

DEPARTMENT: Treasurer

BY: PHONE: 966-3280

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes \_\_\_ No X )

Authorize the Treasurer to Apply for and Sign the Loan Documents for a \$1,000,000 Line of Credit with County Bank

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The County is in the process of moving all of its bank accounts to County Bank from Bank of America. The County currently has a \$1,000,000 line of credit with Bank of America for overdraft protection purposes which the Board had approved. It is a safety mechanism to ensure that there would always be funds available to cover Mariposa County checks if there was an accounting error or the Treasurer was unable to make a transfer from the LAIF account.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

⇒  
⇒

<b>COSTS:</b> (x) Not Applicable A. Budgeted current FY \$ _____ B. Total anticipated costs \$ _____ C. Required additional funding \$ _____ D. Internal transfers \$ _____  <b>SOURCE:</b> ( ) 4/5ths Vote Required A. Unanticipated revenues \$ _____ B. Reserve for contingencies \$ _____ C. Source description: _____ Balance in Reserve for Contingencies, if approved: \$ _____	<b>SPECIAL INSTRUCTIONS:</b> List the attachments and number the pages consecutively: _____ _____ _____ _____
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<b>CLERK'S USE ONLY:</b> Res. No.: <u>03-272</u> Ord. No. _____ Vote - Ayes: <u>5</u> Noes: _____ Absent: _____ Abstained: _____ Approved ( ) Denied ( ) ( ) Minute Order Attached ( ) No Action Necessary  The foregoing instrument is a correct copy of the original on file in this office. Date: _____ ATTEST: MARGIE WILLIAMS, Clerk of the Board County of Mariposa, State of California By: _____ Deputy	<b>ADMINISTRATIVE OFFICER'S RECOMMENDATION:</b> This item on agenda as: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> For Policy Determination <input type="checkbox"/> Submitted with Comment <input type="checkbox"/> Returned for Further Action  Comment: _____ C.A.O. Initials: <u>RAH</u>
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# Mariposa County Board of Supervisors

District 1 ..... LEE STETSON  
District 2 ..... DOUG BALMAIN  
District 3 ..... JANET BIBBY  
District 4 ..... GARRY R. PARKER  
District 5 ..... BOB PICKARD



RICHARD H. INMAN  
County Administrative Officer

MARGIE WILLIAMS  
Clerk of the Board

P.O. Box 784  
MARIPOSA, CALIFORNIA 95338  
(209) 966-3222  
1-800-736-1252

FAX (209) 966-5147  
[www.mariposacounty.org/board](http://www.mariposacounty.org/board)

**Date:** July 22, 2003

**To:** MARJORIE WASS, Treasurer/Tax Collector

**From:** RACHEL PETTY, Deputy Clerk of the Board

**Subject:** AUTHORIZATION FOR THE TREASURER TO APPLY FOR AND  
SIGN THE LOAN DOCUMENTS FOR A \$1,000,000 LINE OF CREDIT  
WITH COUNTY BANK  
Resolution No. 03-272

Attached, please find a copy of the above-referenced resolution, along with a copy of the package that was submitted to the Board.

Please return a fully signed original/copy of the Loan Documents to this office for filing.

Thank you.

Attachments

cc: File



Your Business Loan

Anywhere You Want To Go

# Apply For It.



MEMBER FDIC

Central California's Community Bank...

[countybank.com](http://countybank.com)



# BUSINESS • AGRICULTURAL LOAN APPLICATION

LOAN AMOUNT \$ \_\_\_\_\_ USE OF LOAN PROCEEDS \_\_\_\_\_

- Loan Type Business:**     Ready Access             Success Line             Premier Line             Equipment  
                                   Real Estate                 Purchase                 Re-Finance                 Construction  
                                   B.O.B.                         Business VISA Card     Other \_\_\_\_\_
- Loan Type Agriculture:**     Production                 Herd Loan                 Feed Line                 Development  
                                   Real Estate                 Other \_\_\_\_\_

## BUSINESS INFORMATION

Business Name: <i>Mariposa County</i>		<input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation		
Nature of Business: <i>County Government</i>		Date Established:	Current Owner Since:	# of Locations: <i>1</i> # of Employees: <i>300</i>
Business Location (Street, City, Zip Code+4):			Business Telephone: <i>209 966-2830</i>	
Mailing Address (if different): <i>PO Box 36 Mariposa Ca 95338</i>			Federal Tax ID#: <i>94-6000880</i>	
Total Assets: \$	Net Worth: \$	Total Liabilities: \$	Net Income: \$ Gross income Previous year: \$	

