

# NORTHWEST LOAN FUND

Serving  
Eagle, Garfield, Grand, Jackson,  
Moffat, Pitkin, Rio Blanco, Routt and Summit Counties

## SUMMARY OF LOAN REQUEST

NLF Loan Request Amount \$

Date:

### 1. PRELIMINARY INFORMATION

Business Name

Phone ( )

Mobile ( )

Contact Person

Title

Email Address

Mailing Address

Physical Address

County

Federal ID or SS#

Business Account Bank

Bank Contact

Bank Address

### 2. BUSINESS INFORMATION

Type of Business:

Sole Proprietor

Corporation

Sub S Corporation

Partnership

Retail

Wholesale

Service

Manufacturer

Other

If corporation, list names of officers:

Date business established \_\_\_\_\_

Fiscal year \_\_\_\_\_

Is this an existing business?  Yes  No

Purchase of existing business?  Yes  No

New business?  Yes  No

Business description: *(products manufactured, services provided, etc.)*

Percent of Ownership

Name

Address

Phone

% Owned

SS#

1)

2)

3)

4)

### 3. REASONS FOR NEED FOR NLF FUNDS

### 4. OTHER LENDING COMMITMENTS/CONTACTS FOR THIS PROJECT

Please list below names of other banks or lending sources you have contacted regarding this project and indicate whether they are willing to commit to financing. Attach letters of commitment or interest if available.

Name	Phone #	Date of Contact	Willing to Commit
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### 5. EMPLOYMENT

Number of FTE\* employees at the time of application: \_\_\_\_\_

Average payroll (\$/month): \_\_\_\_\_

New FTE jobs to be created as a result of this loan: *(Give #'s for each time period, not cumulative total)*

a) 1<sup>st</sup> 6 months \_\_\_\_\_ b) 2<sup>nd</sup> 6 months \_\_\_\_\_ c) 2<sup>nd</sup> Year \_\_\_\_\_ Total over 2 Years \_\_\_\_\_  
*(should equal a thru c)*

If this is a job retention project (i.e. company will go out of business if NLF funds are not received), number of current FTE employees to be retained: *(Mark n/a if not applicable)* \_\_\_\_\_

Number to be filled/retained by low/moderate income persons: *(Refer to LMI link for your county on NWCCOG.org)* \_\_\_\_\_

Plans for hiring and training new workers:

\*FTE, for the purposes of this program, is defined as a minimum of 35 hours per week, 50 weeks per year.

## 6. BUSINESS DEBT

List current debts of the business (including credit card debt) – indicate any loans to be paid by proposed funding with an asterisk (\*).

Original Date	Lender	Original Amount	Current Balance Outstanding	Interest Rate	Term	Monthly Payment	Security
		\$	\$	%		\$	
		\$	\$	%		\$	
		\$	\$	%		\$	
		\$	\$	%		\$	
		\$	\$	%		\$	

## 7. USE OF ALL PROCEEDS

	Amount	Anticipated Date of 1 <sup>st</sup> Draw
Purchase of business occupied building	\$ _____	_____
Building expansion or repair	_____	_____
Purchase of machinery and equipment	_____	_____
Purchase of inventory	_____	_____
Purchase of furniture and fixtures	_____	_____
Purchase of raw materials	_____	_____
Purchase of existing business	_____	_____
Working capital - operating expenses	_____	_____
Payroll	_____	_____
Other (explain)	_____	_____
<b>TOTAL PROJECT AMOUNT</b>	<b>\$ _____</b>	<b>_____</b>

## 8. SOURCE OF PROCEEDS

Show all sources of financing for this project.

Bank loan (non-SBA)	\$ _____
Bank loan (SBA guarantee)	_____
Mortgage (other than bank)	_____
Equipment finance (non-bank)	_____
Borrower equity: cash	_____
Borrower equity: non-cash	_____
<b>NLF Loan Request</b>	_____
<b>TOTAL</b>	<b>\$ _____</b>

Note: Total of Section 7 should equal total of Section 8

## 9. OVERALL BORROWER EQUITY

What amount will borrowers invest in business (is investment in cash, equipment, real estate, etc.)?

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

## 10. SUMMARY OF BUSINESS ASSETS

Items	Fair Market Value	Lienholder:
Building and land	\$ _____	_____
Existing equipment	\$ _____	_____
New equipment	\$ _____	_____
Accounts receivable	\$ _____	_____
Finished inventory for sale	\$ _____	_____
Inventory in process	\$ _____	_____
Raw materials	\$ _____	_____
Personal guarantees	\$ _____	_____
Other	\$ _____	_____
What collateral are you willing to pledged to the NLF?	_____	_____

## 11. CREDIT REFERENCES

Business. Personal if ownership in business is 20% or greater.

	Name	Phone	Contact Person	# Years Assoc.	Credit Rating
Banks	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Trades	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Credit Cards	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

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

Does your business have any licensing agreements or royalty payments required for any of the business products?  
If yes, please provide their names and the relationship with your company.  Yes  No

For subsidiaries or affiliates, provide a current balance sheet and operating statement for each as an attachment.

Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings?  
If yes, please give details in an attached letter.  Yes  No

Are you or your business involved in any potential or pending lawsuits?  
If yes, provide details in supporting documents.  Yes  No

## AUTHORIZATION FOR CREDIT CHECK

I (we) certify that the information included in this application is true and complete to the best of my (our) knowledge. By my (our) signature(s), I (we) agree to comply with the requirements that the Northwest Loan Fund makes in connection with the approval of my (our) loan request. I (we) also grant permission to the Northwest Loan Fund to obtain information from my (our) bank, creditors, credit bureau reporting agency or other necessary sources to evaluate this application.

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Company Name

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Owner of 20% or greater

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Date

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Owner of 20% or greater

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Date

- **A Loan Closing Fee up to 3% will be collected at loan closing.**