

U.S. Small Business Settlement Sheet

OMB APPROVAL NO.: 3245-0200
EXPIRATION DATE: 04/30/2022

SBA Loan Number 95801170-10	Lender Name Dime Bank	Lender FIRS Number 16432
SBA Loan Name Martin House, Inc.		Note Amount \$36,300.00
Loan Type: <input checked="" type="checkbox"/> Term Loan	<input type="checkbox"/> Line of Credit	Disbursement Type: <input type="checkbox"/> First Disbursement
		<input checked="" type="checkbox"/> Subsequent Disbursement <input checked="" type="checkbox"/> Full Disbursement

Authorized Use of Proceeds:	Name of Payee:	Amount Disbursed:	Authorized Amount Remaining:
Land Acquisition: <input type="checkbox"/> Raw <input type="checkbox"/> Improved		\$ -	\$ -
Construction: <input type="checkbox"/> New <input type="checkbox"/> Expansion/Renovation		\$ -	\$ -
Leasehold Improvements to property owned by others		\$ -	\$ -
Machinery & Equipment		\$ -	\$ -
Furniture & Fixtures		\$ -	\$ -
Inventory Purchase		\$ -	\$ -
Working Capital		\$ -	\$ -
Acquire Business (Change of Ownership)		\$ -	\$ -
SBA Guarantee Fee		\$ -	\$ -
Settlement Charges/Out of Pocket Costs		\$ -	\$ -
Other (Explain):	PPP PROGRAM	\$ 36300	\$ -
Total:		\$ 36300	\$ 0

Borrower's Injection (including any deposit or earnest money):		
Cash	Source:	\$ -
Assets	Source:	\$ -
Seller contribution toward required equity (on full standby for life of loan)		\$ -
Other (Explain):		\$ -
Total Borrower Injection:		\$ 0

At the time of completion of this form, the Lender and the Borrower certify that:

- The loan proceeds were disbursed and received and will be used in accordance with the Use of Proceeds section of the Authorization, including any and all SBA/Lender approved modifications, and that all required equity or Borrower injections have been made in accordance with the Authorization and any approved modifications; and
- There has been no unremedied adverse change in the Borrower's or Operating Company's financial condition, organization, management, operations or assets since the date of application that would warrant withholding or not making this disbursement or any further disbursement.

At the time of each subsequent disbursement on this loan, the Lender, by disbursing the loan proceeds, and the Borrower by receiving them, are deemed to certify that the above certifications are true with respect to each and every disbursement made.

WARNING: By signing below you are certifying that the above statements are accurate to the best of your knowledge. Submitting false information to the Government may result in criminal prosecution and fines up to \$250,000 and/or imprisonment for up to 5 years under 18 USC § 1001. Submitting false statements to a Federally insured institution may result in fines up to \$1,000,000 and/or imprisonment for up to 30 years under 18 USC § 1014, penalties under 15 USC § 645, and/or civil fraud liability.

Authorized Lender Official	Borrower
Signature:	Signature:
Print Name: Christopher J. Gauthier	Print Name: Paula Oberg
Title: Vice President	Title: Executive Director
Date: 04/17/2020	Date: 04/17/2020

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, and gathering data needed, is 30 minutes. Comments or questions on the burden estimates or other aspects of this information collection should be sent to U.S. Small Business Administration, Director, RMD, 409 3rd St., SW, Washington DC 20416 and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Rm. 10202, Washington DC 20503. **PLEASE DO NOT SEND THE COMPLETED FORMS TO THESE ADDRESSES.**

NEW ACCOUNT INFORMATION

Financial Institution Name And Address

Dime Bank
290 Salem Turnpike
Norwich, CT 06360

DATE 04/14/2020

Check if applicable: Temporary Replacement

ACCOUNT INFORMATION

AMOUNT OF DEPOSIT \$

PLAN #

ACCOUNT NUMBER 1022880652

TITLE OF ACCOUNT

ACCOUNT T.I.N. 06-1064857

Martin House Inc
PO Box 857
Norwich, CT 06360

OWNERSHIP TYPE Single

PRODUCT NAME Dime Select

Words, numbers or phrases preceded by a [] are applicable only when marked, i.e., [X]. Opened By Kayla Madrigal

BUSINESS ENTITY INFORMATION

BUSINESS NAME AND ADDRESS

Martin House Inc
401 W Thames St Bldg 700
Norwich, CT 06360

BUSINESS FILING STATE

ENTITY DOCUMENT

LAST FILING DATE

FILING EXPIRATION

DATE ESTABLISHED

NATURE OF BUSINESS

PRIMARY LOCATION

RESOLUTION DATE

ASSUMED NAME IF D/B/A

CONTACT NAME

CONTACT TITLE

CONTACT PHONE

OTHER

astrida@trfp.org

FACSIMILE AUTHORIZATION ON FILE YES NO

LIMITED LIABILITY COMPANY TAX CLASSIFICATION:

BUSINESS ENGAGES IN INTERNET GAMBLING*

*If box is checked you must provide evidence of authority to engage in Internet Gambling.

TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

Exempt payee code, if any:

Exemption from FATCA reporting code, if any:

- 1. The number shown on this form is my correct taxpayer identification number...
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding...
3. I am a U.S. citizen or other U.S. person...
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Signature Paula Oberg

Date 4/23/20

Taxpayer Identification Number: 06-1064857

ADDITIONAL TERMS

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

ACKNOWLEDGMENT. By signing this document, the undersigned acknowledge that they have opened the type of account designated above, and have received, understand and agree to be bound by the terms of the Account Agreement for that account type.

NUMBER OF SIGNATURES REQUIRED:

Authorized Signer Only

Title: NonTax Signator

Authorized Signer Only

Title: NonTax Signator

FACSIMILE ALLOWED

Signature Gayle C O'Neill Date 4/23/2020

Signature Mathew R. Lisee

Date

Authorized Signer Only Title: NonTax Signator

Authorized Signer Only

Title: NonTax Signator

Signature Ornet R. Hines Date 4/23/2020

Signature Paula Oberg

Date



ADDRESS CHANGE NOTIFICATION		Financial Institution Name and Address Dime Bank 290 Salem Turnpike Norwich, CT 06360	
DATE OF NOTIFICATION	EFFECTIVE DATE OF CHANGE	WHEN ALTERNATE, EFFECTIVE UNTIL	
04-10-2020			
REQUESTER NAME (Consumer)		ENTITY NAME (Commercial and Governmental)	
		Martin House Inc	
ADDRESS (PRIOR)		ADDRESS (NEW)	
401 W Thames St Bldg 700 PO Box 857 Norwich, CT 06360		401 W Thames St Bldg 700 PO Box 857 Norwich, CT 06360	
CONTACT INFORMATION. Provide new phone and email address information below.			
Primary Phone: 860-889-6150		Secondary Phone:	
Email Address: paulao@martinhousect.org			
This Address Change Notification is applicable to the following accounts: (Provide a description of the account, such as Checking or Safe Deposit Box, and the identifying number.)			
1. All Accounts	#	All Accounts	
2.	#		
3.	#		
4.	#		
5.	#		
6.	#		
7.	#		
8.	#		

Additional Information:

Moved building number to next line on Primary address. See KMadrigal for explanation.

DEFINITIONS. The term "I" refers to the individual requesting the change, either on his/her own behalf or as authorized representative of a business, governmental or other non-individual customer. The terms "you" and "your" refer to the financial institution.

AUTHORIZATION. By signing below, I hereby acknowledge that the information provided above is true and correct, and authorize you to make the indicated changes in your records for the accounts identified above. I certify that I indemnify you from any and all claims related thereto.

x Paula Oberg 4/23/20
Paula Oberg Date

Received by Financial Institution:

By X _____
Kayla Madrigal Date



II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of Natural Person Opening Account:

Paula Oberg, Managing Member

b. Name, Type, and Address of Legal Entity for Which the Account is Being Opened:

Martin House Inc

401 W Thames St Bldg 700, Norwich, CT 06360

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Not Applicable- no individual meets this definition.

Name	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Name/Title	Date of Birth	Address (Residential or Business Street Address)	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹
Paula Oberg	02-27-1953	9 Parkwoods Dr Norwich, CT 06360	049-48-3120	

I, Paula Oberg, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature:

Paula Oberg
PAULA OBERG

Date:

4/23/20

¹ In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Legal Entity Identifier _____



RESOLUTION APPLIES TO (check all that apply): ALL ACCOUNTS SAFE DEPOSIT BOX NUMBER(S):
 ALL FUTURE ACCOUNTS SPECIFIC ACCOUNTS - NUMBER(S): 1022880652

NAME AND TITLE	SIGNATURE	LIMITATIONS
1. Paula Oberg	X <i>Paula Oberg</i>	COUNTERSIGNERS:
2. Gayle C. O'Neill	X <i>Gayle C. O'Neill</i>	COUNTERSIGNERS:
3. Mathew R. Lisee	<i>[Signature]</i>	COUNTERSIGNERS:
4. Ornet Hines	X <i>[Signature]</i>	COUNTERSIGNERS:
5.	X	COUNTERSIGNERS:
6.	X	COUNTERSIGNERS:
7.	X	COUNTERSIGNERS:
8.	X	COUNTERSIGNERS:

SIGNATURE CERTIFICATION. I certify that the foregoing are names, titles, and genuine signatures of the current Authorized Signers of the Entity authorized by the above Resolution.

IN WITNESS WHEREOF, I have subscribed my name as Designated Representative of the Entity on the date shown below.