*Please fill in the three boxes below if you've borrowed from County Bank before.*

Number of Previous Business Loans:	Date of First Loan:	Date of Most Recent Loan:
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## PRINCIPALS / OWNERS

Name:	Birthdate:	% of Ownership:	Title:	Guarantor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City, Zip Code+4:		<input type="checkbox"/> Rent <input type="checkbox"/> Own
SSN:	Salary (include frequency): \$	Other Income (include frequency): \$		
Monthly Housing Payment: \$	Principal's Total Assets: \$	Principal's Total Liabilities: \$		

## PRINCIPALS / OWNERS

Name:	Birthdate:	% of Ownership:	Title:	Guarantor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City, Zip Code+4:		<input type="checkbox"/> Rent <input type="checkbox"/> Own
SSN:	Salary (include frequency): \$	Other Income (include frequency): \$		
Monthly Housing Payment: \$	Principal's Total Assets: \$	Principal's Total Liabilities: \$		

## PRINCIPALS / OWNERS

Name:	Birthdate:	% of Ownership:	Title:	Guarantor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City, Zip Code+4:		<input type="checkbox"/> Rent <input type="checkbox"/> Own
SSN:	Salary (include frequency): \$	Other Income (include frequency): \$		
Monthly Housing Payment: \$	Principal's Total Assets: \$	Principal's Total Liabilities: \$		

## PRINCIPALS / OWNERS

Name:	Birthdate:	% of Ownership:	Title:	Guarantor: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City, Zip Code+4:		<input type="checkbox"/> Rent <input type="checkbox"/> Own
SSN:	Salary (include frequency): \$	Other Income (include frequency): \$		
Monthly Housing Payment: \$	Principal's Total Assets: \$	Principal's Total Liabilities: \$		

**Business**

Bank	Checking	Savings	Loan/Line of Credit	Loan: Real Estate	Retirement Plan/401K	Current Balance
						\$
						\$
						\$
						\$

**BUSINESS INFORMATION**

Are you or the business a party to any claim or lawsuit?  YES  NO  
 Are Accounts Receivable or Inventory currently pledged as collateral?  YES  NO  
 Do you or the Business hold any assets in a Trust?  YES  NO  
 Have you or the business ever declared bankruptcy?  YES  NO If yes, Chapter \_\_\_\_\_ Date of Filing \_\_\_\_\_  
 Do you or the business owe any taxes for years prior to the current year?  YES  NO If yes, amount: \$ \_\_\_\_\_  
 Are there any delinquent FICA or Sales Taxes?  YES  NO  
 Are you or the business an endorser, guarantor, or co-maker for obligations not listed on its financial statements?  YES  NO  
 If yes, please indicate total contingent liability: \$ \_\_\_\_\_  
 Details: (Attach a separate sheet if necessary)

**AUTHORIZATION FOR ORDERING CONSUMER CREDIT REPORT**

In connection with the credit application submitted by or on behalf of Mariposa County ("Borrower"), each person who signs this authorization ("Signer") authorizes County Bank ("Bank") to seek and obtain consumer credit reports and whatever other information concerning Signer as Bank deems appropriate from whatever sources Bank deems appropriate, whether or not Signer will be a guarantor of or otherwise liable (e.g., if the signer is a general partner of borrower) for Borrower's obligations to the Bank. Bank is also authorized to furnish information to others concerning the business relationship between Bank and Borrower and/or Signer.

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. Creditor is authorized to make all inquiries it deems necessary to verify the accuracy of information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law, 18 U.S.C. & 1014, and may result in a fine or imprisonment or both. By signing below, each applicant declares that he/she has read and understands the statement above and received a copy of the equal credit opportunity notice.

By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_  
 Signature Signature Signature Date  
 By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_  
 Signature Signature Signature Date

**AUTHORIZATION**

I/We would like the monthly payment automatically deducted from our checking/savings account number \_\_\_\_\_  
 Automatically transferred funds are for my/our monthly payments on the due date, so long as there is adequate funds on deposit or there is available credit in my account, until the loan is paid or the Bank receives written notice to cancel. Cancellation of the plan for any reason may affect the interest rate on my loan. I will see my loan documents for details.

**FOR BANK USE ONLY**

Loan Amount	Term	Rate Type	Rate Index	Rate Spread	Loan Fee	Doc Fee
\$					\$	\$
Officer #	Branch #	Loan #	SIC	County Code	Census Tract	Credit Score

Other information and/or conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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