Required Information for Financial Ability Determinations (FAD)
Special Use

References: 36 CFR Ch. 2 § 251.54 , and FSH 6509.18 Ch. 30 § 32.
See FSH 6509.18 Ch. 30, § 32.11 for the Minimum Information Requirements - Concession Operations.

This analysis is performed to determine your financial ability to operate (***the resort, campground, lodge etc…***) and meet anticipated future development plans (36 CFR Ch.II, Sect 251.54 (E)(2)). In order to conduct this analysis please submit the following information:

FOR INDIVIDUALS:

1. Social Security Number - Used to obtain credit bureau reports on persons or firms under examination. Providing Social Security Numbers is voluntary, however, failure to do so may result in an incomplete financial analysis.

2. Business references (3)

3. Personal financial statement - Notarized and prepared on Financial Statement Form FS-6500-24.

4. Federal income tax returns - For the last three years,(a complete set).

5. Request for Verification - Form FS-6500-25, to be forwarded to all financial institutions or other firms where you have accounts for cash, lines of credit, securities on deposit, and long-term liabilities. Please complete Items 1-5. (*The date of verification should be the same date as the current balance sheet.)* Forward directly to your financial institution for them to complete Items 6-15 and return directly to the Forest Service address listed at the top of the form.

6. Pro Forma Statements. - Prepared by a Certified Public Accountant (CPA) projected for three years and/or through the life of the development schedule. Please include assumptions that outline potential financing needs etc...

7. Sales Agreement *(if applicable*) – Submit a copy of your sales agreement. Outline the terms of the sale along with any down payment or future payments (as part of your financial forecast).

8. Business Plan - Include the following information in your plan:

(a) A description of the public services to be provided, the scope and duration of operations, and anticipated opening date.
(b) A description of the construction/renovation projects that you plan to undertake, estimation of costs and identification of sources of capital. (note: this should be reflected in your financial forecast)
(c) Provide a synopsis of the owners/manager's experience in operating a resort or relatable experience.
(d) Disclose the business organization, including officers and stockholders and percentage of ownership including other key positions of management that will be responsible for the operations.
(e) Please include a brief history of your business entity and their main activities (including activities located off national forest land).

Required Information for Financial Ability Determinations (FAD)
Special Use

References: 36 CFR Ch. 2 § 251.54 , and FSH 6509.18 Ch. 30 § 32.
See FSH 6509.18 Ch. 30, § 32.11 for the Minimum Information Requirements - Concession Operations.

This analysis is performed to determine your financial ability to operate (***the resort, campground, lodge etc…***) and meet anticipated future development plans (36 CFR Ch.II, Sect 251.54 (E)(2)). In order to conduct this analysis please submit the following information:

FOR CORPORATIONS:

1. Business Identification Number **and** Certificate of Incorporation, **and** Affiliates - Include a.list of all your affiliates by name and address. Describe how they are accounted for and the nature of the relationship.

2. Business references (3)

3. Financial Statements - Audited or reviewed for the last three complete fiscal years which includes:
   - ☐ A report by an independent Certified Public Accountant (CPA) on the financial statements;
   - ☐ A balance sheet; income statement; and statement of cash flows;
   - ☐ Footnotes to the financial statements;
   - ☐ A report on internal control structure by the independent CPA completing the audited or reviewed statements (if prepared.)

4. Request for Verification - Form FS-6500-25, to be forwarded to all financial institutions or other firms where you have accounts for cash, lines of credit, securities on deposit, and long-term liabilities. Please complete Items 1-5. (*The date of verification should be the same date as the current balance sheet.)* Forward directly to your financial institution for them to complete Items 6-15 and return directly to the Forest Service address listed at the top of the form.

5. Pro Forma Statements - Prepared by a Certified Public Accountant (CPA) projected for three years and/or through the life of the development schedule. Please include assumptions that outline potential financing needs etc...

6. Sales Agreement *(if applicable)* – Submit a copy of your sales agreement. Outline the terms of the sale along with any down payment or future payments (as part of your financial forecast).

