

Region 9 Disaster Assistance Loan Program

Serving Archuleta, Dolores, La Plata, Montezuma, San Juan, Sothern Ute, and Ute Mountain Ute Tribes

Loans Up to \$10K*

(All loans are subject to approval and available funding)

Low cost loans from \$1K-10K

To help cover

Essential Business Expenses

such as:

Payroll, rent, & utilities

3 month draw period

0% interest if paid in less then
6 months

1% interest for 6-12 months

Converts to Prime interest rate
after 1 year and amortizes on a
24-48 months term

Flexible Collateral

Streamlined
Applications

due

April 24th

Email

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The Region 9 Disaster Assistance Loan Program is designed to help those that are currently in business and who have a plan to continue their business operations after the COVID-19 crisis.

As part of the application process we would like to request a Job Development Statement, a Personal Financial Statement, 2019 Year end Profit & Loss Statement and Balance Sheet (or tax return if completed) and a written narrative describing how the funds will help support your business during the coming months.

Below is a list of guiding questions for the narrative that, at a minimum, may also assist you in your business planning. Please address as many of the questions that are applicable to your business.

Primary Focus Questions

- * How long have you been in business?
- * How many employees did you have prior to the COVID-19 event?
- * What is the current status of your employees?
- * How will the loan funds be spent?
- * How are your operations currently impacted by the current crisis?

Other Considerations:

- * How much cash or other capital does your business have?
- * How is your supply chain effecting your business?
- * How do you message your clients?
- * Is your business dependent on locals or tourism? Both?
- * What other challenges are you facing in the business?
- * Have you spoken to your Bank about your business recently?
- * Which Bank do you work with?

**REGION 9
ECONOMIC DEVELOPMENT DISTRICT OF SOUTHWEST COLORADO
DISASTER ASSISTANCE LOAN APPLICATION**

1. PRELIMINARY INFORMATION: Date: _____

Business Name (Specify d/b/a): _____

Contact Person (Title): _____

Mailing Address: _____

Physical Address of Business: _____

County (Bus. Location): _____ Phone: _____ E-mail: _____

Type of Business (Mfg., Retail, etc.): _____

Employer ID#: _____

Duns Number: _____

Bank of Business Account: _____

Bank Contact Person: _____ Acct. #: _____

Amount of BLF Request: _____ Repayment schedule: _____

2. TYPE OF BUSINESS OWNERSHIP: (Sole Proprietor, Partnership, Corporation or LTD. etc.) _____

Date Business Established: _____

Name of Insurance Company _____

Type of Insurance: Liability Insurance _____ Hazard Insurance _____

Business Ownership List (Proprietor, All partners and stockholders owning 5% or more of outstanding stock).

Name	% Owned	Title/Position	SS#	Sex*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Names of Corporate Officers

Name	% Owned	Title/Position	SS#

3. EMPLOYMENT: Number at time of Application: _____

4. Business Debt: List current debts of the business. (Indicate any loans to be paid by proposed RLF funding with an asterisk (*)).

Origination Date	Amount	Current Balance	Interest Rate	Monthly Payment	Maturity Date Collateral

5. USES OF FUNDS: (Total project Cost from all sources of funding including borrower fund. Please note the exact use or uses of the RLF loan request with RLF written to the side).

Purchase of Real Estate	\$ _____
New construction or building fixed Assets	\$ _____
Bldg. expansion or Repair	\$ _____
Acquisition of Existing Business	\$ _____
Purchase of machinery & Equip.	\$ _____
Purchase of furniture & fixtures	\$ _____
Purchase of Inventory	\$ _____
Debt Payment	\$ _____
Working Capital or operating expense	\$ _____
Other (explain) _____	\$ _____
Total Project Amount	\$ _____

6. SOURCES OF FUNDS: Show all sources of financing for the project.

Bank Loan (non - SBA)	\$ _____
Bank Loan (SBA guarantee)	\$ _____
Mortgage (other than Bank)	\$ _____
Equipment Finance	\$ _____
Borrower Equity: Cash	\$ _____
Non - Cash	\$ _____
Other (Specify): _____	\$ _____
BLF Request	\$ _____
Total Sources (should equal total from 5. above)	\$ _____

7. OVERALL BORROWER EQUITY: What amount will borrower have invested in Business?
State if investment is in cash, equipment, real estate, etc.

