



## Loan Application and Letter of Intent

### A. APPLICANT INFORMATION

1. Name and mailing address of the Volunteer Company: \_\_\_\_\_  
 Site location address: \_\_\_\_\_  
 Has this company ever existed under a different name or merged with another company?     YES     NO    If yes, list the previous name(s): \_\_\_\_\_  
 In the past has this company ever applied for or received a loan from the Fire and Emergency Medical Services Loan Program?  
 YES     NO     DON'T KNOW

2. Federal I.D. Number (EIN): _____  2A. State Tax Exempt Number _____	3. Local Government Unit Name: _____  Circle One: <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Borough	4. Organization/Company:  Contact # (____) _____  Email address: _____
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5. County: \_\_\_\_\_

6. Name & Title of Volunteer Company Contact Person for application: _____  6A. Day time Contact # Phone Between 8:00 am to 4:00 pm weekdays (____) _____  6B. Email address: _____	7. Preparer's Name who assisted the volunteer company: _____  7A. Day time Contact # Phone Between 8:00 am to 4:00 pm weekdays (____) _____  7B. Email address: _____
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### B. GENERAL PROJECT INFORMATION

**Select and complete all items within only one category. Each project must have a separate loan application.**

#### APPARATUS

8.     New Vehicle     Used Vehicle     Rehabilitate(d) Vehicle  
 9.     Addition     Replacement  
 10.    Aerial     Ambulance     HazMat Vehicle     Heavy Duty Rescue     Light Duty Rescue  
        Heavy Duty Rescue/Pumper     Pumper     Pumper/Tanker     Tanker  
        Utility/Special Service     Watercraft Rescue  
 11.    Refinancing of debt (to be) incurred for this apparatus project.  
 12.   Was the new apparatus manufactured or assembled in Pennsylvania?     Yes     No  
 13.   If "Yes", what percentage? \_\_\_\_\_ %  
 14.   Total Cost \$ \_\_\_\_\_    15. Date Delivered or Estimated Delivery Date \_\_\_\_\_

#### FACILITY

16.    Land Purchase     Modernization     New Construction     Renovation/Repair     Used Facility Purchase  
        Used Facility Renovation  
 17.    Refinancing of debt (to be) incurred for this equipment project.  
 18. Total Cost \$ \_\_\_\_\_    19. Total Sq. Ft. \_\_\_\_\_    20. Sq. Ft. of Bay Area \_\_\_\_\_    21. Completion Date \_\_\_\_\_

#### EQUIPMENT

22.    Accessory Equipment     Communications Equipment     Protective Equipment  
 23.    New Equipment     Used Equipment  
 24.    Refinancing of debt (to be) incurred for this equipment project.  
 25. Total Cost \$ \_\_\_\_\_    26. Delivery Date \_\_\_\_\_

**FEMSLP STAFF USE ONLY**

Eligible Loan Amount

\$ \_\_\_\_\_ @ 1<sup>st</sup> Stage \_\_\_\_\_

\$ \_\_\_\_\_ @ Interview \_\_\_\_\_

\$ \_\_\_\_\_ @ ARC Mtg. \_\_\_\_\_



**C. PROJECT JUSTIFICATION & DESCRIPTION**

27. Reason(s) for loan: YOU WILL BE GIVEN FIRST PRIORITY STATUS ONLY IF TWO OF THE THREE DESIGNATED CATEGORIES ARE CHECKED AND YOU HAVE ATTACHED THE REQUIRED JUSTIFICATION.

- Outmoded Apparatus/Facilities/Equipment     Unsafe Apparatus/Facilities/Equipment  
 Increased Demand on Services

\*(Attach letter from vendor, contractor or testing agency outlining deficiencies and/or referencing standards not met.)

