

CITY OF BELGRADE REVOLVING LOAN FUND APPLICATION

APPLICANT BUSINESS

NAME OF COMPANY: _____ SIC CODE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

BUSINESS PLAN INFORMATION

1. NUMBER OF YEARS IN BUSINESS _____

2. FORM OF BUSINESS ORGANIZATION: SOLE PROPRIETORSHIP _____;
PARTNERSHIP _____; CORPORATION _____; OTHER _____

3. BUSINESS DESCRIPTION AND PROJECT PLAN (PROVIDE A BUSINESS PLAN AND PROJECT DESCRIPTION WITH SPECIAL EMPHASIS ON MARKETING STUDIES AND STRATEGY).

4. ATTACH A COMPLETE SET OF FINANCIAL STATEMENTS (BALANCE SHEETS; PROFIT AND LOSS STATEMENTS; CASH FLOW STATEMENTS; AND RECONCILIATION OF NET WORTH STATEMENTS FOR THE THREE MOST RECENT YEARS OF OPERATION; AND PROJECTED BALANCE SHEETS; PROFIT AND LOSS STATEMENTS; AND CASH FLOW STATEMENTS FOR THREE YEARS).

5. COMPLETE THE ATTACHED BUDGET FORM AND INCLUDE ALL SOURCES AND USES OF FUNDS PROPOSED FOR THE PROJECT. INCLUDE A NARRATIVE RATIONALE OF THE BUDGET COSTS.

6. PROJECTED FINANCING AND COLLATERAL POSITIONS

A. PROPOSED FINANCING (INCLUDE NEW EQUITY):

SOURCE	PRINCIPAL (\$)	RATE	TERM	PAYMENT/YR.
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B. PROPOSED COLLATERAL POSITIONS:

SOURCE	COLLATERAL	VALUE (\$)	POSITION
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7. ATTACH LETTERS OF COMMITMENT FROM PROPOSED SOURCES OF NEW FUNDS, INCLUDING THE BUSINESS OWNERS.

PROJECTED TIMETABLE

- 1. **START-UPDATE:** _____
- 2. **COMPLETION DATE:** _____
- 3. **HIRING STARTED:** _____
- 4. **HIRING COMPLETED:** _____

THRESHOLDS

- 1. **COST PER LMI FTE JOB:** _____ (MUST BE LESS THAN \$20,000.00)
- 2. **PERCENTAGE OF BENEFIT TO LMI:** _____ (AT LEAST 51%)
- 3. **DEBT TO EQUITY PROJECTED** _____ (NOT TO EXCEED 5:1)
- 4. **RATIO OF MATCHING FUNDS COMMITTED:** _____ (AT LEAST 1:1)
- 5. **TOTAL AMOUNT OF NEW EQUITY FUNDS COMMITTED:\$** _____

HIRING AND TRAINING PLAN

1. NUMBER OF EXISTING FULL TIME EQUIVALENT (FTE) JOBS _____
2. NUMBER OF FTE JOBS TO BE CREATED: _____
3. NUMBER OF FTE JOBS TO BE RETAINED: _____
4. NUMBER OF FTE JOBS TO BE CREATED FOR LOW & MODERATE INCOME PERSONS (LMI): _____
5. HIRING AND TRAINING PLAN: _____
6. LETTER OF COMMITMENT TO HIRING GOALS: _____
7. PERSONAL GUARANTEE _____
8. AUTHORIZATION FOR RELEASE OF CREDIT REPORT _____

CERTIFICATION

AS THE RESPONSIBLE AUTHORIZED AGENTS OF _____, WE HEREBY SUBMIT THIS APPLICATION. THE INFORMATION SUBMITTED IN THIS APPLICATION IS, TO THE BEST OF OUR KNOWLEDGE, TRUE AND ACCURATELY REPRESENTS THE PROPOSED PROJECT. WE UNDERSTAND THAT ADDITIONAL INFORMATION AND DOCUMENTATION WILL BE REQUIRED. _____ WILL ACCEPT RESPONSIBILITY FOR COMPLIANCE WITH APPLICABLE CDBG REGULATIONS AND TO THE HIRING OF LOW AND MODERATE INCOME PERSONS AS SPECIFIED IN THIS APPLICATION.

SIGNATURE

TYPED NAME & TITLE

DATE