

***Montgomery County Linked Deposit  
Program***

***Renewal Application***

**MONTGOMERY COUNTY LINKED DEPOSIT PROGRAM  
APPLICATION FOR LINKED DEPOSIT RENEWAL  
(TO BE COMPLETED BY COMPANY/BUSINESS)**

Under the Montgomery County Linked Deposit Program, a qualified Ohio business may apply for a two-year renewal period beyond the final maturity of an existing Linked Deposit Certificate of Deposit. The application will be submitted by the original qualified Ohio depository on behalf of the company/business in question. The renewal of the Certificate of Deposit is the option of the Treasurer of Montgomery County and must be submitted by completion of Form V together with Forms II and IV. Sections 135.141, 135.353 and 135.80 of the Ohio Revised Code will apply for the renewal period of two years. In order to adequately consider a renewal, the bank should submit Form V no later than one month prior to the final maturity of the existing Linked Deposit Certificate of Deposit. The Treasurer of Montgomery County and the Montgomery County Community & Economic Development office will make the acceptance or rejection of the renewal application with notification following shortly thereafter.

Under your existing linked deposit from Montgomery County, please indicate your identification number below as assigned when you received your approval letter (e.g. #MCEDL -XXX-XXXX)

#MCEDL-\_\_\_\_\_ (to be completed by the applicant requesting a renewal)

**I. NAME AND ADDRESS OF OHIO COMPANY/BUSINESS:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Zip County

\_\_\_\_\_  
Name of President/CEO Telephone Number

II. BUSINESS DATA: Does the company/business maintain offices and operating facilities in Montgomery County?

( ) Yes ( ) No

If you have answered NO to the above question, you are not eligible for the Montgomery County Linked Deposit Program pursuant to Sections 135.141, 135.353 and 135.80 of the Ohio Revised Code.

III. TYPE OF COMPANY/BUSINESS (i.e., manufacturing, retail, wholesale, service, agri-business, etc.)

IV. DEFINE COMPANY/BUSINESS STRUCTURE (i.e., corporation, partnership, sole proprietorship -- include information to describe whether your organization is a wholly owned subsidiary or part of a holding company or other parent organization -- attach addendum if necessary):

V. IS THE APPLICANT CURRENTLY PARTICIPATING IN OTHER FEDERAL, STATE OR LOCAL PROGRAMS?

( ) YES ( ) NO If yes, describe.

VI. HOW MANY EMPLOYEES ARE CURRENTLY ON YOUR PAYROLL?

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Of these, how many were retained (otherwise laid off) or hired as a result of your participation in the Montgomery County Linked Deposit Program?

Total: \_\_\_\_\_
Number of full time jobs created \_\_\_\_\_
Number of part time jobs created \_\_\_\_\_
Number of full time jobs retained \_\_\_\_\_
Number of part time jobs retained \_\_\_\_\_

VII. AS INDICATED ON YOUR INITIAL APPLICATION, HAVE YOU MET YOUR PROJECTED EMPLOYMENT GOALS?

( ) YES ( ) NO If no, explain the circumstances below (attach addendum if necessary):

VIII. DESCRIBE HOW YOUR PARTICIPATION IN THE MONTGOMERY COUNTY LINKED DEPOSIT PROGRAM HAS CONTRIBUTED TO YOUR ABILITY TO INCREASE AND/OR MAINTAIN EMPLOYMENT LEVELS:

IX. DEFINE THE PROPOSED USE OF FUNDS FOR RENEWAL UNDER THE LINKED DEPOSIT PROGRAM:

X. **PRO-FORMA STATEMENT OF JOB RETENTION/CREATION UNDER THE MONTGOMERY COUNTY LINKED DEPOSIT PROGRAM** (the purpose of this section is to determine why the renewal of an existing Linked Deposit should be considered):

Accurately describe your company's/business' need for renewal of a lower-interest rate loan under the Linked Deposit Program. Detail the necessity for obtaining lower-cost funds for short-term and/or long-term capital borrowings, the impact that lower-cost capital will have upon the employment status of your firm and how it specifically relates to the number of jobs to be saved or created in the next two years as a result of participation in the Linked Deposit Program. Complete the following employment plan with the number of jobs that will be saved or created in the next two years as a result of participation in the Linked Deposit Program.

Full time jobs saved: \_\_\_\_\_ Estimated Gross Monthly Payroll: \_\_\_\_\_  
Part time jobs saved: \_\_\_\_\_ Estimated Gross Monthly Payroll: \_\_\_\_\_  
Full time jobs created: \_\_\_\_\_ Estimated Gross Monthly Payroll: \_\_\_\_\_  
Part time jobs created: \_\_\_\_\_ Estimated Gross Monthly Payroll: \_\_\_\_\_

It is most important to accurately present your company's case as to the necessity for renewal under the Montgomery County Linked Deposit Program. For this reason, the Pro-forma Statement is extremely important since the Montgomery County Treasurer and the Montgomery County Community & Economic Development office will determine credibility and other specifics in your business plan as it relates to the jobs in question. Please present financial and technical information that should be considered by the Montgomery County Treasurer and the Montgomery County Community & Economic Development office in determining renewal under the Montgomery County Linked Deposit Program (attach addendum to continue your presentation).

