

Loan Application Checklist Up To \$7500

APPLICATION MUST BE SUBMITTED IN BLUE INK

Date _____ Applicant Name _____

Loan closings will be the week of 10th of each month. Loan payments are due before the 15th of each month. Completed Loan applications must be submitted to Center Manager before the 20th day of the month. Loan applications are reviewed for completeness at the home office. If the application is incomplete, you will be notified by telephone. You will be asked to provide the information to complete the application. There is a strict time limit for returning that information. Once the application is complete, you will be notified of the disburse date for your loan.

- CDBG Intake Form
- Job Creation M-DCC Letter
- Agreement for Financial Assistance
- Employee Roster as of.....
- Current Employee Roster
- Loan Request Form (sides A & B)
- Personal Financial Statement (Form Provided)
- Actual Cash Flow Statement Past 12 months (Forms Provided)
- Balance Sheet (Form Provided)
- One-year Projected Cash Flow Statement (Forms Provided)
- Proposed Use of Funds with a written vendor's estimate (Form Provided)
- Business Plan Outline
- DUNS & Bradstreet number

Attachments:

- Business & Marketing Plan – (must be tailored to time period of loan)
- Personal Income Tax Return – past 1 year (with all schedule attachments)
- Corporate Tax Return – past 1 year (required for Corporations only)
- 4506-T IRS Transcript (Personal and Business)
- Business Bank Statement – last 6 months
- Copy of Employer Identification Number (EIN) – if business is incorporated
- One form of I.D. (i.e. FL Drivers' License or FL Identification Card)
- Copy of Social Security Card
- Proof of Address (copy of utility bill or telephone bill) Must be less than 1 month old at time application is submitted)
- If not US citizen, copy of Alien Registration Card.
- Copy of Occupational License

I. Did all active chartered members approve this loan? ____ Yes ____ No
If no, list members whose signature (s) are missing

II. Is applicant current on loan payment? ____ Yes ____ No



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

GENERAL CDBG INTAKE ELIGIBILITY FORM

LIMITED INCOME (LMI) LIMITED CLIENTELE (LMC) / LIMITED JOBS (LMJ) / LIMITED HOUSING (LMH)

NAME: _____ PHONE: _____

ADDRESS: _____ ZIP: _____

Gender: Male Female Ethnicity: Hispanic Not Hispanic

Race (Please check the race category which applies to you):

- White Black/African American American Indian/Alaskan Native
 Asian Black/African American & White American Indian/Alaskan Native & White
 Asian & White Native Hawaiian/Other Pacific Islander Other: Multi Racial
 American Indian or Alaskan Native & Black/African American

Table with 5 columns: List Yourself and all Other Persons Occupying Home, Relationship, Gender, Age, Employed? (Yes/No). Rows 1-8.

INCOME VERIFICATION DATA

The assistance you receive is determined in part by the size of your household and your income. All income and assets will require verification before eligibility will be granted. Income includes all money coming into the household from all persons over 18 years old. Wages, salaries, tips, commissions; Self-employment income; Retirement, Survivor, or Disability pensions; Social Security or Railroad retirement; Supplemental Security Income, Aid to Families with Dependent Children (AFDC), Temporary Assistance to Needy Families (TANF), Food Stamps, or other public assistance, or public welfare programs; Interest, dividends, net rental income, or income from estates or trusts; and any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation, alimony, and child support must be disclosed.

Table with 3 columns: Household Member, Source of Income, Gross Monthly Amount Received. Rows 1-5.

Income Eligibility Acceptable Documentation: Copy of Pay Stubs (from previous employer), Aid to Families with Dependent Children (AFDC) or Temporary Assistance to Needy Families (TANF) Official Printout/letter, Food Stamp Official Printout/letter, Letter confirming amount of unemployment benefits received, proof of child support or alimony, proof of SSA/SSI or Veterans Benefits, or proof of retirement income. MUST ATTACH A COPY OF DOCUMENTS - NO EXCEPTIONS.

