

Paycheck Protection Program Application Form

OMB Control No.: 3245-Expiration Date: 06/30/2020

Ion Buofit Vot One T								
Non-Profit ■ Vet Org □ Tribal □ Ind. Cont. □ Self Employed □					DBA or Tradename if applicable			
Business Legal Name								
South Texa Educational Technologies, Inc. Business Primary Address					Horizon Montessori Public Schools Business TIN (EIN,SSN) Business Phone			
2402 E. Business 83					74-2859107		9569693092	
Weslaco, Texas 78596					Primary Contact Alim U. Ansari		Email Address alim.ansari@hmps.ne	
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Average Monthly Payroll: \$749,04		X 2.5 equals Loan Amount: \$1,		\$1,872.611.48	Numbe	per of Jobs: 212		
Purpose of the loan (select more than one):				Other (explain):				
ist all owners of Applicant w	with greater than 20%	Applicant Ow ownership stakes.		sheet if necessary.				
Owner Name		Title	Ownership %	TIN (EIN,SSN)		Address		
Alim U. Ansari	i Su	perintendent	100	74-2859107	2402 E. Bus	siness 83, Wesl	aco, Texas 78596	
outh Texas Educational Tech	nologies, Inc.							
If questions (1) or (2) b	pelow are answered "	Yes," the loan will	not be approved.					
	y owner presently sus						ded	
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By Signing Below, You Make the Following Representations, Authorizations, and Certifications

REPRESENTATIONS AND AUTHORIZATIONS

I represent that:

- I have read the Statements Required by Law and Executive Order included in this form, and I understand them.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business related purposes as specified in the loan application.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.

For Applicants who are individuals and all Associates: I authorize the SBA to request criminal record information about me from criminal justice

	agencies	for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.
	CERTI	<u>FICATIONS</u>
ok	1780 85	siness and each 20% or greater owner must certify in good faith to all of the below by initialing next to each one:
4	AA	Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.
A	AA	The funds will be used to retain workers and maintain payroll or make mortgage payments, lease payments, and utility payments; I understand that if the funds are used for unauthorized purposes, the federal government may pursue criminal fraud charges.
X	AA	Documentation verifying the number of full-time equivalent employees on payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight week period following this loan will be provided to the lender.
	AA	Loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments and covered utilities. Due to likely high subscription, it is anticipated that not more than twenty-five percent (25%) of the forgiver amount may be for non-payroll costs.
H	AA	During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under this program.
	AA	I further certify that the information provided in this application and the information that I have provided in all supporting documents and forms is true and accurate. I realize that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.
	AA	I acknowledge that the lender will calculate the eligible loan amount using tax documents I have submitted. I affirm that these tax documents are identical to those I submitted to the IRS. I also understand, acknowledge and agree that the Lender can share the tax information with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.
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Alein hu Stoi	05/05/2020		
Signature of Authorized Representative of Business	Date		
Alim U. Ansari	Superintendent		
Print Name	Title		
Signature of Owner of Applicant Business	Date		
Print Name	Title		