Name of Applicant:

1.

1a. Employer ID No.

UNITED DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT

CERTIFICATION OF NON-RELOCATION AND

MARKET AND CAPACITY INFORMATION REPORT

(To be completed by applicant)

This form is to be executed by applicants for financial assistance for loan guarantees and/or grants under provisions of the Consolidated Farm and Rural Development Act.

2.	Name of Benefited Business or Industry:			2a.	2a. Employer ID No.		
				2b.	Labor File No	•	
3.	Locat	ion of Proposed Project:					
4.	This I	Project is:					
	A new business venture		Refinance of Existing Loan				
	□ A	new branch or facility	☐ A transfer of 0	A transfer of Ownership			
	☐ A	n expansion of an existing facility	Other (explain	Other (explain)			
5.	Affili	ate or Subsidiary of:					
6.	Amou	unt of Loan/Grant:					
7.	Purpo	ose of Loan or Grant - (Specify)					
8.		Information about your products or services: (Note: De project. Do not list products or services already being o expansion of past activities. Enter in Column 6 the sa employment at full capacity. Be specific. For example,	ffered unless this p me information as	roject also offers provided in Col	them and they umn 4 except i	are essentially and t should relate to	
				nual Sales and A	verage Employ	ment to be	
Principal		Product or Services	Latest Ar	Latest Annual Total At Full Capacity			
Product		and S.I.C. Number	Sales	Employment	Sales	Employment	
Col.	` /	(2)	(3)	(4)	(5)	(6)	
Product #1 \$ Value							
	Jnits						
	duct #2						
\$ Value							
In Units							
	duct #3						
\$ Value							
	Jnits						
	duct #4						
\$ Value In Units							
ın (∪nits						

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0014. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

	b. Princi	pal Occupations:	Ave	rage Employi	nent and Wage F	Rates	
				Current Period		When Fully Operational	
		Occupations Job Title	Employment	Average Wage Rate	Employment	Average Wage Rate	
		Col. (1)	(2)	(3)	(4)	(5)	
9.	INFORMAT	ΓΙΟΝ ABOUT YOUR MARKET					
	only those s "NATIONA" statistical are of your total	for each principal product or service, the state states in which you expect to sell at least 5 AL" in the right hand column. If more than 5 pea (for example, Chicago and its nearby suburil sales which you expect to make in the states	5 percent of your volume percent of your total projects), enter the name of the	e. If your sale ected sales are area. If possible	es are nationwid to be in any stan le, give the appro	e, enter the word dard metropolitan ximate percentage	
	cipal Product r Service	States and Standard Metro	opolitan Statistical Areas	in Which Sale	es Are Projected		
(Sar	nple entry)	Chicago (8%)	Indiana (12%)				
Pro	oduct "X"	Kentucky (15%)	Iowa (20%)		Nebraska (1	10%)	
10.	INFORMAT	TION ABOUT YOUR COMPETITORS					
	of where the to sell. Also market is na NOTE: In te products. Th	ne principal competitors offering the same or ey are located, but <u>only those</u> who are selling it indicate location of your competitor's plan ational, omit a listing of competitors shipping erms of the following listing, a competitor slanus, a summer resort providing golf, swimming. By the same token, gypsum board or particle	In the market area you have t(s) from which he is most g points. thould be considered an e- ting and tennis is not com-	ve indicated in st likely to be nterprise offer petitive with a	Section 9 above, serving your maring essentially so winter resort of	where you intended arket area. If you similar services of fering only skiing	
a.	Names of Competitors		Locati	ion of plants s		nclude street, city ate and zip code)	
	1						
	2						

b. To the best of your knowledge, has any competitor recently ceased operations or withdrawn from your market area? Give name and state reason, if known.

c.	Are you aware of any potential new entries or planned expansions which will be competitive in your market area? If k describe by name and location.		
11.			must check one of A, B, or C below: (NOTE: "Related Company" as used in this form means any affiliate, subsidiary, or nes entity under direct, indirect or common control with applicant.) New Business Venture. This project is a new business venture unrelated to existing business facilities, and that the applicant is not a company related to an existing business facility. (NOTE: If applicant or a related company has ceased or substantially reduced operations during the 24 months preceding the date of this request, the information required by Section 12 below must be attached.) Expansion of Applicant's Only Business Facility. This project is an expansion of an existing business facility located at:
			Which carries on the following operations:
		c.	Applicant or Related Company with Business Facility at Another Location. Applicant has attached pages containing the information required by Section 12 of this form concerning business operations conducted by the Applicant or by a related company at other locations than the location of the proposed project. Applicant has included business operations which have ceased or have been substantially reduced during the 24 months preceding the date of this request if such operations were conducted by Applicant or a related company. It is not the intention of the Applicant or any related company to relocate any present operation as a result of the proposed Project; that to the extent said project is undertaken to assist in the expansion of the operations of Applicant through the establishment of a new branch, affiliate or subsidiary of Applicant, such expansion will not result in an increase of unemployment in the area of original location or in any area where Applicant or any related company now conducts related business operations; that any such expansion is not being undertaken with the intention of closing down or curtailing any existing operations of Applicant or any related company, and that such project is not being undertaken with the intention of performing as contractor or subcontractor work heretofore performed by Applicant or a related company, the transfer of which work would result in the transfer of employment opportunities from one location to another and an increase in unemployment at the previous location of such work. I agree further that if within one year of the commencement of operations of the project for which the Agency has made a grant, loan, or guarantee, there should occur a significant and related decline in employment in a present location or locations conducted by Applicant or a related company, the lender, pursuant to instructions from Agency, shall liquidate the loan or accelerate the repayment of any financial assistance guaranteed, insured, or provided by Agency. I understand

	1 1 1 1	Applicant or a related company has ceased or substantially reduced lication. A separate sheet of paper should be used for each location.			
	business entity conducting operation, (4) Brief description of production articles or services provided which are similar to project, (6) Average number of persons employee at the location	s operations are or were conducted, (3) Relationship of Applicant to f articles produced or services provided at location, (5) Underline articles to be produced or services to be provided by the proposed n, (7) Average number of persons employed in production of articles If applicable, date on which operations ceased. or were substantially			
13.	Please give below name, address, telephone number and title o	f person to be contacted if any questions arise concerning this form.			
14.	CERTIFICATION: I, the undersigned, hereby certify that the information reported on this form, and any attachments thereto, are to the best of my belief and knowledge, truly representative of the facts and reflect the future intentions of the Applicant as they are as of this date:				
	(Date)	(Signature of authorized official)			
		(Title)			

The information required by this Section must be supplied if Applicant or a related company now conducts business operations at

FORMS MANUAL INSERT	FORM RD 449-22
	Used by applicants for financial assistance under the Rural Development Act of 1972.
	(see reverse)

PROCEDURE FOR PREPARATION : RD Instructions 1942-G, 1980-E and

4284-F.

PREPARED BY : Applicant.

NUMBER OF COPIES : Original and two.

 $\underline{SIGNATURES\,REQUIRED} \qquad \qquad : \quad Applicant.$

<u>DISTRIBUTION OF COPIES</u>: Original to be filed in loan docket in State Office.