X *Paula Oberg*
DESIGNATED REPRESENTATIVE: PAULA OBERG

4/23/20
DATE

IT IS FURTHER RESOLVED AS FOLLOWS, the Entity certifies to the Financial Institution that:

- Unless specifically designated, each of the Authorized Signers whose signature appears above may sign without the other(s);
- (Select if applicable) FACSIMILE SIGNATURES. The Financial Institution shall be entitled to honor and charge the Entity for all such negotiable instruments, checks, drafts, or other orders for payment of money drawn in the name of the Entity, on the indicated account(s), including an order for electronic debit, whether by electronic tape or otherwise, regardless of by whom or by what means a facsimile signature or other non-manual signature (collectively, "Facsimile Signatures") may have been affixed, or electronically communicated, if such Facsimile Signatures resemble the specimens duly certified to or filed with the Financial Institution for any of the named Authorized Signers, regardless of whether any misuse is with or without the negligence of the Entity. The Specimen Facsimile Signature Exhibit, when attached, is incorporated into and is an integral part of this Resolution. The Entity agrees that the duty of maintaining the security of any such Facsimile Signatures or device by which they are affixed is solely that of the Entity. Your authorization notwithstanding, Financial Institution is not obligated to accept or pay any items bearing Facsimile Signatures;
- As used herein, any pronouns relative to the signers for the Entity shall include the masculine, feminine, and neutral gender, and the singular and plural number, wherever the context so admits or requires;
- All items deposited with prior endorsements are guaranteed by the Entity;
- All items not clearly endorsed by the Entity may be returned to the Entity by the Financial Institution or, alternatively, the Financial Institution is granted a power of attorney in relation to any such item to endorse any such item on behalf of the Entity in order to facilitate collection;
- Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument or other order for the payment of money, that is not properly endorsed;
- Financial Institution is directed and authorized to act upon and honor any withdrawal or transfer instructions issued and to honor, pay and charge to any depository account or accounts of the Entity, all checks or orders for the payment of money so drawn when signed consistent with this Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the check or the order for the payment of the money involved, whether such checks or orders for the payment of money are payable to the order of, or endorsed or negotiated by any one or more of the Authorized Signers signing them or such party in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation of any one or more of the Authorized Signers signing them or of any other such party or not;
- Financial Institution shall be indemnified for any claims, expenses or losses resulting from the honoring of any signature certified or refusing to honor any signature not so certified; and
- Notwithstanding any modification or termination of the power of any Authorized Signer of the Entity, this Resolution shall remain in full force and bind the Entity and its legal representatives, successors, assignees, receivers, trustees or assigns until written notice to the contrary signed by, or on behalf of, the Entity shall have been received by the Financial Institution, and that receipt of such notice shall not affect any action taken by the Financial Institution prior to receipt of such notice in reliance on this Resolution.

Additional comments or instructions:



RESOLUTION

The undersigned, being the secretary of **Martin House, Inc.** a Connecticut Non-Profit corporation (hereinafter referred to as the "Company", does hereby certify that the following resolutions were adopted at a meeting of the Company:

RESOLVED, that Company is hereby authorized to enter into a Commercial Loan from **Dime Bank** (the "Lender") to the Company, made pursuant to U.S. Small Business Administration ("SBA") Paycheck Protection Program as established by Section 1102 of Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136) (inclusive of all regulations and guidance issued in connection therewith, all as may be in effect from time to time, hereinafter, the "CARES Act").

FURTHER RESOLVED, that the Company be and it hereby is authorized to comply in all respects with the CARES Act and provide such documentation and/or affidavits now or in the future in order to accomplish the same.

RESOLVED FURTHER, that the individual authorized to sign the loan application, note and loan agreement (the "Loan Documents") hereby is authorized, directed and empowered to execute and deliver to Lender the said Loan Documents, which documents may contain such terms and provisions whatsoever which the said shareholders may deem appropriate.

RESOLVED FURTHER, that the said individual, whose authorized signature is set forth below, be and hereby is authorized, directed and empowered to endorse any negotiable instrument on behalf of the Company.

RESOLVED FURTHER, that all that such individual has done or may do in pursuance of any of said agreements or to facilitate transactions thereunder is hereby ratified and approved.

RESOLVED FURTHER, that the Company and all parties signing hereto 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.

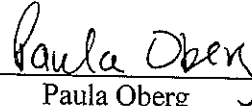
This resolution shall be filed with the records of the Company and to be treated for all purposes as resolutions adopted at a meeting of the directors, duly called and held, at which a quorum was present and voting throughout. Each of the undersigned by signing his/her name below, waives notice, statutory or otherwise, of the time, place and purpose of a meeting of the directors of the Company and consent to the actions herein set forth, taken or to be taken by or on behalf of the Company.

This Resolution may be executed in two or more counterparts (and by different Parties in separate counterparts), each of which when executed and delivered (in original or by facsimile or

other electronic means such as PDF) shall be deemed an original and all of which together shall constitute the same instrument.

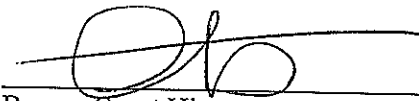
AUTHORIZED INDIVIDUAL:

MARTIN HOUSE, INC.



By: Paula Oberg
Its: Executive Director

SECRETARY:



By: Ornet Hines
Its: Secretary