

# Micro-Loan Application Form

## SECTION I: BUSINESS INFORMATION

Name of Applicant (e.g., Joe Smith) \_\_\_\_\_

Business Name, if applicable (e.g., Arnie's Art Animals) \_\_\_\_\_

Number of employees (include Owner in Count) Full-Time \_\_\_\_ Part Time \_\_\_\_

Business Address and Mailing (if different): \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail/Website \_\_\_\_\_

Date Business was established \_\_\_\_\_

Federal Tax Number (if you have one) \_\_\_\_\_

### Type of Organizational Structure

Partnership  Sole Proprietorship  Not Yet Established

S Corp  C Corp  Other \_\_\_\_\_

### Is Businesses

For Profit  Non-profit

Do you have any personal/business judgments, unsettled lawsuits, major disputes, or tax liens against you or pending against you?  Yes  No

If yes describe \_\_\_\_\_

Has the Business, or any principles of the business, been involved in bankruptcy or insolvency proceedings?  Yes  No

If yes describe \_\_\_\_\_

Do you have any credit problems that we should be aware of?  Yes  No

If yes please explain \_\_\_\_\_

## SECTION II: BUSINESS PLAN INFORMATION

**9. Please provide a brief description of work to be done and/or items purchased for this project and how this will grow your business. Please provide photos, sketches or other materials that will help the Micro-Loan Committee in scoring your proposal.**

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**10. Estimate the revenue increase you expect for your business if the project is completed.**

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**12. Estimate the cost savings you expect for your business if the project is completed.**

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**13. Estimate the number of jobs created and/or saved if project is completed.**

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**14. Please list any business affiliations, organizations you belong to, or programs you participate in that you feel contribute to the probability of your business success.**

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**16. Please attach your business plan OR answer the following questions on a separate sheet and attach.**

- a. Describe your business.
- b. Who is your target market and what is your marketing strategy?
- c. List your competition and what differentiates you.
- d. List your staff and their qualifications/experience.
- e. List what you will do with the new money from this loan.
- e. List your income and expenses from the previous fiscal year.
- f. List your expected income and expenses for the current fiscal year.

**SECTION III: FINANCING INFORMATION**

**17. Total estimated cost/value of materials, supplies, and services for this project:** \_\_\_\_\_

\*Please attach documentation of cost estimates itemized by the supplier. Estimates must be clearly marked and organized from lowest to highest. Please staple price quote pages together grouped by vendor.

**18. Total estimated cost/value of building renovation (if applicable):** \_\_\_\_\_

Please attach documentation of cost estimates from contractor. Please staple price quote pages together grouped by vendor.

**19. Is the business owner contributing any labor costs to the project** \_\_\_ Yes \_\_\_ No

**20. Estimated project total:** \_\_\_\_\_.

(Combined total of all costs. Add 17, 18, and 19)

**22. Would you be interested in funding from this program if you did not receive the full award requested?** \_ Yes \_ No

**23. How would you adjust/revise the project with a reduced grant award?**

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**24. Fill out the attached Benefit Data Information Sheet.**

**25. Please attach the most recent personal or businesses tax return.**

**SECTION IV: REFERENCES**

Please provides names, addresses, and phone numbers for three references

**SECTION V: APPLICATION CHECKLIST**

Please include the following information with your application. If you have any questions regarding these items, please contact the Town Office at 207-367-2351 or visit the Micro-Loan Administrator at 32 Main Street, Stonington, Maine, Monday-Friday 8 a.m. – 4 p.m.

1. *Completed Business Plan, including cash flow projections*
2. *Completed Personal Financial Statement*
3. *For existing business please provide Balance Sheet and Profit and Loss Statement (Forms are attached)*
4. *Last fiscal years personal and/or business income tax return.*

**Applicant's Signature**

I have read and understand the attached guidelines. I understand that this is a town run micro-loan program, and that money is granted on a reimbursement basis following completion of work (although some funds may be provided in installments before work is complete). I also understand that work not formally approved by the Micro-Enterprise Grant Committee will not be funded.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Landlord's Acknowledgement (if Applicant is a Tenant)**

I am the landlord of the above address. I have been informed of the Applicant's intention to perform the improvements described in the attached documentation, and I hereby approve the proposed improvements.

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Date

**Landlord's Contact Information**

Landlord's Full Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Phone \_\_\_\_\_

**Please return your complete application along with all documentation to:**

**Town of Stonington**

**32 Main Street**

**PO Box 9**

**Stonington, Maine 04681**

**BUSINESS INCOME AND EXPENSE (PROFIT AND LOSS) STATEMENT**

*To be completed by existing businesses only*

2007 and 2008 information can be found on your income tax returns. Please attach copies of your tax returns with this application.

