

**MARK TWAIN REVOLVING LOAN FUND, INC.**  
**ADMINISTERED BY THE MARK TWAIN REGIONAL COUNCIL OF GOVERNMENTS**

**PRE-SCREENING FORM**

*This pre-screening form will assist the Mark Twain Revolving Loan Fund Executive Board to determine if a potential project is likely to qualify for RLF assistance, the estimated loan amount, and the probable interest rate. This form is appropriate for use by economic development practitioners, bankers & other persons making a referral.*

**This is NOT an application form**

Name of Potential Applicant Business: \_\_\_\_\_

Name of Principal Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business (List products or services): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

home ☐ business ☐      Street Address/PO Box #      City      State      Zip Code

Phone Number: \_\_\_\_\_ FAX No. and/or E-mail: \_\_\_\_\_  
home ☐ business ☐

Proposed project location: \_\_\_\_\_ Is this a "start-up"? Yes ☐ No ☐

*If no, please check one: New-to-form? ☐ 1-3 Yrs. Old ☐*

Brief Description of Proposed Project: \_\_\_\_\_

Approx. Total Project Cost: \$ \_\_\_\_\_ Estimated RLF financing need, if known: \$ \_\_\_\_\_

Is there known financing for part of the project? Yes ☐ No ☐ Equity: \$ \_\_\_\_\_ Debt: \$ \_\_\_\_\_

What is the source of the major portion of the financing? \_\_\_\_\_

Has a Business Plan been written covering the proposed activities? Yes ☐ No ☐ In progress ☐

Do you have collateral? Yes ☐ No ☐ If yes, what is the value? \_\_\_\_\_

When will the financing be needed to undertake the proposed activities (target date)? \_\_\_\_\_

What is your estimate of the number of full-time equivalent jobs to be maintained/created?

Maintained \_\_\_\_\_ Created \_\_\_\_\_ Timeframe for Job Creation \_\_\_\_\_

Name of Person Submitting this Form: \_\_\_\_\_ Date: \_\_\_\_\_

*Return to Devyn Campbell, Mark Twain Regional Council of Governments, 42494 Delaware Lane, Perry, MO 63462*  
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