I, the undersigned applicant, do hereby authorize Miami-Dade Chamber of Commerce to verify my personal records, including wages, pensions, and investments. It is understood that this authorization is granted for the sole purpose of certifying my eligibility for federal financial assistance, and that all information acquired in this regard will remain confidential.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT IF I MAKE ANY WILLFUL FALSE STATEMENT IN THIS CERTIFICATION OR ANY OTHER DOCUMENTATION THAT I PROVIDE FOR PROGRAM ELIGIBILITY, I MAY BE PUNISHED WITH FINES OR IMPRISONMENT OF UP TO FIVE (5) YEARS, OR BOTH, UNDER SECTION 1001 OF TITLE 18, UNITED STATES CODE, AND I ALSO MAY BE SUBJECT TO CIVIL AND/OR ADMINISTRATIVE PENALTIES AND SANCTIONS.

Signature of Applicant

Date





**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
GENERAL CDBG INTAKE ELIGIBILITY FORM**

CDBG INCOME ELIGIBILITY	24 CFR 570.208	
Activity classified under family size and income	24 CFR 570.208(a)(2)(i)(B)	24 CFR 570.506(b)(3)(iii)
Activity is classified based on income eligibility requirements that restrict it exclusively to low- and moderate-income persons	24 CFR 570.208(a)(2)(i)(C)	24 CFR 570.506(b)(3)(iii)

DEFINITIONS / 24 CFR 570.3

Family means all persons living in the same household who are related by birth, marriage or adoption.

Household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Income. For the purpose of determining whether a family or household is low- and moderate-income under subpart C of this part, grantees may select any of the three definitions listed below for each activity, except that integrally related activities of the same type and qualifying under the same paragraph of 570.208(a) shall use the same definition of income. The option to choose a definition does not apply to activities that qualify under 570.208(a)(1) (Area benefit activities), except when the recipient carries out a survey under 570.208(a)(1)(vi). Activities qualifying under 570.208(a)(1) generally must use the area income data supplied to recipients by HUD. The **three definitions** are as follows:

(i) Annual income as defined under the Section 8 Housing Assistance Payments program at 24 CFR 813.106 (except that if the CDBG assistance being provided is homeowner rehabilitation under 570.202, the value of the homeowner's primary residence may be excluded from any calculation of Net Family Assets); or

Estimate the annual income of a family or household by projecting the prevailing rate of income of each person at the time assistance is provided for the individual, family, or household (as applicable).

Estimated annual income shall include income from all family or household members, as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.

Low- and moderate-income household means a household having an income equal to or less than the Section 8 low-income limit established by HUD.

Low- and moderate-income person means a member of a family having an income equal to or less than the Section 8 low-income limit established by HUD. Unrelated individuals will be considered as one-person families for this purpose.

Low-income household means a household having an income equal to or less than the Section 8 very low-income limit established by HUD.

Low-income person means a member of a family that has an income equal to or less than the Section 8 very low-income limit established by HUD. Unrelated individuals shall be considered as one-person families for this purpose.

INSTRUCTIONS FOR IMPLEMENTING AGENCY

You must first seek third party verification. This is a verification that is received directly from the source of income. The request can be by mail, fax, or email. It must be clearly evidenced that it was received from the source.

Income Limits for Fiscal Year 2016-17 (Effective 03/28/2016)

Please check the appropriate family size and income.

√	Family Size	½	Extremely Low (30% of Median)	½	Very Low (50% of Median)	½	Low (80% of Median)
	1		\$14,950		\$24,850		\$39,800
	2		\$17,050		\$28,400		\$45,450
	3		\$20,160		\$31,950		\$51,150
	4		\$24,300		\$35,500		\$56,800
	5		\$28,440		\$38,350		\$61,350
	6		\$32,580		\$41,200		\$65,900
	7		\$36,730		\$44,050		\$70,450
	8		\$40,890		\$46,900		\$75,000

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request.

CD/17/51712/V3



Date:

Re: Job Creation Program

To Whom It May Concern:

Per the agreement with the Miami-Dade Chamber of Commerce, the jobs your company has and/or will create are for the sole purpose of providing employment for those low to moderate candidates in the M-DCC Job Creation Program and are not to be duplicated with any other agency.

Signed by;



PUBLIC HOUSING AND COMMUNITY DEVELOPMENT

Attachment C-1

AGREEMENT FOR FINANCIAL ASSISTANCE/TECHNICAL ASSISTANCE SERVICES FOR THE CREATION OF JOBS

In order to receive the various forms of Financial/Technical Assistance available through MIAMI-DADE CHAMBER OF COMMERCE, businesses must enter into an Agreement to **make "available"** and to "document" the job creation for the benefit of low and moderate-income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement, you are committing your business operating under the name of _____ to:

- 1) **Make available** 51% of the resulting jobs to low- and moderate-income individuals.
- 2) Provide a list of the job titles of the permanent jobs expected to be created, which **will be available to** low/moderate-income individuals and which jobs require special skills or education and which are part-time, if any;
- 3) Provide a description of steps to be taken by your business to ensure that low- and moderate-income individuals receive first consideration for the jobs created;
- 4) Maintain a list of permanent jobs filled, available to low- and moderate-income individuals, and a brief description of the hiring process; and
- 5) Complete an annual report of all jobs created with names, income status, position titles, healthcare benefits, if any, and whether persons hired were unemployed at the time of hiring.

The applicant signing below understands the information in this Agreement, understands that M-DCC will not provide all the assistance requested by your business until action is executed.

(Agreed By) Signature of Applicant

Date

Duns Number – Required/Mandatory
(To obtain a DUNS #, PLEASE CALL 1-866-705-5711)

MIAMI-DADE CHAMBER OF COMMERCE
Intake Office (Name of Agency)

Date

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AMCD/ /62112



**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
CURRENT EMPLOYEE ROSTER SUMMARY**

Date: _____

Agency Name: MIAMI DADE CHAMBER OF COMMERCE Activity Title: _____

Contact Person: PARKER GAMMON Funding Source: CDBG

Phone Number: 305-751-8648 Fax Number: 786-364-5007 Number of Jobs: _____ (Accomplishments per contract agreement.)


Employer/ Business Name	Address				Employee Name		Unemployed Prior to this Job? Y or N	Date of Date of Hire	Job Title ¹	Full-Time ² Part-Time	Family Size	Racial Category ³	Ethnicity ⁴
	House Number	Direction	Street Name	Street Type	Last	First							

LEGEND
 1. Job Titles (select one): •Officials & Managers •Professional •Technicians •Sales •Office & Clerical •Craft Workers (skilled) •Operatives (semi-skilled) •Laborers (unskilled) •Service Workers
 2. Job Status: Full-time (FT) 30 hour per week or more –or- Part-time (PT) less than 30 hours per week
 3. Racial Categories (select all that apply): •W =White •B=Black or African American •A=Asian •AI=American Indian or Alaska Native •N=Native Hawaiian or Other Pacific Islander •O=Other
 4. Ethnicity (select one): HL=Hispanic or Latino • NO=Not-Hispanic or Latino

I hereby certify under the penalty of perjury that the information provided is true, correct, and complete to the best of my knowledge. Further, I acknowledge that the information is subject to verification by authorized government officials.

Certification by: _____ **Date Certified:** _____
 Signature Print Name and Title

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 This material is available in an accessible format upon request.

MIAMI-DADE CHAMBER OF COMMERCE/PSE (A & B Both sides must be completed)

LOAN REQUEST FORM SIDE A

CENTER: _____

CENTER MGR: _____

Date: _____ Social Security #: _____ Date of Birth: _____ Prefix (Mr./Mrs./Ms.): _____

Owner Last Name: _____ First Name: _____ Middle Name: _____

Generation (Jr./III.): _____ **Veteran Status:** ___ non-veteran ___ Vietnam-era ___ other veteran

Home Address: (**Street Address**) _____

Home City: _____ Home State: _____ Home Zip: _____

Home Tel #: _____ Other Tel #: _____ Other Tel #: _____

Drivers' License #: _____ Are you a U.S Citizen? ___ Yes ___ No

If No Enter Resident Alien #: A _____ (attach copy of card to this form)

