE 2	2: RE	AL EST	ATE	OWNE)				
Droporty Addrops	Voor		Cur	rent				M	lortga	ages		
Property Address (Street, City, State)	Year Acquired	Cost		essed lue		Lienh Nar			Original Balance		nt ce	Monthly Payment
		\$	\$					\$		\$		\$
		\$	\$					\$		\$		\$
		\$	\$					\$		\$		\$
Is any real estate being purchased on a contract of sal			of sale?	?	l.	Π,	Yes	No		I		
If YES, which one and from whom:												
SCHEDULE 3: VESSELS OWNED												
Vessel Description	Year	Cost	Cur Asse	rrent Lienholder		older	Origi	Liens Original		nt	Monthly	
vesser bescription	Acquired	0031		lue		Name		Balance		Balan		Payment
		\$	\$				\$		\$		\$	
		\$	\$					\$		\$		\$
		\$	\$					\$		\$		\$
Are any vessels being p	urchased o	n a contract o	f sale?		I.	,	Yes	No		1		1
If YES, which one and f	If YES, which one and from whom:											
	<u> </u>	SC			QUOTA	SHA	ARES					
Quota Share Year Cost Cost Liennolder Original Present Monthly								Manathly				
Description	Acquired	Cost	Va			Lienholder Name			Balance		ce	Monthly Payment
		\$	\$					\$	\$		\$	
		\$	\$					\$		\$		\$
		\$	\$					\$		\$		\$
Are any quota shares b	eing purcha	sed on a conti	ract of s	sale?)		Yes	No		I		
If YES, which one and f												
SCH	IEDULE 5:	NOTES PAY	ABLE (I							hedule 2)		
Lienholder Name		Collatera	ıl		Year cquired	Year Original quired Balance		Present Balance		When	Due	Monthly Payment
						\$		\$				\$
						\$		\$				\$
						\$	\$				\$	
Have you had previous loa Loan Number	ans from the (CQE Revolving Loan Type		und?		Ye: Date	s Received		es, pl	ease comple Pa	ete the	
										Yes		No
										Yes		No

		& LOSS STATEMENT nin last 12 months)
Eligible Community/Name of CQE:		SSN/EIN:
For Period Beginning:		And Ending:
	Fishi	ng Income
Gross Sales		
Halibut/Sablefish	\$	
Other Fisheries (Itemize)		
	\$	
	\$	
Other (Itemize)		
	\$	
	\$	
Fishing Income Total		\$
	Non-Fis	shing Income
Gross Receipts		\$
	Ex	penses
Crew Shares	\$	
Fuel/Groceries/Bait/Ice	\$	
Gear/Equipment Purchase	\$	
Quota Shares Payment	\$	
Vessel/Gear Repair	\$	
Vessel Insurance	\$	
Vessel Payment, Lease, or Rent	\$	
Other (Itemize)		
	\$	
	\$	
Total Expenses		(-)
	Other	Expenses
Employee Expenses	\$	
Mortgage or Rent	\$	
Salaries	\$	
Taxes	\$	
Utilities	\$	
Other (Itemize)		
	\$	
	\$	
Total Other Expenses		(-)
	Ne	t Income
TOTAL NET INCOME		\$

You may be requested to provide documentation of your income, e.g.:

- Fish Tickets
- Processor Statement
- Affidavit from your skipper(s) for shares or agreement(s)

			T & LOSS STATEMEN the 12 month period after		
Eligible Community/Name of CQE:			SSN/EIN:		
For Period Beginning:			And Ending:		
		Fishin	g Income		
Gross Sales					
Halibut/Sablefish		\$			
Other Fisheries (Itemiz	ze)	\$			
		\$			
		\$			
Other (Itemize)					
		\$			
		\$			
Fishing Income Total			\$		
		Non-Fish	ning Income		
Gross Receipts			\$		
		Exp	enses		
Crew Shares		\$			
Fuel/Groceries/Bait/Ice	e	\$			
Gear/Equipment Purch	nase	\$			
Quota Shares Paymer	nt	\$			
Vessel/Gear Repair		\$			
Vessel Insurance		\$			
Vessel Payment, Lease, or Rent \$		\$			
Other (Itemize)					
		\$			
		\$			
Total Expenses			(-)		
		Other	Expenses		
Employee Expenses		\$			
Mortgage or Rent		\$			
Salaries		\$			
Taxes		\$			
Utilities \$		\$			
Other (Itemize)					
\$		\$			
\$					
Total Other Expenses		(-)			
		Net	Income		
TOTAL NET INCOME			\$		
			es Estimates		
Type of Fishery	Season (Year)	# of Days Fished	Pound/Tons	Unit Price	Value

CORPORATE RESOLUTION
I certify that at a meeting of the Board of Directors(Corporate Name) duly and regularly called and held on the day of,,
at which a quorum was present and voting, the following resolutions were unanimously adopted:
BE IT RESOLVED, that, acting for and on behalf of this corporation and
as its act and deed, is authorized and empowered to apply to the Division of Investments, Department of
Commerce, Community, and Economic Development, to borrow the amount of \$ to be
repaid in years and to be used for the purpose outlined in this application. BE IT FURTHER
RESOLVED, that this resolution shall remain in full force and effect until written notice of the revocation shall
have been delivered to and received by the Division.
IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the corporation this
day of ,
Board Member Signature (CORPORATE SEAL) Witness Signature
CORPORATE ACKNOWLEDGEMENT
STATE OF ALASKA))ss JUDICIAL DISTRICT)
The foregoing instrument was acknowledged before me this day of,,
by (name) (title)
of a(n)
corporation, on behalf of the corporation.
Notary Public, State of Alaska My commission expires

AUTHORIZATION TO OBTAIN CREDIT AND/OR RELEASE INFORMATION							
I authorize the Division of Investments to obtain information my loan application and attachments to the following ag							
U.S. National Marine	Fisheries Service						
I further authorize any individual or institution to release credit information concerning me to the Division of Investments. This authorization is given to enable the Division of Investments to evaluate my loan request. Verification may be obtained from any source named in this application and from any credit-reporting agency. I understand additional information may be requested as part of the quality control program at any time during the lending process.							
It is understood that a photocopy of t	his form will serve as authorization.						
Name of Corporation (Please Print):	Tax ID Number or EIN:						
Authorized Signature and Title:	Date:						

OATH

I understand and agree that if I submit any false, inaccurate, or incomplete information in this application and attachments, I will be subject to the following:

- My application will be denied.
- If I receive a loan based on the false, inaccurate, or incomplete information, and this information is disclosed in the future, the loan will be canceled and immediately payable.
- I will no longer be eligible for future benefits under the Commercial Fishing Revolving Loan Fund.

I certify under penalty of perjury that all the information provided in this application and attachments is true, accurate and complete. I am aware that the maximum penalty for perjury, a Class B felony under AS 11.56.200(c), is a fine of up to \$50,000 (AS 12.55.035(b)(2)) and imprisonment for up to 10 years (AS 12.55.125(d)).

<u></u>		Printed Name:				
Title:	Name of CQE:		Date:			
Corporate Acknowledgment						
STATE OF ALASKA) JUDICIAL DISTRICT	SS.					
The foregoing instrument was acknowled	ged before me this	day of _		, 2012, by		
,		of		, an Alaskan		
corporation, on behalf of the corporation.						
		Notary Public, S	State of Alaska			
		My Commis	sion Expires:			

If you become aware of inaccurate or incomplete information which is contained in your application, you should submit a written request to the Director of the Division of Investments which contains the following information:

- A description of the challenged information
- Changes necessary to make the information accurate or complete
- Your name and address

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