|  |  |
| --- | --- |
| Montgomery County Action Council  Retail/Commercial Business Loan Application |  |

# Date:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPANY INFORMATION | | | | | | | | | | | | | | | | | | | |
| Legal Name of Business: |  | | | | | | Type of Business: | | | | | |  | | | | | | |
| Primary Contact Person: |  | | | | | | Mobile Phone: | | | | | |  | | | | | | |
| Email: |  | | | | | | Business Phone: | | | | | |  | | | | | | |
| Website: |  | | | | | | Social Media: | | | | | |  | | | | | | |
| **Home Address** of Owner: |  | | | | | | | | | | | | | | | | | | |
| Project Site Address: |  | | | | | | | | | | | | | | | | | | |
| Date business started: |  | | | | | # of Owners: | | | | | | |  | | | | | | |
| NAICS Code: |  | | | | | Business EIN: | | | | | | |  | | | | | | |
| Voluntary Demographic Information (Owner): | Race: |  | | | | Gender: | | |  | | | Veteran Status: | |  | Disability: | | | |  |
| Business Structure (LLC, Sole Proprietorship, Inc.): |  | | | | | New or Existing Business: | | | | | | |  | | | | | | |
| Existing Business Only: | Last Year End Revenue: | | | | $ | | | | | Profit/Loss: | | | $ | | | | | | |
| How will funding be used? Check all that apply: | Building  Purchase | | | $ | | Inventory | | | | | $ | | Advertising | | | | $ | | |
| Building  Remodel | | | $ | | Furniture  /Fixtures | | | | | $ | | Working  Capital | | | | $ | | |
| Equipment | | |  | | Legal | | | | | $ | | Other | | | | $ | | |
| Total Project Costs: |  | | | **Bank Financing:** | | | |  | | | | | **Private Financing:** | | |  | | | |
| Which program are you wanting to use for financing?  *(MCAC can help you complete this section)* | MCAC | | Up to $50,000 | | | Network Kansas  E-Community  Start Up KS  Women & Minority  Multiplier Fund | | | | | | | **EC - $20,000**  **SU - $45,000**  **WM - $250,000**  **MF - $250,000** | | | | | **Other \_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| IWW | | 0% Interest - Up to $6,000 | | |
| City | | Coffeyville – Up to $75,000 | | |
| Is there a hard deadline for financing? If so, when: |  | | Do you have Bank Financing? If so, list loan officer contact inforamtion. If not, have you contacted a bank about this project? | | | | | | | | | |  | | | | | | |
|  | **Year 1** | | | **Year 2** | | **Year 3** | | | | | | | **Year 4** | | | | | **Year 5** | |
| Jobs Created: |  | | |  | |  | | | | | | |  | | | | |  | |
| Jobs Retained: |  | | |  | |  | | | | | | |  | | | | |  | |
| Pay Range of Jobs: |  | | | | | | | | | | | | | | | | | | |
| Describe the overall project and what you will use the money from this program for specifically. |  | | | | | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Information Needed for loan/incentive to be finalized: | | |
|  | Detailed Company Information Form | Page 1 |
|  | Written Business Plan and/or Memo regarding plans for business and this project. | Description of Business  Ownership  Management  Date Established  Products/Services  Market Analysis – Who is your competition?  Future Plans |
|  | Funding Application: | Page 3 |
|  | Sources and Uses: | Page 4 |
|  | Financial Statements - Provided via excel sheet (<https://www.actioncouncil.com/business/entrepreneurs-&-small-businesses/?cat=Small+Business+Loans>) | Project Cost Sheet  Profit and Loss Statement  Business Projections Sheet  Personal Income Statement |
|  | Operating Agreement – LLC, Inc., etc. | Must be signed by all members of the LLC, Corp, etc. |
|  | Borrowing Resolution | Resolution allowing owner to take on debt and request financing. Must be signed by all company members on LLC, Corp, etc. |
|  | Credit Check | Experian Connect - $15 per applicant |
|  | Marketing Release Statement | Required for E-Community and Network Kansas applicants. |
|  | Personal Financial Statement for all Key personnel – Fill out for each Owner/Major Stockholder (We will request this if needed) | If needed |
|  | Tax records for past 3 years (Personal for Start Ups, Business for existing businesses) |  |
|  | Certificate of Good Standing – Kansas | <https://www.kssos.org/other/certificate_good_standing.html> |
|  | Obtain county and city business licenses if needed |  |
|  | Purchase Life Insurance plan in the amount of the loan with an assignment to the lending organization. Contact Information: | All lenders must be listed as beneficiaries on life insurance Policy. |

