



# SMALL BUSINESS POLLUTION PREVENTION LOAN PROGRAM APPLICATION

*(Authority: Part 145, PA 451 of 1994, as amended. Completion of all sections of this application is necessary to be considered for a loan.)*

*Please print with black ink or type all information.*

SECTION I. GENERAL INFORMATION			
1. OWNER/APPLICANT NAME AND TITLE			
2. COMPANY NAME			
3. E-MAIL ADDRESS	4. TELEPHONE NUMBER (include area code) (        )	5. FAX NUMBER (include area code) (        )	
6. MAILING ADDRESS (number, street, city, state and zip code)		7. P.O. BOX (if applicable)	8. COUNTY
9. DO YOU CONTRACT FOR THE TRANSPORTATION OF CARGO WITH ANY VESSEL OWNERS/OPERATORS THAT OPERATE ON THE GREAT LAKES AND/OR ST. LAWRENCE WATERWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
10. IS THIS BUSINESS CURRENTLY OPERATING? <input type="checkbox"/> YES    How long? _____ years <input type="checkbox"/> NO    IF NO, PLEASE EXPLAIN (see instructions).			

SECTION II. LENDING INSTITUTION			
1. NAME OF LENDING INSTITUTION		2. CONTACT PERSON AND TITLE	
3. E-MAIL ADDRESS	4. TELEPHONE NUMBER (include area code) (        )	5. FAX NUMBER (include area code) (        )	
6. MAILING ADDRESS (number, street, city, state and zip code)		7. P.O. BOX (if applicable)	
8. HAS YOUR LENDING INSTITUTION AGREED TO PARTICIPATE WITH THE DEQ IN THIS LOAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
9. HAS YOUR LENDING INSTITUTION DETERMINED YOUR CREDIT WORTHINESS FOR THIS LOAN REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION III. PROJECT INFORMATION		
1. AMOUNT OF LOAN REQUEST \$ _____	ESTIMATED TOTAL COST OF PROJECT \$ _____	
2. AMOUNT OF TIME TO COMPLETE PROJECT _____ months	ESTIMATED PROJECT START DATE _____ \ / _____	ESTIMATED PROJECT COMPLETION DATE _____ \ / _____
3. DO YOU MEET THE THREE CRITERIA OF A SMALL BUSINESS? a. <500 full-time employees: <input type="checkbox"/> YES <input type="checkbox"/> NO b. Independently owned and operated: <input type="checkbox"/> YES <input type="checkbox"/> NO c. Not dominant in your field: <input type="checkbox"/> YES <input type="checkbox"/> NO		
4. TYPE OF BUSINESS AND SIC Code (if known)	5. NUMBER OF FULL-TIME EMPLOYEES	
6. PROJECT DESCRIPTION		
7. ADDRESS (if different from mailing address)		
8. CONTACT NAME (if different from owner). If all correspondence is to go to the Project Contact, check the box. <input type="checkbox"/>		9. CONTACT TITLE
10. E-MAIL ADDRESS	11. TELEPHONE NUMBER (include area code) (        )	12. FAX NUMBER (include area code) (        )

SMALL BUSINESS POLLUTION PREVENTION LOAN PROGRAM APPLICATION (continued)

**SECTION IV. PROJECT ELIGIBILITY**

**1. POLLUTION PREVENTION ACTIVITY CODE(S)**

Check the box(es) by the appropriate code(s) that describe how this project meets the eligibility requirement for the loan program. You must meet at least one of the criteria to be eligible.

- A  Equipment or technology modifications
- B  Process or procedure modifications
- C  Reformulation, reclamation, or redesign of products
- D  Raw materials substitution
- E  Housekeeping, maintenance, or inventory control improvements
- F  Employee training
- G  Energy conservation studies or specifications
- H  On-site water conservation

**2. DID YOU HAVE A RETIRED ENGINEER TECHNICAL ASSISTANCE PROGRAM (RETAP) AUDIT?**

- Yes
- No

**IF YOU ANSWERED YES ABOVE, IS THIS PROJECT A RECOMMENDATION FROM RETAP?**

- Yes
- No

**SECTION V. PROJECT DESCRIPTION**

**1. DETAILED DESCRIPTION OF PROJECT**

In addition to a **summary of the project**, include **timetable** and breakdown of estimated project costs. **Please include written cost estimates** with your loan application. If the loan request is to implement a RETAP pollution prevention recommendation, you may attach a copy of the recommendation to the application. (NOTE: You do not need to provide a copy of the complete RETAP report.)

**Purpose of project (please indicate if project replaces old equipment):**

\_\_\_\_\_

**Project description:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Breakdown of project costs (include written cost estimates):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Estimated timetable to complete the project:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SMALL BUSINESS POLLUTION PREVENTION LOAN PROGRAM APPLICATION (continued)**

**SECTION VI. POLLUTION PREVENTION PROJECT ESTIMATED RESULTS**

(Be sure to read the instructions for this section in the Loan Application Instructions)

**WATER CONSERVATION**

Annual Consumption Before Project (gallons)	Annual Consumption After Project (gallons)	Estimated Economic Savings

**WASTE REDUCTION**

Description	Annual Waste Stream Quantity Before Project	Annual Amount Recycled (if applicable)	Annual Waste Stream Quantity After Project	Estimated Economic Savings
a. Hazardous waste (cu. yards)				
b. Solid waste (cu. yards)				
c. Liquid industrial waste (gallons)				
d. Other				

**ENERGY CONSERVATION OR FUEL TYPE SUBSTITUTION**

Annual Consumption Before Project (gallons)	Annual Consumption After Project (gallons)	Estimated Economic Savings

**MATERIAL USE REDUCTION OR SUBSTITUTION**

Description (e.g., Perchloroethylene, plating chemicals, etc.)	Amount Purchased/Year Before Project	Amount Purchased/Year After Project	Economic Savings/Year After Project
a.			
b.			
c.			

**ENVIRONMENT AND PUBLIC HEALTH AND SAFETY**

Description	Exposure Reduction Estimates

**SECTION VII. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted and that, based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

.....  
SIGNATURE

TITLE

DATE

**FOR STATE USE ONLY**

Date Received: