



Client # _____

MICROLOAN APPLICATION CHECKLIST

Business Applicant's Name	
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<input type="checkbox"/>	Build Up Microloan Application – Complete all fields
<input type="checkbox"/>	INITIAL TECHNICAL ASSISTANCE ASSESSMENT OF BORROWER – <u>Signature</u> of TAP is required at bottom.
<input type="checkbox"/>	TECHNICAL ASSISTANCE SUMMARY REPORT OR CERTIFICATES OF SUCCESSFUL COMPLETION (IF APPLICABLE)
<input type="checkbox"/>	Business Loan Application Consolidated Acceptance Page – All principals' <u>Signatures</u> required at bottom.
<input type="checkbox"/>	Conflict of Interest Statement – Complete form provided. <u>Signature</u> is required at bottom.
<input type="checkbox"/>	Certificate from Secretary of State (for corporations, LLCs and partnerships only)
<input type="checkbox"/>	Copy of Current Driver's License - Clear copy of front and back.
<input type="checkbox"/>	Non-US citizen , copy front and back of Permanent Resident Card or Visa
<input type="checkbox"/>	Business Plan
<input type="checkbox"/>	Business Financial Statements (for existing businesses) – Provide income statement, balance sheet for two prior year end periods.
<input type="checkbox"/>	Year-to-date Business Financial Statements (for existing businesses) - Provide income statement, balance sheet within the last 30 days.
<input type="checkbox"/>	Business Financial Projections – Provide projected income statement, cash flow statement, balance sheet for one year. Projections should include loan proceeds.
<input type="checkbox"/>	Personal Financial Statement – Provide a personal financial statement for each principal with 20% or more ownership (within the last 30 days).
<input type="checkbox"/>	Management Resume(s) for each principal with 20% or more ownership. Attach a copy of personal resume(s) or use the form provided.

Please be advised that all statements and documents require original signatures and dates. Photocopies are only acceptable were noted above. Please provide complete information for prompt processing of your loan request. Please complete this application in ink and submit the original application, not a copy.

The Darlington Downtown Development Association is a private, non-profit economic development corporation that has established a micro-lending program with the City of Darlington to assist small businesses within the City limits. **The Darlington Downtown Development Association is an equal opportunity lender.**



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MICROLOAN FUND APPLICATION

COMPLETE ALL APPLICABLE FIELDS OF APPLICATION IN INK

BUSINESS INFORMATION					
Legal Name of Business (Use personal name if sole proprietorship)			Do you do business under any other name(s)?		
Mailing Address of Business			City	State	Zip
Project Address of Business (If different from Mailing)			City	State	Zip
Business Phone () -	Business Fax () -		Other Business Phone () -		
Email Address			Business website		
Federal Tax ID#		NAICS#		Duns #	
What does your business do? Be specific:					
Type of Entity: S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>					
Length of time business has been under current ownership? Years Months			State where Business organized/incorporated		
What is the length of experience for all principals in the industry of the applicant business? Years Months			Number of existing full-time positions		Number of existing part-time positions
How many full-time positions will be saved as a result of this loan? _____ (35 part-time hours = 1 full time equivalent)					
How many new full-time positions will be created with the assistance of this loan? _____ (35 part-time hours = 1 full time equivalent) Positions must be created within the first year after loan approval.					
PRINCIPAL AND GUARANTOR #1 PERCENTAGE OF BUSINESS OWNERSHIP _____ %					
Do you have any ownership in any other companies or businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your percentage owned? _____ %					
Last Name		First Name		Middle Initial	Date of Birth (MM/DD/YYYY) / /
Residence Address		City		State	Zip
<input type="checkbox"/> Own Yrs	Mths				
Residence Telephone () -	Social Security Number - -	Driver's License Number		State/Exp Date	My Liquid Assets/Cash in Banks \$
PRINCIPAL AND GUARANTOR #2 PERCENTAGE OF BUSINESS OWNERSHIP _____ % (If you are only a guarantor then ownership % is 0)					
Do you have any ownership in any other companies or businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your percentage owned? _____ %					
Last Name		First Name		Middle Initial	Date of Birth (MM/DD/YYYY) / /
Residence Address		City		State	Zip
<input type="checkbox"/> Own Yrs	Mths				
Residence Telephone () -	Social Security Number - -	Driver's License Number		State/Exp Date	My Liquid Assets/Cash in Banks \$