7. Business Plan - Include the following information in your plan:

(a) A description of the public services to be provided, the scope and duration of operations, and anticipated opening date.
(b) A description of the construction/renovation projects that you plan to undertake, estimation of costs and identification of sources of capital. (note: this should be reflected in your financial forecast)
(c) Provide a synopsis of the owners/manager's experience in operating a resort or relatable experience.
(d) Disclose the business organization, including officers and stockholders and percentage of ownership including other key positions of management that will be responsible for the operations.
(e) Please include a brief history of your business entity and their main activities (including activities located off national forest land).

Required Information for Financial Ability Determinations (FAD)
Special Use

References: 36 CFR Ch. 2 § 251.54 , and FSH 6509.18 Ch. 30 § 32.
See FSH 6509.18 Ch. 30, § 32.11 for the Minimum Information Requirements - Concession Operations.

This analysis is performed to determine your financial ability to operate (***the resort, campground, lodge etc…***) and meet anticipated future development plans (36 CFR Ch.II, Sect 251.54 (E)(2)). In order to conduct this analysis please submit the following information:

FOR NEWLY FORMED PARTNERSHIPS

(with less than 3 full years of operations)

1. Business Identification Number **and** Partnership Agreement **and** Affiliates - List of all your affiliates by name and address. Describe how they are accounted for and the nature of the relationship.

2. Business references (3)

3. Financial Statements (*if available*) - Audited or reviewed for the last three complete fiscal years which includes:
   - ☐ A report by an independent Certified Public Accountant (CPA) on the financial statements;
   - ☐ A balance sheet; income statement; and statement of cash flows;
   - ☐ Footnotes to the financial statements;
   - ☐ A report on internal control structure by the independent CPA completing the audited or reviewed statements (if prepared.)

4. Request for Verification - Form FS-6500-25, to be forwarded to all financial institutions or other firms where you have accounts for cash, lines of credit, securities on deposit, and long-term liabilities. Please complete Items 1-5. (*The date of verification should be the same date as the current balance sheet.)* Forward directly to your financial institution for them to complete Items 6-15 and return directly to the Forest Service address listed at the top of the form.

5. Pro Forma Statements.- Prepared by a Certified Public Accountant (CPA) projected for three years and/or through the life of the development schedule. Please include assumptions that outline potential financing needs etc...

6. Sales Agreement *(if applicable*) – Submit a copy of your sales agreement. Outline the terms of the sale along with any down payment or future payments (as part of your financial forecast).

7. Business Plan - Include the following information in your plan:

(a A description of the public services to be provided, the scope and duration of operations, and anticipated opening date.

(b) A description of the construction/renovation projects that you plan to undertake, estimation of costs and identification of sources of capital. (note: this should be reflected in your financial forecast)

(c) Provide a synopsis of the owners/manager's experience in operating a resort or relatable experience. Please include a brief history of your business entity and their main activities (including activities off National Forest land).

(d) Disclose the business organization, including officers and stockholders and percentage of ownership including other key positions of management that will be responsible for the operations.

References: 36 CFR Ch. 2 § 251.54 , and FSH 6509.18 Ch. 30 § 32.
See FSH 6509.18 Ch. 30, § 32.11 for the Minimum Information Requirements - Concession Operations.

In addition to the above, each partner must submit the following information:

1. Social Security Number

2. Business references (3)

3. Affiliates - List of all your affiliates by name and address. Describe how they are accounted for and the nature of the relationship. In determining whether or not affiliation exists, the Forest Service shall consider all appropriate factors including, but not limited to, common ownership, common management, and contractual relationships.

4. Financial Statements - Audited or reviewed for the last three complete fiscal years which includes:
   - ☐ A report by an independent Certified Public Accountant (CPA) on the financial statements;
   - ☐ A balance sheet; income statement; and statement of cash flows;
   - ☐ Footnotes to the financial statements;
   - ☐ A report on internal control structure by the independent CPA completing the audited or reviewed statements (if prepared.)
   - ☐ A notarized personal financial statement prepared on Financial Statement, Form FS-6500-25 and a complete set of Federal income tax returns for the last three years may be substituted for audited or reviewed financial statements.

5. Request for Verification - Form FS-6500-25, to be forwarded to all financial institutions or other firms where you have accounts for cash, lines of credit, securities on deposit, and long-term liabilities. Please complete Items 1-5. (*The date of verification should be the same date as the current balance sheet.)* Forward directly to your financial institution for them to complete Items 6-15 and return directly to the Forest Service address listed at the top of the form.

Required Information for Financial Ability Determinations (FAD)
Special Use

References: 36 CFR Ch. 2 § 251.54 , and FSH 6509.18 Ch. 30 § 32.
See FSH 6509.18 Ch. 30, § 32.11 for the Minimum Information Requirements - Concession Operations.

This analysis is performed to determine your financial ability to operate (***the resort, campground, lodge etc…***) and meet anticipated future development plans (36 CFR Ch.II, Sect 251.54 (E)(2)). In order to conduct this analysis please submit the following information:

FOR ESTABLISHED PARTNERSHIPS

(with at least three full years of operations)

1. Tax Identification Number **and** Partnership Agreement.

2. Business references (3)

3. Affiliates - List of all your affiliates by name and address. Describe how they are accounted for and the nature of the relationship.

4. Financial Statements (*if available*) - Audited or reviewed for the last three complete fiscal years which includes:
   - ☐ A report by an independent Certified Public Accountant (CPA) on the financial statements;
   - ☐ A balance sheet; income statement; and statement of cash flows;
   - ☐ Footnotes to the financial statements;
   - ☐ A report on internal control structure by the independent CPA completing the audited or reviewed statements (if prepared.)

5. Request for Verification, Form FS-6500-25, to be forwarded to all financial institutions or other firms where you have accounts for cash, lines of credit, securities on deposit, and long-term liabilities. Please complete Items 1-5. (*The date of verification should be the same date as the current balance sheet.)* Forward directly to your financial institution for them to complete Items 6-15 and return directly to the Forest Service address listed at the top of the form.

6. Pro Forma Statements.prepared by a Certified Public Accountant (CPA) projected for three years and/or through the life of the development schedule. Please include assumptions that outline potential financing needs etc...

7. Sales Agreement *(if applicable)* – submit a copy of your sales agreement. Outline the terms of the sale along with any down payment or future payments (as part of your financial forecast).

8. Business Plan - Include the following information in your plan:

(a) A description of the public services to be provided, the scope and duration of operations, and anticipated opening date.
(b) A description of the construction/renovation projects that you plan to undertake, estimation of costs and identification of sources of capital. (note: this should be reflected in your financial forecast)
(c) Provide a synopsis of the owners/manager's experience in operating a resort or relatable experience.
(d) Disclose the business organization, including officers and stockholders and percentage of ownership including other key positions of management that will be responsible for the operations.
(e) Please include a brief history of your business entity and their main activities (including activities off National Forest land).

US DEPARTMENT OF AGRICULTURE, FOREST SERVICE
REQUEST FOR VERIFICATION
(Reference FSH 6509.18)

FS-6500-25 (5/96)
OMB No. 0596-0012

Instructions: Applicant - Complete items 1 thru 5. Forward directly to bank or lending institution.
Lender - Please complete Items 6 thru 15. Return directly to: ASC, B&F, ATTN: RAB, 101 B. Sun Avenue NE, Albuquerque, NM 87109

PART I - REQUEST

1. TO: Name ,Phone Number and Address of Bank or other Lending institutions	2. FROM: (Name and Address of Applicant)

3. STATEMENT OF APPLICANT

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE
CHECKING ACCOUNT		
SAVINGS ACCOUNT		
OTHER		

I have applied for a timber sale contract or concessionaire permit **(please circle one)** with the National Forest and state that my balance with the bank or lending institution named in Item 1 are as shown in Item 3. My signature below authorizes verification of the information. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

