

Small Business Revolving Loan Fund

Microloan Program

Microloan Application

FOSTORIA 
ECONOMIC DEVELOPMENT CORPORATION



Fostoria Area 
Chamber
Of Commerce

Small Business Microloan Application

DEADLINE: July 1, 2020

1. Full Name _____
2. Business Name _____
3. Email Address _____
4. Phone Number _____
5. Year Business Started _____
7. Is your Business Registered with the State of Ohio? Yes ____ No ____
8. Business Address _____
9. Business Tax ID Number: _____
10. Type of Business _____
11. Principle Product or Service _____
12. Name of Bank(s) which the business has existing accounts:
Name: _____
Contact Person: _____

Name: _____
Contact Person: _____
13. Amount Requested through Microloan Program (max: \$5,000): \$ _____
14. Do you want to have a call with the Fostoria Economic Development and Chamber of Commerce leadership to discuss the future of your business or any other issues you may be having with this national emergency? Yes _____ No _____

I understand that any information disclosed will be held in strict confidence, and used only to help me succeed in my business endeavors. I understand that all Boards, Staff and associated professionals hold all personal information and disclosed business information in strict confidence at all times.

Signature _____

Date _____

Narrative Questions

1. Please provide us a narrative on how this money will be utilized by your business to help you get through the COVID - 19 National Emergency. (use additional paper & enclose with application)
2. What changes have you already made or do you plan to make to help your business sustain this national emergency? (use additional paper & enclose with application)
3. Do you have a continuity plan for your business, specifically for the next 6-12 months?
Yes _____ No _____

If yes, please explain in as much detail as possible at this time

Financials:

Please fill out the following financial information.

Project Costs	Total	RLF	Private Lender (if applicable)	Grants/Loans (SBA, PPP, etc.)	Notes
Staff					
Utilities/Rent					
Supplies					
Other Costs					
Total Fixed Costs					
Working Capital					
Total Costs					

Additional Information/Explanation:

Required Attachments

1. Signed Application
2. Year-end Financials (Profit & Loss and Balance Sheet)
 - 2019 Year-end Financials (required)
 - 2018 Year-end Financials (preferred)
3. Narrative Question Responses
4. Letter of Intent from Private Lender (if applicable); Proof of Grant/Loan approval or request (if applicable)
5. Signed Personal Guarantee
6. Proof the Revolving Loan Fund is listed as loss payee on Business Insurance

All applications must be submitted electronically. If there are any questions regarding your application, you will be contacted via email or phone by either the President of the Fostoria Economic Development Corporation, Renee Smith, or the Chamber/Small Business Director, Sarah Stephens-Krupp.

Please email all applications and attachments to:

Renee Smith	Fostoriaed@aol.com	419-435-7789
Sarah Stephens-Krupp	Sarah@fostoriachamber.com	419-435-0486

SUBMISSION ACKNOWLEDGMENT

As an authorized agent of the applicant company/business, I hereby submit this application. I understand that any false statement in this record may subject the applicant company and the signer to criminal prosecution. I also understand that additional information may be required to complete the application process. By signing this application I am authorizing the participating private lender involved with this project to provide the Fostoria Revolving Loan Fund, and their loan fund administrator, on a confidential basis, with any information provided to that lender as part of the application for funds from that private lender.

Signature

Title

Company Name

Date