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PRINCIPAL AND GUARANTOR #3 PERCENTAGE OF BUSINESS OWNERSHIP					% (If you are only a guarantor then ownership % is 0)	
Do you have any ownership in any other companies or businesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your percentage owned?						
Last Name		First Name		Middle Initial		Date of Birth (MM/DD/YYYY) / /
Residence Address			City	State	Zip	<input type="checkbox"/> Rent Yrs Mths
						<input type="checkbox"/> Own Yrs Mths
Residence Telephone () -	Social Security Number - -	Driver's License Number		State/Exp Date		My Liquid Assets/Cash in Banks \$
PRINCIPAL AND GUARANTOR WITH MAJORITY OWNERSHIP PERCENTAGE MUST PROVIDE CONTACT INFORMATION FOR THE NEAREST RELATIVE NOT LIVING IN THE SAME RESIDENCE						
Last Name		First Name		Middle Initial		Residence Telephone () -
Residence Address			City	State	Zip	Relationship to Principal/Guarantor



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DARLINGTON DOWNTOWN DEVELOPMENT ASSOCIATION
MICROLOAN FUND APPLICATION

LOAN PROJECT

ESTIMATED PROJECT COSTS

Land Acquisition \$ _____

New Building Construction \$ _____

Land and Building Acquisition \$ _____

Building Improvements \$ _____

Working Capital \$ _____

Machinery & Equipment Acquisition \$ _____

Other: (Please specify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Project Costs: \$ _____

FUNDING SOURCES

DDRA Funding Program \$ _____

Equity \$ _____

Funds from other sources (specify):

_____ \$ _____

_____ \$ _____

Total Funding \$ _____

*Total project costs and Total Funding must equal.

LOAN TERMS REQUESTED

Amount: \$ _____

Repayment Terms (months): _____

Interest Rate: _____%

Is an interest only period needed? Yes No If so, for how long? _____

Why is an interest only period needed? _____

Collateral to be pledged _____



Client # _____

MICROLOAN FUND APPLICATION

INITIAL TECHNICAL ASSISTANCE ASSESSMENT OF BORROWER

OPTION 1:

I/We choose to use **DDRA's Technical Assistance**. I/We agree to and understand that an individualized technical assistance "action plan" will be provided by a DDRA Consultant. I/We must complete the required "action plan" before the funding of my/our small business loan. I/We further understand that DDRA will offer post loan technical assistance. DDRA, USDA and SBA encourage you to take full advantage of these additional services to maximize the development and success of your business.

My/Our **Individualized Development Plan (IDP)** of the completed is attached to this business loan application.

OPTION 2:

I/We choose to use an **U.S. Small Business Administration (SBA) Approved Technical Assistance Provider (TAP) or a TAP acceptable by DDRA**. The required action plan items must be complete before the loan can be funded. TAP must complete the action plan below and the TAP must initial when the action items have been completed.

I/We have attached **Certificate(s) of Successful Completion** for training courses. Training courses must have been completed within one year of application.

Assessment of Technical Assistance Needs

Required TA Needs (from below)			Recommended TA Needs (from below)	
1 ST	2 ND	3 RD	4 TH	5 TH
#	#	#	#	#

1. Accounting for a Business
2. Market Analysis
3. Bookkeeping
4. Marketing
5. Business Plan
6. Minority Business Certification
7. Computer / Operational
8. Sales Training
9. Credit Counseling
10. Strategic Planning

11. Financial Management
12. Tax Services
13. International Trade
14. Working Capital Management
15. Inventory Control
16. Point of Sale (POS) Training Assistance
17. Legal Assistance
18. Non-cash payment options
19. Management
20. Other _____

Additional Comments:



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Technical Assistance Action Plan**

T/A Need	Action	Estimated Duration	Start Date	Completion Date	Initial Completed
Required #					
Required #					
Required #					

Additional Comments:

**The borrower and TA Provider agree to perform the following actions to the best of their abilities and the lender agrees to support this action plan. As an Approved Technical Assistance Provider, I hereby certify that the required action items listed above have been completed by the business applicant(s).

Signature of TA Provider

Name of TA Organization

____/____/_____
Date



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MICROLOAN FUND APPLICATION

MICROLOAN APPLICATION CONSOLIDATED ACCEPTANCE PAGE

Permission to Obtain Credit and Program Marketing

I/We Agree I/We hereby acknowledge my understanding and provide my permission for the Darlington Downtown Development Association (DDRA) to obtain credit information. Furthermore, I/We acknowledge that Darlington Downtown Development Association has permission to use the funding of this project in its marketing and promotion efforts as long as it does not contain any personal or proprietary information. I/We understand that upon my/our execution of this Consolidated Acceptance Page, the Build Up Darlington Business Loan Application, together with my/our executed Loan Agreement/Promissory Note and Borrower Information Form constitute a binding agreement between Darlington Downtown Development Association (DDRA) and myself/us with the same force and effect as if I/We had executed separate written agreements.