Number of responses last full year: \_\_\_\_\_ Fire \_\_\_\_\_ Ambulance \_\_\_\_\_ Year \_\_\_\_\_

Number of responses previous full year: \_\_\_\_\_ Fire \_\_\_\_\_ Ambulance \_\_\_\_\_ Year \_\_\_\_\_

**APPARATUS**

28. Indicate the owner of the apparatus:  Volunteer Company     Political Subdivision     Relief Association

**PLEASE NOTE:**

**All new fire apparatus financed through the Fire and Emergency Medical Services loan program MUST meet current NFPA standards. All used fire apparatus MUST meet 1996 or newer NFPA standards.**

When the registered owner, or co-owner, is the Political Subdivision the Department of Community and Economic Development required that the municipality MUST complete the Local Government Unit Debt Act (Act 52) because the municipality will be required to sign the OSFC loan settlement documents as the vehicle owner. Advise the municipality as soon as possible. The vehicle title may not be issued solely to a Relief Association. If the Relief Association will be co-owner, they will be required to sign the OSFC loan settlement documents. Please advise the Relief Association.

29. Describe the new or used apparatus (to be) added to your fleet, or (to be) acquired as replacement for another vehicle:

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Vehicle. ID #: \_\_\_\_\_  
 Tank cap./gal. \_\_\_\_\_ Pumping cap./gpm \_\_\_\_\_ Ladder/ft. \_\_\_\_\_  
 Date Purchased: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

30. Describe the apparatus being replaced (if applicable):

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Vehicle. ID #: \_\_\_\_\_  
 Aerial     Ambulance     HazMat Vehicle     Heavy Duty Rescue     Light Duty Rescue  
 Heavy Duty Rescue/Pumper     Pumper     Pumper/Tanker     Tanker  
 Utility/Special Service     Watercraft Rescue

31. Applicable NFPA standard which the vehicle (excludes ambulance) for this project now meets (or will meet):

Standard \_\_\_\_\_ Edition \_\_\_\_\_

32. If your project is to rehabilitate your vehicle, describe your vehicle and explain the details of the rehabilitation or repairs (to be) made.

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Vehicle. ID #: \_\_\_\_\_  
 Tank cap./gal. \_\_\_\_\_ Pumping cap./gpm \_\_\_\_\_ Ladder/ft. \_\_\_\_\_  
 Date Purchased: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

Details of Rehabilitation/Repairs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**FACILITY**

33. Indicate the owner of the facility:  Volunteer Company  Political Subdivision

**PLEASE NOTE: When the registered owner is the Political Subdivision, the Department of Community and Economic Development requires the municipality to complete the Local Government Unit Debt Act (Act 52) because the municipality will be required to sign the OSFC loan settlement documents. Please advise the political subdivision of this immediately so that they can confer with their attorney.**

34. If the volunteer company does not own the facility, is a lease in existence?  Yes (Attach Lease)  No  
 If yes indicate the type of lease  Long-Term  Short-Term

35. Describe your existing facilities; explain why they are inadequate and describe your project. If the facility address is, or will be different from the address listed on Page 1, indicate the new address. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

36. Applicable building inspection certificate required:  Labor & Industry Cert. of Occupancy  Local Cert. of Occupancy

**EQUIPMENT**

37. List the general type of accessory, communications, or protective equipment that the company has purchased (or is purchasing):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. COMPANY AND SERVICE AREA DESCRIPTION**

38. **REAL ESTATE OWNED** (List each parcel separately, adding supplemental sheets as necessary, properly identified, and signed.)

Type of property \_\_\_\_\_

Deed is in name of \_\_\_\_\_

Complete address of property: \_\_\_\_\_

Original cost \$ \_\_\_\_\_ Present Market Value \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_

Complete address of mortgage holder: \_\_\_\_\_

Date of Mortgage \_\_\_\_\_ Maturity Date \_\_\_\_\_ Terms \_\_\_\_\_

Original Amount \$ \_\_\_\_\_ Current Balance \$ \_\_\_\_\_



**D. COMPANY AND SERVICE AREA DESCRIPTION cont.**

39. Number of pieces in fleet: \_\_\_\_\_ (List each vehicle separately, adding supplemental sheets as necessary, properly identified and signed.)