_____ \$ _____
_____ \$ _____
_____ \$ _____

A. Does your business have any subsidiaries or affiliates (including owner leasing arrangements)?
Yes _____ No _____

If yes, please provide current financial statements for each as an attachment.

B. Does your business have any licensing agreements or royalty payments required for any of the business products?
Yes _____ No _____

If yes, please provide their names and the relationship with your company.

C. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?
Yes _____ No _____

If yes, please provide details in an attached letter.

D. Are you or your business involved in any potential or pending lawsuits?
Yes _____ No _____

If yes, please provide details in an attached letter.

The Loan Application form should be attached to other supporting documents as described in the loan documentation checklist.

I certify that the information included in this application is true and complete to the best of my knowledge. By my signature, I acknowledge that I agree to comply with the requirements that the Region 9 Economic Development District of Southwest Colorado, Inc., makes in connection with the approval of my loan request. I also grant permission to the Region 9 Economic Development District of Southwest Colorado, Inc., to obtain information from my bank, creditors, credit bureau, reporting agency or other necessary sources to research and evaluate this application.

Authorized Official Title Date

Authorized Official Title Date

**REGION 9 ECONOMIC DEVELOPMENT DISTRICT OF SOUTHWEST COLORADO,
INC.**

**DISASTER ASSISTANCE LOAN FUND
JOB DEVELOPMENT STATEMENT**

One Objective for BLF funding is to provide employment opportunities for low and moderate income persons. **Job creation is not a requirement to qualify for Region 9 funding, but we do require this form for our files.** If there is not any job creation expected, please fill in with "0".

1. Business Description: (Please give a brief description of your business including your products, services and production methods.)

2. Current Employment Description: (List all the job positions and numbers of persons in those positions currently employed by your business.) *FTE = Full Time Equivalents

<u>JOB TITLE</u>	<u>BRIEF DESCRIPTION OF DUTIES AND TASKS</u>	<u>AVG. HR. WAGE</u>	<u># OF *FTE</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

3. Future Employment Retention and Creation: (Please describe all of the new Employment positions to be created or retained as a result of this loan.)

<u>JOB TITLE</u>	<u>BRIEF DESCRIPTION OF DUTIES AND TASKS</u>	<u>AVG. HR. WAGE</u>	<u># OF *FTE</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

4. Job Justification: (Please give a brief explanation of how and why these jobs will be created as a result of this loan.)

5. Projected Schedule for Job Creation: (Please describe the estimated time frame for creating these jobs.)

JOB TITLE	ESTIMATED # OF MONTHS TO FILL JOB	AVG. HR. WAGE	# OF *FTE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Education and Training: (Briefly describe training methods and programs for current and future employees.)

7. Employment Opportunities for Low and Moderate Income Persons: (Please describe the employer’s efforts and programs to provide employment opportunities for low and moderate income persons.)

*HUD CDBG Maximum Incomes for Low-Moderate Households is available through Region 9.

Would you like further information about the State of Colorado’s programs and assistance available for hiring and training low to moderate income persons? Yes _____ No _____.

I hereby certify that the information provided is accurate to the best of my knowledge:

Authorized Official Title Date

Authorized Official Title Date

PERSONAL FINANCIAL STATEMENT

Region 9 Economic Development District of Southwest Colorado, Inc.

As of _____, 20 ____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owing 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guarantee on the loan.

Name Business Phone

Residence Address Residence Phone

City, State & Zip Code

Business Name of Applicant/Borrower

ASSETS	(Omit Cents)	Liabilities	(Omit Cents)
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loans on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile - Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
Other Assets	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5)		(Describe in Section 7)	
		Total Liabilities	\$ _____ -
		Net Worth (Total Assets-Total Liabilities)	\$ _____ -
Total	\$ _____ -		Total \$ _____

Section 1. Source of Income Contingent Liabilities

Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provisions for Federal Income Tax	\$ _____
Other Income (Describe Below)*	\$ _____	Other Special Debt	\$ _____

Description of Other Income in Section 1.

Name and Address of closest relative not living with you:

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. 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 Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stock and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Type of Property	Property A	Property B	Property C
Name & Address of Property			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of Insurance company and beneficiaries).

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20415, and Clearance Office, Paper Reduction Project (3245-0188). Office of Management and Budget, Washington, D.C. 20503.