Other Owners:

Name of Other Owner: _____ Social Security #: _____

Home Address: (**Street Address**) _____

Home City: _____ Home State: _____ Home Zip: _____

Home Tel #: _____ Other Tel #: _____ Other Tel #: _____

Form of Business: Sole Proprietor ___ Partnership ___ Corporation ___

Duns & Bradstreet # _____

Brief Business Description: _____

Number of Employees at the \$1,000 loan level: _____ Business Name: _____

Business Tax ID#: _____ Business Address: (**Street Address**) _____

Business City: _____ Business State: _____ Business Zip: _____

Business Tel #: _____ Business Fax #: _____

Place of Employment (**Not Your Business**): _____

Position: _____ Date hired: _____

Work Address: _____

Work City: _____ Work State: _____ Work Zip: _____

Work Tel #: _____ Supervisor Name: _____

MIAMI-DADE CHAMBER OF COMMERCE/PSE (A & B Both sides must be completed)

LOAN REQUEST FORM SIDE B

THIS IS AN OFFICIAL REQUEST TO THE BUSINESS LOAN GROUP (BLG) FOR A LOAN AS FOLLOWS:

(ENTER GROUP NAME) _____ REQUEST DATE _____;
AMOUNT FINANCED \$ _____; TERMS _____ MONTHS

PURPOSE OF LOAN (CHOOSE AS MANY AS APPLIES):

SUPPLIES _____ TOOLS _____ EQUIPMENT _____ ADVERTISING _____
LICENSES _____ OTHER _____

If the Group approves the requested **LOAN** I accept the following conditions:

1. I will use my loan solely for the business purposes approved by the Group.
2. I understand that I must be current with my loan payments for any member of my Group to receive new loans.
3. I will be assessed a \$15 late fee for payments received 5 days past the due date.
4. I understand that if the group makes any loan payments on my behalf, I am fully responsible to the Group for reimbursement of the full amount of the Group's payment.
5. I agree to meet with the Group at the monthly Loan Repayment Meeting. I will pay the Group Treasurer my full monthly payment at that time. If I cannot meet with the Group, I will make arrangements with the Treasurer to make my payment **before the Group meeting.**
6. I attest that by signing below that I agree to uphold the group's by-laws and abide by all M-B, USA loan policies.

Signature of Applicant: _____

REFERENCES: (LOCAL ONLY, NOT IN SAME HOUSEHOLD, NOT IN SAME BLG)

1. Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ Zip: _____

2. Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ Zip: _____

The Group named above has carefully reviewed the applicant's loan application and has decided to approve a business loan in the amount of \$ _____ to be repaid in _____ months. We, the members of the Group, understand that the applicant must be current with loan payments for any Group member to receive new loans. Should our Group make a loan payment on behalf of the applicant, we assign PARTNERS FOR SELF EMPLOYMENT INC the legal right to collect the amount in court, if necessary, on behalf of the Group. We attest that all members signing below agree to uphold the group's by-laws and abide by all M-B, USA loan policies.

PRINT NAME BELOW

SIGN NAME BELOW

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MIAMI-DADE CHAMBER OF COMMERCE/PSE, INC. PERSONAL FINANCIAL STATEMENT FORM

