

CARES Act Recovery Assistance Loan Application

Thank you for your interest in securing business funding through Region Nine Development Commission. We are honored to serve you and will gladly work with you on this application. If you need help or have questions, please email rlf@rndc.org with your request. Translation services are available. When you are satisfied with your application, you may click the "submit" button at the end of this form or email a completed version to the same address listed above.

Applicant Information			
Applicant's first name	Applicant's last name		M.I.
Applicant's home street address	City	State	Zip
Social Security or Permanent Resident number	Telephone		Cell phone
Email address			

Company Information			
Company name (either existing or proposed)			
Date established (if known and available)	Federal EIN (if you have one)		
Website address (if available)	County in which business operates		
Business structure <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other (please list) _____			
List all owners holding at least 20% interest in the company. (If there are more than two, please include an additional page with their names, ownership percentages, and positions in the company.)			
_____	_____	_____	_____
First name	Last name	Ownership %	Company position
_____	_____	_____	_____
First name	Last name	Ownership %	Company position
*All owners with at least a 20% interest are also required to review and sign the Signature Page.			

COVID-19 Impact

Has the COVID-19 pandemic negatively impacted your business?

Yes No

If yes, please describe how the pandemic has affected your business:

Other CARES Act Business Support Received

Has your business received other support from the CARES Act of 2020? Common examples include the Paycheck Protection Program and Economic Injury Disaster Loans (EIDL). If yes, you may still be eligible, but funds from this loan cannot be used for expenses already covered by CARES Act relief money.

Yes No

If yes, please provide the funding program name, amount of relief, and what the funds were used for:

Program name	Amount	How funds were used

Requested Amount

How much money are you asking to borrow?

Please describe what you propose to do with this money:

Sources and Uses of Funds

Enter an estimated dollar amount for each category you plan to spend money on and then add from left to right and top to bottom. For example, if you plan to spend \$10,000 on kitchen equipment with \$5,000 coming from this loan and \$5,000 coming from your bank, you would enter those amounts in columns one and two next to "Machinery/equipment" and then add up the amounts at the bottom row and far-right column. (The electronic form automatically tabulates the columns and rows.)

*Please note that working capital is limited to a total of 25% of the amount borrowed.

Proposed use of funds	This loan	Bank loan	Other	Your equity	Total
Machinery/equipment					
Inventory					
Working capital*					
Other					
Total					

Collateral Offered

Please describe any assets you own that you would be willing to offer as collateral to secure this loan.

Asset Please include a brief description	Value (\$)	Is there a lien on this? If yes, please estimate the value of equity you own
		<input type="checkbox"/> Yes Equity (\$) <input type="checkbox"/> No
		<input type="checkbox"/> Yes Equity (\$) <input type="checkbox"/> No
		<input type="checkbox"/> Yes Equity (\$) <input type="checkbox"/> No
		<input type="checkbox"/> Yes Equity (\$) <input type="checkbox"/> No
		<input type="checkbox"/> Yes Equity (\$) <input type="checkbox"/> No

Job Creation and Retention

	Full time	Hourly wage (average)	Part time	Hourly wage (average)
Number of existing employees:				
Number of new jobs created:				
Number of existing jobs retained (jobs that would be lost without project):				

Employee Benefits offered:

Please tell us which benefits, if any, your business currently offers (or proposes to offer).

- None
 Health
 Dental
 Retirement
 Disability
 Other
 Life
 Vacation
 Profit sharing
 Other: _____

Business Profile

Describe the type of business you conduct or would like to conduct:

Describe the project for which you are seeking funding:

Tell us how your products/services differ from your competitors:

Please share your thoughts on the economic benefits this business offers southern Minnesota:

Demographic Information

The following information helps Region Nine Development Commission comply with equal credit opportunity laws and Title VI of the Civil Rights Act of 1964. **You are not required to provide this information.** Additionally, the law prohibits Region Nine Development Commission from discriminating based on any information you share or your decision to provide it. If you choose to disclose none of this information, we respect that decision, and it will not affect your application. However, we ask that you please indicate that preference by checking the box in the first row. Alternatively, you are welcome to share responses to some questions while retaining privacy on others. All responses will be kept in strictest confidence.

Applicant

Co-Applicant

I choose to disclose none of this information

Race

American Indian, Indigenous, or Alaska Native

Black or African American

Asian

White

Native Hawaiian or Pacific Islander

I prefer not to disclose my race

Ethnicity

Hispanic or Latinx

Not Hispanic or Latinx

I prefer not to disclose my ethnicity

Military service

Veteran

Not a veteran

I prefer not to disclose military status

Sex

Female

Male

I identify in another way

I prefer not to disclose sex

Disability

Yes, I have (or previously had) a disability

No, I do not have (or have never had) a disability

I prefer not to disclose disability status

Signature Page

Information Release Authorization

I/we certify that all statements made in this application are an accurate representation of my/our financial condition on this date and are made for the purpose of obtaining the funding indicated. Verification and re-verification of any information contained in this application may be made at any time by Region Nine Development Commission, its agents, successors and assignees, either directly or through a credit reporting agency or another source named in this application, at any time until the loan is fully repaid.

I/we further acknowledge that Region Nine Development Commission, its agents, successors, and assignees will rely on the information contained in this application and that I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts represented herein should change before advancement of funds by the Commission, or at any time thereafter if requested.

All owners with 20% or more interest in the company must review and sign this page. If three or more signature are required, please enclose additional copies of this signature page.

I am a U.S. citizen or permanent resident. (If not, you may still be eligible.)

Applicant's full name (printed)

Applicant's signature

Date

I am a U.S. citizen or permanent resident. (If not, you may still be eligible.)

Co-applicant's full name (printed)

Co-Applicant's signature

Date