



**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name _____

Date _____

By _____
Name and Title of Authorized Representative

Signature of Authorized Representative

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

South Arkansas Venture Enterprise, Inc.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The grantee certifies that it will provide a drug-free workplace by:

1. (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. (b) Establishing a drug-free awareness program to inform employees about—
 1. (1) The dangers of drug abuse in the workplace;
 2. (2) The grantee's policy of maintaining a drug-free workplace;
 3. (3) Any available drug counseling, rehabilitation and employee assistance programs, and
 4. (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
3. (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
4. (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—
 1. (1) Abide by the terms of the statement; and
 2. (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after each conviction;
5. (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
6. (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted—
 1. (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 2. (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

Signature

Date

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:
 Prime SubAwardee

* Name

* Street 1 Street 2

* City State Zip

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text"/>	7. * Federal Program Name/Description: <input type="text"/> CFDA Number, if applicable: <input type="text"/>
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8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
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10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1 Street 2

* City State Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name
* Last Name Suffix

Title: Telephone No.: Date:

SEAEDD
South Arkansas Venture Enterprises
Revolving Loan Fund

CREDIT APPLICATION

APPLICANT INFORMATION		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT		
Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	How long?
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:
Previous employer:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:

SEAEDD
South Arkansas Venture Enterprises
Revolving Loan Fund

CREDIT APPLICATION

Position:	Hourly Salary (Please circle)	Annual income:	
APPLICATION INFORMATION CONTINUED			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
CREDIT CARDS			
Name	Account no.	Current balance	Monthly payment
MORTGAGE COMPANY			
Account no.:	Address:		
AUTO LOANS			
Auto loans	Account no.	Balance	Monthly payment
OTHER LOANS, DEBTS, OR OBLIGATIONS			
Description	Account no.	Amount	
OTHER ASSETS OR SOURCES OF INCOME			
Description	Amount per month or value		
I, _____ authorize SAVE. to verify the information provided on this form as to my credit and employment history.			
Credit check application fee and filing fee is required previous to Board approval			
Signature of applicant			Date
Signature of co-applicant, if for joint account			Date

Southeast Arkansas Economic Development District, Inc.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

SIGNATURE

DATE

Printed Name and Title

South Arkansas Venture Enterprise

721 S Walnut St - P.O. Box 6806, Pine Bluff, AR 71611

Phone: 870-536-1971 Fax: 870-536-7718

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against applicants on the basis of race, color national origin, religion, sex familial status, age and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note that race/ national origin, and sex of individual applicants based on visual observation or surname.

Race _____

National Origin _____

Sex _____

Authorized Signature

Date

PERSONAL FINANCIAL STATEMENT

Statement of Financial Condition As Of ____ / ____ / ____

Applicant Name:	Business Phone
Co-Applicant Name:	Business Phone
Residence Address	Residence Phone
City, State, & Zip	

JOINT CREDIT APPLICATION	
By submitting this Personal Financial Statement, we intend to apply for joint credit.	
_____ Applicant Signature	_____ Co-Applicant Signature

ASSETS	AMOUNT (\$)	LIABILITIES & NET WORTH	AMOUNT (\$)
Cash in Bank (including money market accounts, CDs)		Notes Payable to Bank	
		Secured	
		Unsecured	
Cash in Other Financial Institutions (List) (including money market accounts, CDs)		Notes Payable to Others (Schedule F)	
		Secured	
		Unsecured	
		Credit Cards & Accounts Payable	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due to Privately Owned Businesses	
Non-Readily Marketable Securities (Schedule A)		Taxes Payable	
Ownership in Privately Owned Businesses (Schedule B)		Personal Residential Mortgages (Schedule D)	
Notes Receivable from Business		Investment Real Estate Debt (Schedule E)	
Notes Receivable from Others		Life Insurance Loans (Schedule C)	
Net Cash Surrender Value of Life Insurance (Schedule C)		Other Liabilities (List):	
Real Estate for Personal Use (Schedule D)			
Real Estate Investments (Schedule E)			
Retirement Accounts (IRA, Keogh, Profit Sharing & Other)			
Automobiles			
		Total Liabilities	
Other Assets (List):			
		Net Worth (Total Assets minus Total Liabilities)	
Total Assets		Total Liabilities & Net Worth	

SOURCES OF INCOME	
Salary	
Bonus and Commissions	
Interest & Dividends	
Real Estate Income	
<small>You need not disclose alimony, child support or separate maintenance income unless you wish the Bank to consider them in a credit decision.</small>	
Other Income (please itemize)	
Total Income	

CONTINGENT LIABILITIES	
As Guarantor, Endorser, or Co-maker	
On Leases or Contracts	
Legal Claims	
Provisions for Federal Income Taxes	
Other Special Debt	
Total Contingent Liabilities	

REPRESENTATIONS AND WARRANTIES

The information contained in this statement is provided to induce Bank to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that the Bank is relying on the information provided herein in deciding to grant or to continue to grant credit or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify the Bank immediately and in writing of any change in name, address or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform their obligations to the Bank. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify the Bank as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, the Bank may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes Bank to answer questions about the Bank's credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Bank is outstanding, the undersigned shall supply annually an updated personal financial statement. This personal financial statement and any other financial or other information that the undersigned gives Bank shall become the property of the Bank.

The undersigned authorize any person or consumer reporting agency to give Bank a copy of the undersigned's credit report and any other financial information it may have on the undersigned, and to prepare at Bank Bank's request, a consumer investigative report.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

(Rev. 9/06)