Name _____ Soc. Sec. No.: _____ Annual Income: _____

Home Address: _____ Home Telephone No.: () _____

City: _____ State: _____ Zip: _____

ASSETS (Excluding Your Business)	Check if Jointly Owned	LIABILITIES	
Cash on Hand and in Banks (personal only)	\$	Accounts and Credit Cards Payable (List each creditor in Section 2)	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 3)	\$
IRA or Other Retirement Account	\$	Installment Loans (Auto) Monthly Payments \$	\$
Accounts, Notes, and Mortgage Receivable	\$	Installment Loans (Other) Monthly Payments \$	\$
Life Insurance – Cash Surrender Value Only (Complete Section 9)	\$	Loan(s) on Life Insurance	\$
Stocks and Bonds (Describe in Section 4)	\$	Mortgage Loan (Residence) (Describe in Section 5)	\$
Real Estate (Residence) (Describe in Section 5)	\$	Mortgage Loan (Other) (Describe in Section 5)	\$
Other Real Estate (Describe in Section 5)	\$	Unpaid Taxes (Describe in Section 7)	\$
Automobile(s) – Current Value	\$	Other Liabilities (Describe in Section 8)	\$
Other Personal Property (Describe in Section 6)	\$	Total Liabilities	\$
Other Assets (Describe in Section 6)	\$	Total Net Worth (Assets – Liabilities)	\$
Total Assets	\$	Total Liabilities & Net Worth	\$

Section 1. Source(s) of Annual Income	Contingent Liabilities
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgements \$ _____
Real Estate Income \$ _____	Provision for Federal Income Tax \$ _____
Other Income (Describe below*) \$ _____	Other Special Debt \$ _____
Total Income \$ _____	

Description of Other Income in Section 1.

*Alimony and/or child support payments need not be disclosed in "Other Income" unless you want such payments counted toward total income.

Section 2. Accounts/ Credit Cards Payable. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Creditor	Line of Credit	Outstanding Balance	Monthly Payment

Section 3. Notes Payable to Banks and Others.
 (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Amount	Current Balance	Payment Amount and Frequency	How Secured or Endorsed (Collateral)

Section 4. Stocks and Bonds.					
(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Number of Shares	Issuer	Cost	Market Value (Quotation/Exchange)	Date of Quotation/Exchange	Total Value
Section 5. Real Estate Owned.					
(List each parcel separately. Each attachment must be identified as a part of this statement and signed.)					
		Property A (Residence if Owned)	Property B		
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name and Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year/Other					
Status of Mortgage					
Section 6. Other Personal Property and Other Assets. (Describe. If any is pledged as a security/collateral, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)					
Section 7. Unpaid Taxes.					
(Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien is attached.)					
Section 8. Other Liabilities. (Describe in detail.)					
Section 9. Life Insurance Held.					
(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)					
Insurance Company	Beneficiaries and Portions		Face Amount	Cash Surrender	
I authorize Partners for Self-Employment, Inc., to investigate and verify the above information and to determine my creditworthiness. I certify that the above information and any information contained in attachments to this statement are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing or co-signing a loan. I understand that false statements may result in forfeiture of benefits and possible civil or criminal prosecution.					
Signature:		Date:		Social Security Number:	
Signature:		Date:		Social Security Number:	

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
A. Beginning Cash						
CASH IN (Cash Receipts)						
. Collections from Sales						
. From Loans (Business or Family)						
. From Other Sources						
CASH OUT (Cash Expenses and Payments)						
Cash Expenses (on-going)						
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C. Total Cash Expenses (on-going)						
One-Time Cash Payments						
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D. Total One-Time Payments						
E. Total Expenses Before Owners' Draw (C+D)						
F. Owners' Draw						
G. TOTAL CASH OUT (E+F)						
H. Net Cash (B-G)						
I. Ending Cash (A+H)						

	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Beginning Cash						
CASH IN (Cash Receipts)						
. Collections from Sales						
. From Loans (Business or Family)						
. From Other Sources						
CASH OUT (Cash Expenses and Payme						
Cash Expenses (on-going)						
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Total Cash Expenses (on-going)						
One-Time Cash Payments						
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Total One-Time Payments						
Total Expenses Before Owners' Draw (C+D)						
Owners' Draw						
TOTAL CASH OUT (E+F)						
Net Cash (B-G)						
Ending Cash (A+H)						

