

WEDC DISASTER RECOVERY MICROLOAN PROGRAM APPLICATION

SECTION I-BUSINESS INFORMATION			
Legal Entity: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Nonprofit (Attach copies of IRS documents showing acceptance of Federal Tax Exempt Status)			
Legal Name:			
Trade Name:			
Mailing Address:			
City, State, Zip:			County:
FEIN: <small>(Federal Employee Identification Number –Tax ID)</small>			
Date Established:		State of Organization (Per Articles of Incorporation/Organization):	
Current Employment	Full-time:	Part-time:	
Website URL:		Phone:	
Head of Organization:		Title:	
Phone:		Email:	
Check box if W-9 is attached to the application <input type="checkbox"/>			
Briefly describe the business including products/services, locations and customers:			

SECTION II- PRIMARY APPLICATION CONTACT	
Project Contact:	Title:
Email:	Office Phone:
Cell Phone:	Mailing Address:
City, State, Zip:	

SECTION III- BUSINESS OWNERSHIP			
List All Owners:			
Name	Ownership %	Phone	Email
How long has the business been under current ownership?			

SECTION IV- AFFECTED PROPERTY	
Physical Address:	
City, State, Zip:	
Property Owner:	
Email:	Office Phone:
Cell Phone:	Mailing Address:
City, State, Zip:	

SECTION V- DAMAGE	
Briefly describe the extent of your business loss (attach photos as applicable): Please provide on page 3.	
Has/will your business register with FEMA or local emergency management officials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain:	
Did/will your business apply for a Small Business Administration (SBA) Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain:	
Have/will any of the business's damages or economic losses be covered by other sources, insurance, local grants, reimbursements, loans, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide on page 3.	
Insurance Carrier Name:	Agent's Name:
Agent's Email:	Agent's Phone:
Are you current with State and federal taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain:	
Are you current on your personal and business property taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please explain:	
Attach your most current federal and state tax return. See list of attachments on page 3.	

SECTION VI- LOAN REQUEST	
Please detail how you intend to use the microloan dollars: Note: Personal guarantees from the applicant will be required	
Estimated Total Physical Business Damage:	
Rent/Mortgage Expense:	
Operating Costs:	
Architecture & Engineering:	
Equipment/Furniture/Fixtures:	
Inventory Replacement:	
Other:	
TOTAL (not to exceed \$50,000):	

SECTION VII- LENDER REFERENCE	
Lender:	Lender Contact:
Email:	Office Phone:
Cell Phone:	Mailing Address:
City, State, Zip:	

ADDITIONAL INFORMATION: CONTINUED FROM SECTION V - DAMAGE

Date(s) of damage:

Briefly describe the extent of your business loss:

Please explain if any of the business's damages or economic losses will be covered by other sources, insurance, local grants, reimbursements, loans, etc.:

Please describe if you have re-opened or your plans to re-open or re-locate:

Please list any collateral that can/will be pledged:

Please attach:

- Tax Returns (State & Federal) for 2018 and 2019 (if applicable)
- Financial Statements for 2018 and 2019 (if applicable)
- Photos of damages
- Police report
- Repair estimates/invoices
- Insurance claim paperwork

If any of the above are not attached, please explain:

SECTION VIII - CERTIFICATION
I certify that the information supplied on this application and all other supplemental information submitted for review for this loan is accurate and complete. I also authorize required and necessary background and credit checks.
Signature:
Name:
Title:
Date:

Please submit this application and other attachments to:

Grants@kaba.org.