



MICROLOAN APPLICATION

INSTRUCTIONS: Complete this form and submit the required supplemental information via email to C4NMED@gmail.com or mail to: Stephanie Barksdale, Executive Administrator, The Corporation for New Milford Economic Development, P.O. Box 387, New Milford, CT 06776.

Applicant Information

Name/Contact: _____
Business Address: _____
Federal Tax ID Number: _____ **State Tax Registration Number** _____
Phone: _____ **Email:** _____
Business/Industry: _____ **NAICS (if known):** _____
Women-Owned Business? (Y/N) and % _____ **Minority-Owned Business? (Y/N and %)** _____
Veteran-Owned Business? Yes _____ **No** _____ **International Exporting Business? Yes** _____ **No** _____
Applicant Structure (eg LLC, Corporation, S-Corp, Partnership, Sole Proprietor) _____
Date Established: _____ **State of Incorporation:** _____

Business Status: (if yes to any answers please provide an explanation as addendum to application)

- Does applicant have any delinquent State, Federal or local Taxes?
- Do any owners/officers have any personal Tax Issues, history of bankruptcy?
- Does the existing site plan meet approvals, are there outstanding disputed issues?
- Does the applicant have any outstanding, pending or anticipated litigation, environmental, OSHA or other issues outstanding?

Request: Microloan Amount Requested \$ _____ (\$5,000 to \$15,000)

Required Information:

- Last two fiscal years of business taxes and/or financial statements. Start-up businesses must have projections for a balance sheet, income statement and cash flow statement with a monthly breakout for the first two years of operations.
- Financing Plan and Budget (list of sources and uses of funds)
- Project Description (include rationale for budgeted cost estimates)
- Business Plan (required for start-up businesses)
- Job Creation and economic impact, community benefit
- Personal financial statement and credit report within 30 days of application.

Certification

It is hereby represented by the undersigned to the Corporation for New Milford Economic Development to consider the financial assistance required herein, that to the best of my knowledge and belief no information or data contained in the Application or in the attachments is in any way false or incorrect, and that no material information has been omitted, including the financial statements. In addition, the undersigned agrees that any funds that may be provided pursuant to this Application will be used exclusively for the purposes represented in this Application, and as may be amended.

Public Announcement

Please be advised that your company and your project may be highlighted in a press release issued by the Corporation for New Milford Economic Development.

By submitting this document, I (insert Name/Title) _____ certify and agree to the above.

Signature _____ Date _____

3/25/22 SRB