	2007	2008	2009 (year to date)
A. Gross Sales	_____	_____	_____
B. Cost of Good Sold	_____	_____	_____
<b>A-B= Gross Profit</b>	_____	_____	_____
D. Operating Expense	_____	_____	_____
<b>C-D= Net Profit</b>	_____	_____	_____

**PERSONAL FINANCIAL STATEMENT**

Please fill out if you are a start-up business

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

1. Annual Gross Income: Please show actual gross income for previous twelve months for all household members.

Name	Amount	From What Source
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total Gross Income	\$ _____	
Income Tax Paid	\$ _____	
Net Income	\$ _____	

2. Annual household expenses please show personal expenses for the previous 12 months. Do not include business expenses

Rent/mortgage payments (12 months)	_____
Car payments (12 months)	_____
Installment debt/credit cards	_____
Insurance	_____
Property	_____
Auto	_____
Health/Life	_____
Real Estate Tax	_____
Utilities	_____
Heat	_____
Lights/Electric	_____
Phone	_____
Water	_____
Medical Expenses	_____
Food	_____
Other (list) _____	_____
Total Annual Expenses	\$ _____

## PERSONAL BALANCE SHEET

### WHAT YOU OWN

### CURRENT VALUE

Cash on Hand	\$ _____
Bank Accounts (name of bank; checking or savings) _____	\$ _____
Investments (retirement accounts, mutual/money market funds, stocks, bonds) _____	\$ _____
Residential Real Estate (describe) _____	\$ _____
Other Real Estate (describe) _____	\$ _____
Life Insurance (company, policy number & cash value – no cash value for term insurance) _____	\$ _____
Automobiles (make, model, and year) _____ _____	\$ _____ \$ _____ \$ _____
Money Other People Owe You (notes, mortgages) _____	\$ _____
Other Valuable Assets (jewelry, furnishings, art, collections, etc.) _____	\$ _____
<b>TOTAL VALUE</b>	<b>\$ _____</b>

### WHAT YOU OWE

	<u>OWED TO WHOM</u>	<u>BALANCE OWED</u> (Where Applicable)	<u>MONTHLY PAYMENT</u>	<u>PAYOFF DATE</u>
Mortgages	_____	\$ _____	\$ _____	_____
Auto Loans	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Personal Loans	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Credit Cards	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
	_____	\$ _____	\$ _____	_____
Student Loans	_____	\$ _____	\$ _____	_____
Child Support	_____	\$ _____	\$ _____	_____
Unpaid Taxes	_____	\$ _____	\$ _____	_____
Other	_____	\$ _____	\$ _____	_____
<b>TOTAL AMOUNT OWED</b>		<b>\$ _____</b>		
<b>NET WORTH</b> (Value Less Amount Owed)		<b>\$ _____</b>		

**BUSINESS BALANCE SHEET**

*To be completed by existing businesses only*

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

**WHAT YOUR BUSINESS OWNS**

**CURRENT VALUE**

Cash on Hand	\$ _____
Bank Accounts (name of bank; checking or savings)	\$ _____
Real Estate (describe)	\$ _____
Equipment	\$ _____
Furniture and Fixtures	\$ _____
Inventory (supplies, merchandise)	\$ _____
Automobiles (make, model, year)	\$ _____
	\$ _____
	\$ _____
Accounts Receivable (money customers owe you)	\$ _____
Other	\$ _____
	\$ _____
<b>TOTAL VALUE</b>	\$ _____ (A)

**WHAT YOUR BUSINESS OWES** (amount due now)

<u>OWED TO WHOM</u>	<u>BALANCE OWED</u>	<u>MONTHLY PAYMENT</u>	<u>PAYOFF DATE</u>
		(Where Applicable)	
Bills, Accounts payable, due suppliers	\$ _____		
Loans (business)	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Auto Loans	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Credit Cards	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
	\$ _____	\$ _____	_____
Unpaid Taxes	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>TOTAL AMOUNT OWED</b>	\$ _____ (B)		
<b>NET WORTH</b> (Value Less Amount Owed)	\$ _____ (A Minus B)		



Project Budget Sheet

Summary of Expenditures

Activity	Micro-Loan	Private Funds	Other Funds	Total
Working Capital				
Inventory				
Real Property Acquisition				
Relocation of Persons and or Business				
Clearance and Demolition				
Site Improvement				
Water/Sewer Improvement				
Building Const/Rehab				
Parking Facilities				
Capital Equipment				
Professional Fees				
Other (Specify)				
Total Project Costs				

\* Please, describe clearly the uses of funds in the project. Include items to be purchased, current contractor and supplier estimates, inventory to be acquired, working capital to be expended, etc. Identify specifically the use of micro-loan money.