XI. CERTIFICATION AND STATEMENT OF COMPANY/BUSINESS:

Under penalty of law, the company/business named in this statement has accurately and truthfully answered the questions as listed and has made application to the financial institution for the sole purpose of preserving and/or creating jobs under the Linked Deposit Program provisions of the Ohio Revised Code. Said company/business certifies, herein, that the funds borrowed from the eligible lending institution will not be used for purposes of gain under an investment arbitrage situation. Furthermore, it is fully understood that any use of the funds, other than intended, pursuant to Sections 135.141, 135.353 and 135.80, constitutes an act of fraud.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company/Business Name

\_\_\_\_\_  
President/CEO

**XII. CERTIFICATION OF FINANCIAL INSTITUTION:**

Under penalty of law, the financial institution making application under the Linked Deposit Program provisions of the Ohio Revised Code certifies hereto, that according to information revealed in the loan application, the applicant is an eligible company/business and that the benefits of the Linked Deposit will materially contribute to the preservation and/or creation of jobs in question. This statement by the financial institution is based upon its best judgment and only upon factors known to it and relevant in financial statements submitted to it by the company/business in question. It is also understood that, since the Montgomery County Treasurer is not the lender, the decisions involved in granting loans to the company/business in question rests solely upon the financial institution. The financial institution hereby certifies that the present borrowing rate as listed on the application form is the present borrowing rate of this eligible company/business, and is the true borrowing rate that would be normally charged in the absence of the Linked Deposit Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Authorized Signature

NOTATION: Information provided to the Treasurer of Montgomery County is a matter of public record. Therefore, only such data that directly affect acceptance under this program should be submitted. Since the Treasurer of Montgomery County is not a lender of funds, information vital to the credit-worthiness of the company/business or other matters of confidentiality should not be included in this application process. Only eligible county depositories can submit a Linked Deposit application.

(SUBMIT ORIGINAL TO TREASURER OF MONTGOMERY COUNTY – RETAIN COPY FOR YOUR RECORDS)

*To be completed by the business  
and participating depository agency*

**ECONOMIC DEVELOPMENT**

NOTATION: Information provided the Montgomery County Treasurer is a matter of public record. Therefore, only such data that directly affects acceptance under this program should be submitted. Since the Montgomery County Treasurer is not a lender of funds, information concerning credit history or other matters of confidentiality should not be included in this application. Only eligible local depositories can submit a Montgomery County Linked Deposit application.

**FOR MONTGOMERY COUNTY COMMUNITY & ECONOMIC DEVELOPMENT USE ONLY**

XIII. CERTIFICATION OF MONTGOMERY COUNTY COMMUNITY & ECONOMIC DEVELOPMENT DIRECTOR

I have reviewed this **Renewal** Linked Deposit Application Package for MCELD\_\_\_\_\_ in the amount of \$\_\_\_\_\_ and  
recommend\_\_\_\_\_  
do not recommend\_\_\_\_\_ it for approval.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joseph Tuss, Director  
Community & Economic Development  
Montgomery County, Ohio

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hugh Quill, Treasurer  
Montgomery County, Ohio

**FORM II**

APPLICATION  
MONTGOMERY COUNTY LINKED DEPOSIT PROGRAM –  
Certificate of Deposit/Loan Package

\_\_\_\_\_  
Name of Lending Institution

\_\_\_\_\_  
Address to Send Correspondence

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Contact Person Phone Number

Business Name	County	Amount Requested	Present Borrowing Rate	Reduced Borrowing Rate
1.				
2.				
3.				
4.				

**NOTE:**

- ◆ The borrowing entity must be the same entity saving or creating jobs.
- ◆ Linked Deposit commitments will be for two years.
- ◆ Linked Deposit requests must be fixed rate loans.

Send completed packages to:

Erik Collins, Economic Development Manager  
Montgomery County  
P.O. Box 972  
Dayton, OH 45422  
ATTN: LINKED DEPOSITS

Approvals of renewal requests are at the discretion of the Treasurer.

**FORM IV**

**MONTGOMERY COUNTY LINKED DEPOSIT PROGRAM**

**CERTIFICATION OF TAX PAYMENT**

This certifies that all Federal, State and Local taxes are paid and current for the company/business making application to the Montgomery County Linked Deposit Program.

\_\_\_\_\_  
Company/Business Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/CEO