|  |  |
| --- | --- |
| Build your Business plan: | |
| What is your company’s mission statement or vision? A mission statement is a brief explanation of your company’s reason for being. It can be as short as a marketing tagline or more detailec. In general, it’s best to keep your mission statement to one or two sentences. |  |
| Please provide an overall description of the business (services provided or products produced, business’s mission and goals, etc): |  |
| Describe the experience of the owners, and key employees (regarding employees: specifically discuss management in terms of skill set/knowledge, leadership and experience): |  |
| What type of personnel will your business need? Is there a certain skill they need, do you already have staff or will you need to recruit new employees? |  |
| What will you use the funding for specifically? ex: equipment, renovation, building purchase? |  |
| Describe your industry and what makes your business competitive: Is the industry growing, mature or stable? What is the industry outlook long-term and short-term? How will your business take advantage of projected industry changes and trends? What might happen to your competitors and how will your business successfully compete? |  |
| Please provide the sales forecast, and who is the business’ target market: |  |
| Describe how you will market your business: (Website, social media, radio, newspaper, trade shows, events, search engine optimization) |  |
| **How you will price your product or service**: Describe the pricing, fee, subscription or leasing structure of your product or service. How does your product or service fit into the competitive landscape in terms of pricing—are you on the low end, mid-range or high end? How will that pricing strategy help you attract customers? What is your projected profit margin? |  |
| Describe your target customer. Who are you trying to sell your products or services to, and how far away will they travel for your busienss? |  |
| Please identify the business’ competition, where they are located, and how the business will set itself apart: |  |
| Describe the benefits of the project to the community and the State of Kansas: |  |
| List and describe any milestone for success that are planned to track the success of the business project (ex: increased sales goals, timeline related to expansion or introducing new product/service, hiring new employees, etc.): |  |
| What is your total personal investment into this project? How long have you been working on this plan? |  |
| Have you pursued financing from a conventional source? If so what was their response to your project? Who are the other creditors (current and future for this project)? |  |
| If you have an existing business, what was your total gross revenue from sales last year? If you are a startup, what is the projected gross revenue for your first full year? |  |
| Does the entrepreneur or small business owner have a tax liability in arrears with the Kansas Department of Revenue or the IRS? If so, please provide details and any authorized payment details. |  |
| Has the business, or any principals of the business, been involved in bankruptcy or insolvency proceedings? If yes, please give date and explanation. |  |
| Has the applicant ever been convicted of a felony offense or registered as a sex offender? If so, please provide some details about the conviction. |  |

|  |  |
| --- | --- |
| bUILDING/Projet INFORMATION | |
| Describe current operation size and location (if existing business): |  |
| Why have you selected this location? |  |
| Who will hold the First Mortgage on the property (Contact Information)? |  |
| Will you expect the need for an expansion, renovation, or addition to the building under consideration? If so, have you received bids on the costs for this project? Are these costs in this proposal? |  |
| Will the loan proceeds be used to expand, renovate, or replace an existing building? Will these improvements improve the energy efficiency of the building? |  |
| If new construction or major renovations are required, will you be using licensed contractors? Have you applied for a building permit yet?  Name & Address of Contractor or Architect: |  |
| What type of inventory, machinery, or equipment will be financed (if any)? This includes a Point of Sale System, security, cameras, display cabinets, or other machinery. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Project contacts | | | |
| Names of all persons or corporations who would be obligated as either applicant or as personal guarantors of loans. List all members of your LLC, Corporation, etc. in this section. | | | |
| **Name** | **Address** | **Telephone** | **Email** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Marketing Release of Information Declaration**

By submitting an application for financial assistance from the Montgomery County Action Council program funds, the prospective grant or loan recipient, hereafter referred to as “Client”, agree to the following Marketing Release of Information\* to be used by the Montgomery County Action council and partners (dba MCAC) for the purpose of promoting the successful delivery of services to entrepreneurs and small business owners.