## ITEM-BY-ITEM INSTRUCTIONS FOR CASH FLOW PROJECTION

### 1. CASH ON HAND

(Beginning of month) *Cash on hand same as (7), Cash Position Previous Month*

### 2. CASH RECEIPTS

(a) Cash Sales *All cash sales. Omit credit sales unless cash is actually received.*

(b) Collections from Credit Accounts *Amount to be expected from all credit accounts.*

(c) Loan or Other Cash injection *Indicate here all cash injections not shown in 2(a) or 2(b) above. See "A" of "Analysis."*

### 3. TOTAL CASH RECEIPTS

(2a+2b+2c = 3) *Self-explanatory.*

### 4. TOTAL CASH AVAILABLE

(Before cash out) (1 + 3) *Self-explanatory.*

### 5. CASH PAID OUT

(a) Purchases (Merchandise) *Merchandise for resale or for use in product (paid for in current month).*

(b) Gross Wages (Excludes withdrawals) *Base pay plus overtime, if any.*

(c) Payroll Expenses (Taxes, etc.) *Include paid vacations, paid sick leave, health insurance, unemployment insurance, etc. (this might be 10% to 45% of 5[b]).*

(d) Outside Services *This could include outside labor and/or material for specialized or overflow work, including subcontracting.*

(e) Supplies (Office and operating) *Items purchased for use in the business (not for resale).*

(f) Repairs and Maintenance *Include periodic large expenditures such as painting or decorating.*

(g) Advertising *This amount should be adequate to maintain sales volume — include telephone book yellow page cost.*

(h) Car, Delivery, and Travel *If personal car is used, charge in this column — include parking.*

(i) Accounting and Legal *Outside services, including, for example, bookkeeping.*

(j) Rent *Real estate only (see 5[p] for other rentals).*

(k) Telephone *Self-explanatory.*

(l) Utilities *Water, heat, light, and/or power.*

(m) Insurance *Coverages on business property and products, e.g., fire, liability; also workman's compensation, fidelity, etc. Exclude "executive" life (include in 5[w]).*

(n) Taxes (Real estate, etc.) *Plus inventory tax — sales tax — excise tax, if applicable.*

(o) Interest *Remember to add interest on loan as it is injected. (See 2[c] above.)*

(p) Other Expenses (Specify each) *Unexpected expenditures may be included here as a safety factor.*

*Equipment expenses during the month should be included here (non-capital equipment).*

*When equipment is rented or leased, record payments here.*

(q) Miscellaneous (Unspecified) *Small expenditures for which separate accounts would not be practical*

(r) Subtotal *This subtotal indicates cash out for operating costs.*

(s) Loan Principal Payment *Include payment on all loans, including vehicle and equipment purchases on time payment*

(t) Capital Purchases (specify) *Non-expensed (depreciable) expenditures, such as equipment, building, vehicle purchases, and leasehold improvements.*

(u) Other Start-up Costs *Expenses incurred prior to first month projection and paid for after the start-up position.*

(v) Reserve and/or Escrow (Specify) *Example: insurance, tax, or equipment escrow to reduce impact of large periodic payments.*

(w) Owner's Withdrawal *Should include payment for such things as owner's income tax, social security, health insurance, "executive" life insurance premiums, etc.*

### 6. TOTAL CASH PAID OUT

(Total 5[a] through 5[w]) *Self-explanatory.*

### 7. CASH POSITION

(End of month) (4 - 6) *Enter this amount in [1] Cash on hand following month — See "A" of "Analysis."*

### ESSENTIAL OPERATING DATA

(Non-cash flow information) *This is basic information necessary for proper planning and for proper cash flow projection. In conjunction with this data, the cash flow can be evolved and shown in the above form.*

A. Sales Volume (Dollars) *This is a very important figure and should be estimated carefully, taking into account size of facility and employee output as well as realistic anticipated sales (Actual sales performed — not orders received).*

B. Accounts Receivable (End of month) *Previous unpaid credit sales plus current month's credit sales, less amounts received current month (deduct "C" below).*

C. Bad Debt (End of month) *Bad debts should be subtracted from (B) in the month anticipated.*

D. Inventory on Hand (End of month) *Last month's inventory plus merchandise received and/or manufactured current month minus amount sold current month.*

E. Accounts Payable (End of month) *Previous month's payable plus current month's payable minus amount paid during month.*

F. Depreciation *Established by your accountant, or value of all your equipment divided by useful life (in months) as allowed by Internal Revenue Service.*

### ANALYSIS

A. *The cash position at the end of each month should be adequate to meet the cash requirements for the following month. If too little cash, then additional cash will have to be injected or cash paid out must be reduced. If there is too much cash on hand, the money is not working for your business.*

B. *The cash flow projection, the profit and loss projection, the break-even analysis, and good cost control information are tools which, if used properly, will be useful in making decisions that can increase profits to insure success.*