4. Signature of Applicant	5. Date / /

PART II - VERIFICATION

6. Does applicant have any outstanding loans?
[ ] Yes [ ] No If yes, fill Item 7.

10. Is the account less than 2 months old?
[ ] Yes [ ] No If Yes, fill in Item 11.

TYPES OF LOANS	MONTHLY PYMT.	PRESENT BALANCE
Secured		
Unsecured		

11. Date account was opened:

12. Payment Experience:
[ ] Favorable [ ] Unfavorable
If unfavorable, please explain in remarks.

8. Is applicant's statement in Item 3 correct?
[ ] Yes [ ] No If no, fill Item 9.

9. CURRENT BALANCES

CHECKING	SAVINGS

13. REMARKS:

THE INFORMATION ON THIS FORM IS CONFIDENTIAL. IT IS TO BE TRANSMITTED DIRECTLY, WITHOUT PASSING THOROUGH THE HANDS OF THE APPLICANT OR ANY OTHER PARTY.

14. Signature of bank/lending official. (Please include printed name/phone no.)	15. Date / /

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance officer, OIRM, AG Box 7630, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork reduction project (OMB# 0596-0012), Washington, D.C. 20503.

OMB No. 0596-0012
(Expires)

USDA - Forest Service

FINANCIAL STATEMENT

(Ref. 36 CFR 223.7(e), 36 CFR 251.54(e)(2), Federal Acquisition Regulation 48 CFR 9.104-1.)

INSTRUCTIONS: Forest Service (FS) requires the respondent to provide the most recent fiscal year financial statement. FS may also request the respondent to provide two additional years of financial data, on a case by case basis. If more space is needed to fully answer any item below, attach additional sheets.

1. NAME OF CORPORATION, PARTNERSHIP, OR PROPRIETORSHIP (include any names the organization/firm operated under during past three years and specify the year operated for each name):

2. STATE INCORPORATED	3. DATE INCORPORATED	4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS (*with ZIP CODE*)

5. IF PARTNERSHIP, NAMES OR PARTNERS, AND THEIR PARTNERSHIP INTERESTS

6. NAMES, TITLES, AND ADDRESSES OF CORPORATE OFFICERS AND DIRECTORS, WITH NUMBER OF SHARES OF STOCK OWNED BY EACH:

FULL NAME	TITLE	ADDRESS (Number, Street, City, State, and ZIP CODE)	SHARES OWNED

7. REFERENCES (At least three should be given, preferable banks):

FULL NAME	ADDRESS (Number, Street, City, State, and ZIP CODE)

NOTE: Respondents may submit certified financial statements in lieu of answering PARTS A through C on the next pages. However, respondents must complete either certification statement PART D (1) or PART D (2) at the bottom of the last page.

FS-6500-24 (5/96)

PART A. BALANCE SHEET			
	CURRENT YEAR (MO/DA/YR)	PAST YEAR (MO/DA/YR)	THIRD YEAR (MO/DA/YR)
YEAR ENDED	/ /	/ /	/ /
ASSETS			
CURRENT ASSETS:			
CASH			
RECEIVABLES-TRADE			
LESS ALLOWANCES FOR DOUBTFUL ACCOUNTS	< >	< >	< >
INVENTORIES (LIST MAJOR CATEGORIES):			
SUPPLIES AND MISCELLANEOUS			
MARKETABLE SECURITIES			
PREPAID EXPENSES			
SUPPLIES INVENTORY			
OTHER CURRENT ASSETS:			
TOTAL CURRENT ASSETS			
FIXED ASSETS:			
LAND			
BUILDINGS			
MACHINERY AND EQUIPMENT			
PLANT			
LEASEHOLD IMPROVEMENTS			
OTHER			
LESS ALLOWANCE FOR DEPRECIATION	< >	< >	< >
BOOK VALUE-FIXED ASSETS			
OTHER ASSETS:			
DEPOSITS-CASH			
DEPOSITS-SECURITIES			
TOTAL-OTHER ASSETS			
TOTAL ASSETS			