Build Up Darlington Loan Application

I/We Agree I/We acknowledge that I/We have read, completed and understand the Build Up Darlington Business Loan Application and hereby certify that all information provided, including legal status, is true, correct and complete. I/We understand that upon my/our execution of this Consolidated Acceptance Page, the Build Up Darlington Business Loan Application, together with my/our executed Loan Agreement/Promissory Note and Borrower Information Form constitute a binding agreement between Darlington Downtown Development Association (DDRA) and myself/us with the same force and effect as if I/We had executed separate written agreements.

Technical Assistance Assessment and Action Plan

I/We Agree I/We acknowledge and understand that this loan application is being submitted under the U.S. Department of Agriculture Rural Business Enterprise Grant (USDA) and that under this program the lender offers Technical Assistance to my/our business. The Technical Assistance will contain an Action Plan that will include required action items that must be completed before funding. Furthermore, I/we understand that DDRA and the USDA and my/our Technical Assistance Provider believe that management and technical assistance is critical to the development, growth and success of my/our business, and that I/we are strongly encouraged to utilize this assistance. By signing this agreement I/we accept the terms of the Technical Assistance Agreement and will abide by the terms of the Build Up Darlington loan with continued Technical Assistance requirements throughout the life of this loan.

Certifications

I/We Certify I/We certify as follows: Immigration Law: I/We certify, by signing below, that neither the Borrower nor Operating Company has been determined by the Secretary of Homeland Security or the Attorney General to have engaged in a pattern or practice of hiring an alien, recruiting an alien or referring an alien for a fee for employment in the United States, knowing that the person is an unauthorized alien. Use of Loan Proceeds: I/We certify, by signing below, that no funds from the loan will be used for restricted purposes: May not be used by any State or local government, or any non-profit entity, restaurant, night club, bar, multi-level marketing, speculative real estate, adult-oriented businesses, assisted living based from the home, for constructing, renovating or acquiring any casino or other gambling establishment, golf course, or swimming pool.

Applicant/Guarantor authorizes Lender/USDA and or Affiliates to investigate and confirm the information herein the Build Up Darlington Business Loan Application and Borrower Information Form(s), and hereby certifies that all information provided in conjunction with this application, including legal status, is true, correct and complete. Applicant/Guarantor hereby authorizes Lender/DDRA and or affiliates to utilize credit bureau/reporting agencies and or its own agents for purposes of verifying the accuracy of any information provided by Applicant/Guarantor and for purposes of assessing and monitoring applicants/guarantors credit status. Applicant/Guarantor authorizes that all credit bureau reporting agencies release any information they may have pertaining to Applicant/Guarantor to Lender/DDRA or Affiliates. This application may only be modified as approved in writing by an authorized officer of the Lender. No other representative of Lender or affiliate is authorized to make any verbal or written modification to this application. By signing below Applicant/Guarantor represent that the information presented within the Build Up Darlington Business Loan Application and Borrower Information Form(s) is true, correct and complete, and that all loan proceeds will be used only for business related purposes.

X _____
Signature of Principal/Guarantor Date

X _____
Signature of Principal/Guarantor Date

X _____
Signature of Principal/Guarantor Date

X _____
Signature of Principal/Guarantor Date



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MICROLOAN FUND APPLICATION

CONFLICT OF INTEREST STATEMENT

Date: _____

Darlington Downtown Development Association
410 Pearl Street
Darlington, South Carolina 29532

RE: Conflict of Interest Statement

Dear Sir or Madam:

On behalf of the applicant business entity, I (We) shall inform Darlington Downtown Development Association (DDRA) in writing and furnish such additional evidence as DDRA requests as to whether, and to the extent which, either the applicant or its principal officers (including immediate family) are employed by Darlington Downtown Development Association, the United States Department of Agriculture, or the United States Small Business Administration. DDRA shall determine whether such employment is sufficient to create a potential conflict of interest. If DDRA determines there is a potential conflict of interest, the applicant's application will not be processed until such a conflict is eliminated.

Sincerely,

(Company Name)

Signature By: _____

Title: _____

Signature By: _____

Title: _____