Upon receiving notification that MCAC has selected the Client to receive financial assistance, the Client agrees to provide pertinent information to MCAC for the purpose of preparing a news release for distribution to other Resource Partners and media outlets as determined by MCAC; Information for the news release will be obtained primarily for the application, corresponding documents, the Resource Partner and the Client’s web sites and previously published information, and by phone interviews with representatives of both parties.

MCAC will make accommodations to withhold all information identified by the Client as being sensitive or competitive in nature, particularly when this information is not previously published. All parties named in the release will receive a final copy of the news release prior to distribution in order to verify the accuracy of all information contained therein;

MCAC will disseminate a news release and related information to external media outlets only after the loan or grant is approved and closed by the Resource Partner;

In addition to disseminating the resulting news release to media outlets, MCAC may distribute all or part of the news release and related information to organizations, networks and individuals via Email, MCAC and third-party Web sites, blogs, social media, instant messaging, chat rooms, message boards, etc.

**Annual Progress Reports**

By submitted an application for financial assistance from these public funds, the Client agrees to provide annual progress until the loan is paid in full or the business closes.

In order to track the success of our programs, MCAC will contact the name listed below annually to update job, revenue and net income/loss information.

Please provide the contact information of the person we should get in touch with to obtain these updates. The contact may be the Client, Client’s accountant, or the MCAC Resource Partner.

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Title:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

Which method does this person prefer to be contacted for the progress report (Email, U.S.Postal Service, Phone call?)

*I have read and agree to the terms described in the Marketing Release of Information Declaration.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Business Representative Date

Permission for Credit Check

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant permission for the Montgomery County Action Council and/or its designated agent to do a credit check for the purpose of review for a loan application.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Signer or Spouse

Title of Company if representing a company or organization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number and/or Tax ID Number if you are applying under a business name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact Spouse (if needed)

*To complete the credit check process, we will send you an electronic request via Experian Connect and Vantage Score. There is a $15 fee payable by the applicant to process your credit score.*

*If this is an existing business, we will also process a credit check on the business as well as the personal. This is a soft hit on the credit report, so this check will not have an impact on your credit score.*

**VOLUNTARY DEMOGRAPHICS SURVEY:**

## *IN ORDER TO RECEIVE FUNDING THROUGH FEDERAL PROGRAMS LIKE USDA, WE ARE REQUIRED TO SUBMIT DEMOGRAPHIC INFORMATION FOR THE CLIENTS OR BUSINESSES WE SERVE THROUGH OUR REVOLVING LOAN FUNDS. IF YOU ARE ABLE TO COMPLETE THE FORM BELOW, WE WOULD APPRECIATE IT! This does not affect your application in any way.*

|  |  |  |
| --- | --- | --- |
| **VETERAN STATUS** | | YES/NO |
| US Veteran | |  |
| **RACE** | | Total Employed by Business being served: |
| American Indian/ Alaskan Native | |  |
| Asian | |  |
| Black or African American | |  |
| Native Hawaiian or Other Pacific Islander | |  |
| Hispanic or Latino | |  |
| White - Not Hispanic or Latino |  |  |
| TOTAL | |  |
| **SEX** | | **Total Employed** |
| Male | |  |
| Female | |  |

# NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410

Fax: (202) 690-7442

[program.intake@usda.gov](mailto:program.intake@usda.gov)

USDA is an equal opportunity provider, employer, and lender.