BALANCE SHEET

Business Name _____ As of: _____

Your Name: _____

<u>ASSETS</u>		<u>LIABILITIES</u>	
Cash	\$ _____	Accounts Payable	\$ _____
Account Receivable	\$ _____	Wages Payable	\$ _____
Inventory at cost	\$ _____	Interest Payable	\$ _____
Supplies	\$ _____	Taxes Payable	\$ _____
Prepaid-deposits, insurance, etc.	\$ _____	Notes payable -Current	\$ _____
Other (specify) _____	\$ _____		\$ _____
	\$ _____	Total Current Liabilities	\$ _____
	\$ _____		
	\$ _____	Long term liabilities	\$ _____
	\$ _____	Notes Payable -long term	\$ _____
Total Current Assets	\$ _____		\$ _____
		Total Liabilities	\$ _____
Equipment	\$ _____	Equity	\$ _____
Less-Accum.depreciation	\$ _____	Paid in capital	\$ _____
Net equipment	\$ _____	Retained Earnings	\$ _____
	\$ _____		\$ _____
Building owned	\$ _____		\$ _____
Less Accum. Deprecation	\$ _____		
Net Building	\$ _____		
Others Assets:			
	\$ _____		
Patents	\$ _____		
		Total Liabilities & Equity	\$ _____
Total Assets	\$ _____		

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
A. Beginning Cash						
CASH IN (Cash Receipts)						
. Collections from Sales						
. From Loans (Business or Family)						
. From Other Sources						
B. TOTAL CASH IN						
CASH OUT (Cash Expenses and Payments)						
Cash Expenses (on-going)						
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C. Total Cash Expenses (on-going)						
One-Time Cash Payments						
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D. Total One-Time Payments						
E. Total Expenses Before Owners' Draw (C+D)						
F. Owners' Draw						
G. TOTAL CASH OUT (E+F)						
H. Net Cash (B-G)						
I. Ending Cash (A+H)						

	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Beginning Cash						
CASH IN (Cash Receipts)						
. Collections from Sales						
. From Loans (Business or Family)						
. From Other Sources						
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Total Cash Expenses (on-going)						
One-Time Cash Payments						
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Total One-Time Payments						
Total Expenses Before Owners' Draw (C+D)						
Owners' Draw						
TOTAL CASH OUT (E+F)						
Net Cash (B-G)						
Ending Cash (A+H)						

MIAMI-DADE CHAMBER OF COMMERCE/PSE, INC - LEVEL II

PROPOSED USE OF FUNDS

Applicant Name _____

Business Name _____

Loan Amount requested: \$ _____

I plan to use my loan if approved in the following manner:

DESCRIPTION	UNIT PRICE	QUANTITY	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

**TOTAL \$ _____

** must total loan amount requested

Vendors' estimates/invoices for all items listed above must be attached

Signature & Date _____

MIAMI-DADE CHAMBER OF COMMERCE/PSE, INC DIRECT LOAN APPLICATION

BUSINESS PLAN OUTLINE

Please provide Micro-Business, USA with a Business Plan using the format shown below. A business plan does not need to be fancy. It is best written in your own words. Give us enough information to understand the type of business you own and how the loan you are requesting will help your business grow.

Please number your pages and answer the questions fully. Your business plan is part of your loan application.

1. COVER PAGE

- Business name, address, phone number, name of person who wrote this plan and date written.

2. EXECUTIVE SUMMARY (not more than two pages)

- Describe your business, in no more than two paragraphs. Include the products or services your business provides and where your business operates. For example: state whether your business is home-based or store-front and if you operate your business part-time or full-time.
- How long have you been operating this business
- Identify the skills and experience you bring to the business
- If you have employees tell us what functions they perform in your business.
- Explain your short term (6 – 12 months) and long term business goals (2-5 years)
- Is your business seasonal?
- How has your business been financed to date? Does your business have any outstanding loans?

3. MARKETING PLAN

A marketing plan describes who you will market your products or services to, how you will reach that market, how much it will cost to reach them and what you expect the results to be.

Your plan should answer the following questions:

- What do you want marketing to accomplish for you?
- Which features and benefits of your product or service will you focus on?
- How did you arrive at a pricing strategy for your product/service?
- Who is your target market?
- What will be the cost of your marketing strategy?

4. HOW WILL THE LOAN YOU ARE REQUESTING HELP YOUR BUSINESS GROW?

5. EXPLAIN WHY YOUR BUSINESS IS GOING TO SUCCEED.