YEAR	TYPE	MAKE/MODEL	YEAR PURCHASED	COST	EST. VALUE

40. Primary response area: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

41. Other municipalities served: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

42. Volunteer companies with which written mutual aid agreements exist. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**E. METHOD OF FINANCING**

**43. VOLUNTEER COMPANY PARTICIPATION \_\_\_\_\_ %**

The volunteer company must have at least 20% of the total cost of the project invested in the project, or on deposit at the bank in unobligated funds. (Except for accessory, communications & protective equipment) Relief Association funds cannot be included in the 20%.

**Note:** If applicant's 20% is being provided by the local government unit, corresponding certification must show in Section F, page 6 of this document and this space \_\_\_\_\_ must be checked off.

Amount \$ \_\_\_\_\_ down payment/debt reduction paid to \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**AND/OR**

Amount \$ \_\_\_\_\_ deposited/otherwise invested at \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**44. FIRE AND EMERGENCY MEDICAL SERVICES LOAN PROGRAM PARTICIPATION - Requested Loan Amount \$ \_\_\_\_\_**

**45. BANK PARTICIPATION/OTHER FINANCING**

Amount Borrowed \$ \_\_\_\_\_ Amount to Be Refinanced \$ \_\_\_\_\_

Institution \_\_\_\_\_

Interest Rate \_\_\_\_\_ % Terms \_\_\_\_\_ How Secured \_\_\_\_\_

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**Note:** The date of the loan agreement MUST precede the date of delivery or completion of the project by at least one day.

**46. OTHER PARTICIPATION (i.e., Political Subdivision, If applicable)**

Participant \_\_\_\_\_ Amount \$ \_\_\_\_\_  Lump Sum  Life of Loan

Type of Funding:  Loan (Repayment necessary)  Donation/Grant (Repayment not necessary)

Allocation (Repayment not necessary)  Regular  Special

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**47. OTHER PARTICIPATION (i.e., Relief Association/Organization/Individual, If applicable)**

Participant \_\_\_\_\_ Amount \$ \_\_\_\_\_  Lump Sum  Life of Loan

Type of Funding:  Loan (Repayment necessary)  Donation/Grant (Repayment not necessary)

Allocation (Repayment not necessary)  Regular  Special

Contact \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_



**F. COSIGNATURE OF POLITICAL SUBDIVISION**

If the 20% required funding is being provided by the local government unit, an officer of that unit must cosign this application. The local government unit's partial funding may have to be approved by the Department of Community & Economic Development (DCED) or its successor under the authority of the Local Government Unit Debt Act. (Items 43 and/or 46 must also be completed.) **Please Note: When the registered owner, or co-owner, is the Political Subdivision, the Department of Community & Economic Development requires the municipality to complete the Local Government Unit Debt Act (Act 52) because the municipality will be required to sign the OSFC loan settlement documents. Also, when the borough or township will be making the payments on the OSFC loan the Act 52 process will be required.**

Funding in the amount of \$ \_\_\_\_\_ will be provided by \_\_\_\_\_  
 (Amount) (Name of Local Government Unit)

The undersigned has been duly authorized to cosign this application.

\_\_\_\_\_  
 Signature of Municipal Officer Title or Position of Municipal Officer Date

**ATTEST:**  
 \_\_\_\_\_ Contact Number (\_\_\_\_) \_\_\_\_\_  
 Secretary or Clerk

**G. CERTIFICATION AND NOTARIZATION OF APPLICATION**

We, the undersigned and duly authorized officers of the \_\_\_\_\_ do hereby certify that the filing of this application was duly authorized, and that the statements made in this loan application and all exhibits, documents, and data submitted with this loan application are true and correct according to the best knowledge and belief of the undersigned, and are submitted as a basis for approval of a loan from the Fire and Emergency Medical Services Loan Program in accordance with the provisions of Act 208, July 15, 1976, as amended. As part of the loan process, the Office of the State Fire Commissioner is hereby authorized to verify any information contained herein, and/or all credit or other references listed in this application.

**AUTHORIZED SIGNATURES:**

\_\_\_\_\_  
 Signature of Organization/Company President Date

\_\_\_\_\_  
 Signature of Organization/Company Secretary Date

**NOTARIZATION:**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ (SEAL)

\_\_\_\_\_  
 Notary Public