

Kansas Economic Recovery Loan Deposit Program

Borrower's Certification of Eligibility

Date: _____

For purposes of obtaining an operating loan under the provisions of the Kansas Economic Recovery Loan Deposit Program, created by 2021 SB 15 and 2021 SB 86, the undersigned economic recovery borrower hereby certifies the following:

1. The undersigned is an individual or entity operating a business primarily for commercial or agricultural purposes with not more than 200 full-time employees maintaining offices or operating facilities and transacting business in the State of Kansas and is not an individual obtaining a loan primarily for personal, family, or household purposes.
2. The undersigned has not obtained any other economic recovery loans from any lender pursuant to this program.
3. The loan obtained pursuant to the Kansas Economic Recovery Loan Deposit Program will be used exclusively for the expenses involved in operating the borrower's business in Kansas.

Borrower(s) Printed Name(s) _____
Date

_____, KS
Address *City* *Zip*

Primary Borrower Signature _____
SSN/FEIN

Co-Borrower Signature _____
SSN/FEIN

STATE OF KANSAS
COUNTY OF _____, SS:

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came _____, who is/are personally known to me to be the same person(s) who executed the foregoing instrument of writing, and such person(s) acknowledged the execution of the same.

I have hereunto subscribed my name and affixed my official seal the day and year last written above.

Notary Public

Form to be completed by the borrower and submitted by fax to 785-296-6976.

Kansas Economic Recovery Loan Deposit Program

Lending Institution Certification of Compliance

Date: _____

For purposes of complying with the provisions of the Kansas Economic Recovery Loan Deposit Program, created by Senate Bill 15, the undersigned lending institution certifies the following:

1. The lender has received written certification from each of the borrowers evidencing the borrowers' eligibility for this program.
2. The lender has approved the economic recovery loan deposit loan package submitted by each of the borrowers based on its internal guidelines of creditworthiness.
3. The lender has no other economic recovery loan made pursuant to this program outstanding to any of these borrowers.
4. Upon placement of the economic recovery loan deposit with the lender, the lender will fund the loan to each approved eligible economic recovery borrower as hereinafter agreed.

The lending institution hereby agrees to lend an amount equal to the economic recovery loan deposit to the eligible economic recovery borrower(s) herein named at an interest rate which is not more than 3.00% above the interest rate on the economic recovery loan deposit as determined under K.S.A. 75-4237. Such interest rate shall be recalculated on the first business day of January each calendar year using the market rate then in effect.

The lending institution hereby agrees to reduce the economic recovery loan deposit in an amount equal to any payment of loan principal by the eligible economic recovery borrower.

The lending institution hereby requests that the State Treasurer accept its request for a total of \$ _____ to enable the lender to fund the following loan(s) as provided under the Kansas Economic Recovery Loan Deposit Program:

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Requested Loan Information

<u>Economic Recovery Primary Borrower</u>	<u>Amount</u>	<u>Maturity Date</u>
<u>Name:</u>		
<u>SSN/FEIN:</u>		
<u>SSN/FEIN:</u>		
<u>SSN/FEIN:</u>		
<u>SSN/FEIN:</u>		
<u>SSN/FEIN:</u>		

<u>For STO Use Only:</u>	
<u>Interest Rate (determined by PMIB)</u>	<u>Certification by State Treasurer</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The lending institution agrees to issue a separate certificate of deposit, or like instrument, for each economic recovery loan listed above which is approved by the State Treasurer.

Name of Lending Institution *ABA #* *Home Office City*

Address of Lending Branch *City, State, Zip*

Authorized Officer Signature *Printed Name* *Title*

Officer Phone # *Officer Fax #* *Officer Email Address*

STATE OF KANSAS
COUNTY OF _____, SS:

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came _____, who is/are personally known to me to be the same person(s) who executed the foregoing instrument of writing, and such person(s) acknowledged the execution of the same.

I have hereunto subscribed my name and affixed my official seal the day and year last written above.

Notary Public

Form to be completed by lender and submitted by fax to 785-296-6976.