C. *The projection becomes more useful when the estimated information can be compared with actual information as it develops. It is important to follow through and complete the actual columns as the information becomes available. Utilize the cash flow projection to assist in setting new goals and planning operations for more profit.*

# MONTHLY CASH FLOW PROJECTION

INSTRUCTIONS ON REVERSE SIDE

NAME OF BUSINESS			ADDRESS						OWNER			
		Disbursement of Loan Proceeds	1		2		3		4		5	
YEAR	MONTH											
		Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	
<b>1. CASH ON HAND</b>												
(Beginning of month)												
<b>2. CASH RECEIPTS</b>												
(a) Cash Sales												
(b) Collections from Credit Accounts												
(c) Loan or Other Cash Injection (Specify)												
<b>3. TOTAL CASH RECEIPTS</b>												
(2a + 2b + 2c = 3)												
<b>4. TOTAL CASH AVAILABLE</b>												
(Before cash out) (1 + 3)												
<b>5. CASH PAID OUT</b>												
(a) Purchases (Merchandise)												
(b) Gross Wages (Excludes Withdrawals)												
(c) Payroll Expenses (Taxes, etc.)												
(d) Outside Services												
(e) Supplies (Office and Operating)												
(f) Repairs and Maintenance												
(g) Advertising												
(h) Car, Delivery, and Travel												
(i) Accounting and Legal												
(j) Rent												
(k) Telephone												
(l) Utilities												
(m) Insurance												
(n) Taxes (Real Estate, etc.)												
(o) Interest												
(p) Other Expenses (Specify Each)												
(q) Miscellaneous (Unspecified)												
(r) Subtotal												
(s) Loan Principal Payment												
(t) Capital Purchases (Specify)												
(u) Other Start-up Costs												
(v) Reserve and/or Escrow (Specify)												
(w) Owner's Withdrawal												
<b>6. TOTAL CASH PAID OUT</b>												
(Total 5a thru 5w)												
<b>7. CASH POSITION</b>												
(End of Month) (4 minus 6)												

# MONTHLY CASH FLOW PROJECTION (continued)

TYPE OF BUSINESS						PREPARED BY						DATE				
6		7		8		9		10		11		12		TOTAL		
												Columns 1—12				
Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	Estimate	Actual	
																1.
																2.
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																6.
																7.

**TOWN OF STONINGTON  
BENEFIT DATA INFORMATION SHEET**

CDBG MEG SURVEY #: \_\_\_\_\_

The Town of Stonington has been awarded Community Development Block Grant (CDBG) funds from the State of Maine, Department of Economic and Community Development for a Micro-Enterprise program. The proposed activities are loan/grants to businesses in Downtown Stonington

For the proposed activities, the CDBG program requires documentation of program benefit. Therefore, the community is surveying the potential beneficiaries ensuring compliance with CDBG program regulations.

Your response to the following questions is critical for meeting CDBG program requirements. All responses are confidential and used solely for securing CDBG grant funds. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL.** Please return this form to **Town of Stonington, PO Box 9, Stonington, ME 04681** as soon as possible. If you have questions, please call 367-2351. Thank you for your cooperation.

In determining total family income use your total gross income for the 12 month period prior to completing this form.

FAMILY SIZE:		FAMILY INCOME:			
(Please Circle one)		(Please check one)			
	30%	50%	80%	Above 80%	
1	Below 12,100	12,101 – 20,150	20,151 – 32,200	Above 32,200	
2	Below 15,550	15,551 – 25,900	25,901 – 41,400	Above 41,400	
3	Below 18,650	18,651 – 31,050	31,051 – 49,700	Above 49,700	
4	Below 21,400	21,401 – 35,650	35,651 – 57,050	Above 57,050	

**BENEFICIARY INFORMATION:**

**Individual Race:** Indicate by placing an "X" on the appropriate line:

White \_\_\_ Black/African American \_\_\_ Asian \_\_\_ American Indian/Alaskan Native \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ Asian & White  
 American Indian/Alaskan Native & White \_\_\_ Black/African American & White \_\_\_ American Indian/Alaskan Native & Black/African American \_\_\_ Other \_\_\_

**Individual Make-up:** Indicate by placing an "X" on the appropriate lines:

Elderly: \_\_\_ Severely Disabled: \_\_\_ Female Head of Household? Yes \_\_\_ No \_\_\_ Before taking this job were you employed? Yes \_\_\_ No \_\_\_

I certify that the information on this survey form is true and complete to the best of my knowledge and belief, and that the Town of Stonington, the State of Maine CDBG Program, and HUD are hereby authorized to verify the information contained herein.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI \_\_\_ NON-LMI \_\_\_

Signature of authorized official \_\_\_\_\_ Date \_\_\_\_\_