LIABILITIES AND OWNER EQUITY	CURRENT YEAR	PAST YEAR	THIRD YEAR
CURRENT LIABILITIES:			
ACCOUNTS PAYABLE-TRADE			
ACCRUED PAYROLL			
ACCRUED PAYROLL TAXES AND INSURANCE			
NOTES PAYABLE			
INCOME TAXES-CURRENT			
OTHER TAXES			
CURRENT PORTION OF LONG-TERM DEBT			
OTHER CURRENT LIABILITIES (SPECIFY):			
TOTAL CURRENT LIABILITIES			
OTHER LIABILITIES:			
DEFERRED INCOME TAXES			
LOANS FROM OFFICERS/PARTNERS			
LONG-TERM OBLIGATIONS-LESS CURRENT AMOUNT			
TOTAL OTHER LIABILITIES			
TOTAL LIABILITIES			
OWNER EQUITY:			
CAPITAL STOCK OUTSTANDING			
RETAINED EARNINGS (DEFICIT)			
PARTNERS' INVESTMENT (DEFICIT)			
TOTAL OWNER EQUITY			
TOTAL LIABILITIES AND OWNER EQUITY			

PART B. SUPPLEMENTAL DATA

THIS STATEMENT IS ON THE-CASH BASIS_____ACCRUAL BASIS_____

INVENTORIES ARE-LIFO_____FIFO_____COST OR MARKET WHICHEVER IS LOWER_____

NAMES OF CONTRACTORS OR SUB-CONTRACTORS USED (IF ANY):

PART C. INCOME STATEMENT	CURRENT YEAR	PAST YEAR	THIRD YEAR
GROSS SALES			
LESS-RETURNS AND ALLOWANCES	< >	< >	< >
NET SALES			
LESS-COST OF GOODS SOLD	< >	< >	< >
GROSS PROFIT ON SALES			
LESS-SELLING EXPENSE	< >	< >	< >
NET PROFIT (LOSS) ON SALES			
GENERAL EXPENSE:			
OFFICERS SALERIES			
LEGAL AND OTHER PROFESSIONAL EXPENSE			
OFFICE EXPENSE			
TOTAL GENERAL EXPENSE			
NET OPERATING PROFIT (LOSS)			
ADD-OTHER INCOME			
LESS-INTEREST EXPENSE			
INCOME TAXES	< >	< >	< >
OTHER EXPENSE	< >	< >	< >
NET AMOUNT OF OTHER INCOME AND EXPENSE	< >	< >	< >
NET PROFIT (LOSS) FOR YEAR			

NOTE: Offers must set forth full, accurate, and complete information as required in this Financial Statement (including any attachments). The penalty for making false statements in this Financial Statement is prescribed in 18 U.S.C. 1001.

PART D (1). CERTIFICATION FOR CORPORATIONS OR PARTNERSHIPS: We, the undersigned, general officers (or members) of_____(Name of corporation or partnership) being severally sworn, each declares that the above or attached financial statements are true and correct, and that it covers all of the financial affairs of said company (or) firm up to and including the date of _____, 2_____.

CERTIFYING OFFICIAL'S NAME AND TITLE	SIGNATURE (Sign in ink)	DATE
CERTIFYING OFFICIAL'S NAME AND TITLE	SIGNATURE (Sign in ink)	DATE
SWORN TO AND SUBSCRIBED before me this_____day of _____(Month/Year)		(Affix Notary Seal)
SIGNATURE	TITLE	

PART D (2). CERTIFICATION FOR INDIVIDUALS: I swear (or affirm) that the above or attached financial statements are true and correct to the best of my knowledge

INDIVIDUAL'S NAME AND TITLE	SIGNATURE (Sign in ink)	DATE
SWORN TO AND SUBSCRIBED before me this_____day of _____(Month/Year)		(Affix Notary Seal)
SIGNATURE	TITLE	

Public reporting burden for this collection of information is estimated to average 2 hours 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Agriculture, Clearance Officer, OIRM, Room 404-W. Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB #0596-0012), Washington, D.C. 20503.

U.S. GPO: 1996-720-508