

## Working Capital Program Application ©

Please complete the following information. We will review your application form and any additional information that you provide to determine if you are eligible for the Working Capital Program. If you are eligible, we will schedule a meeting with you to discuss your loan request. We may ask for more specific information regarding your business and loan request.

**PLEASE NOTE: \*\*There is a \$25 cost for running a credit report. This payment should be submitted with your Application.** Please make checks payable to "Community Capital Development Corporation". A current credit report (less than 60 days old) is required for submission of your package to the review board. Delays in the submission of your business plan may require CCDC to obtain a current credit report at a cost of an additional \$25 from the applicant.

### BUSINESS INFORMATION (Use additional paper if necessary)

Owners:

| Name(s) | SS# | DOB | % Ownership | Home Address | City/State/Zip |
|---------|-----|-----|-------------|--------------|----------------|
|---------|-----|-----|-------------|--------------|----------------|

|         |     |     |             |              |                |
|---------|-----|-----|-------------|--------------|----------------|
| Name(s) | SS# | DOB | % Ownership | Home Address | City/State/Zip |
|---------|-----|-----|-------------|--------------|----------------|

Business Ph: ( ) \_\_\_\_\_ Home Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business Organization:  Not established  Sole Proprietorship  Partnership  S Corp.  C Corp.  LLC

Business Location (if different): \_\_\_\_\_  
Street City County Zip

Describe Type of Business (Product or Service): \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Current Number of Employees: FT\_ PT \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Projected first years sales (per cash flow projections) \$ \_\_\_\_\_

Personal/business judgments, liens, unsettled lawsuits or major disputes?  YES  NO

If YES, Please Explain: \_\_\_\_\_

Has the business, or any principals of the business, been involved in bankruptcy or insolvency proceedings?

YES  NO If YES, Please explain: \_\_\_\_\_

Has the business, or any principals of the business, been convicted of a felony crime?

Demographic Information: The SBA has requested the following information for statistical purposes only. Please check all that apply:

Business Owned by:  Female (100%)  Female (51%)  Male (100%)  Male (51%)

Veteran Status:  Non-Veteran  Vietnam-era Veteran  Other Veteran

Race/Ethnicity:  African American  Hispanic  White  Puerto Rican

Eskimo/Aleuts  American Indian  Multi Group  Asian/Pacific Islander

Your combined household income as of today is: Yearly: \$ \_\_\_\_\_ How many in your household: \_\_\_\_\_

Have you attended a CCDC "How to Write A Business Plan for a Loan"<sup>©</sup> class?  Yes  No

Have you completed a Business Plan?  Yes  No (If so, please submit a copy of the Business Plan with this Application.)

When/by whom was Business Plan prepared? \_\_\_\_\_ Phone: \_\_\_\_\_

Are you are working with a counselor at the Small Business Development Center?  Yes  No

Name of Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you working with a counselor at the Service Corps of Retired Executives?  Yes  No

Name of Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FOR FREE ASSISTANCE IN COMPLETING A BUSINESS PLAN CONTACT:**

Enterprise Center 614-252-8005 or  
Small Business Development Center 614-225-6910 (in Columbus OH) or  
Service Corps of Retired Executives 614-469-2357 (in Columbus OH).or

**INFORMATION**

Total loan request: \$ \_\_\_\_\_ Break down use: Working Capital \$ \_\_\_ Equipment \$ \_\_\_\_\_ Inventory \$ \_\_\_\_\_

Personal cash available to invest in business/project: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Personal cash already spent to start up business \$ \_\_\_\_\_

What Collateral will you pledge: \_\_\_ House \_\_\_ Auto \_\_\_ Property \_\_\_ Machinery/Equipment \_\_\_ Inventory Other: \_\_\_\_\_

What bank have you contacted for financing? \_\_\_\_\_

Name of Banker: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Who referred you to the Program? \_\_\_\_\_ Business: \_\_\_\_\_ Phone: \_\_\_\_\_

**CERTIFICATIONS:** *Please read the following and sign the Application Form below. All owners, officers, or partners must sign this application. If you have any questions, please call 645-6171.*

The information in this Loan Application is provided for the purpose of applying for funds under the Working Capital Loan Program. The information is accurate to the best of my knowledge. I understand that personal and/or business information may be requested pursuant to this Loan Application and I hereby give my consent for such information to be provided to Community Capital Development Corporation. I also understand that the Working Capital Loan Program retains the sole decision as to whether this Loan Application is approved, disapproved, or modified. It is my right to accept or decline the loan amount, rate, and terms approved by the Program.

**I AUTHORIZE** Community Capital Development Corporation (CCDC) to obtain a credit report on me through the credit reporting agency of its choice. If an adverse credit decision is made due totally or partly to the information on the credit report, CCDC will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them if I wish.

**I UNDERSTAND THAT THERE IS A COST OF \$25 FOR RUNNING THIS CREDIT REPORT AND THAT PAYMENT IS REQUIRED AT THE TIME I SUBMIT THIS APPLICATION.** Please make checks payable to "Community Capital Development Corporation". A current credit report (less than 60 days old) is required for submission of your package to the review board. Delays in the submission of your business plan may require CCDC to obtain a current credit report at a cost of an additional \$25 from the applicant.

**I UNDERSTAND THAT ALL INFORMATION I SUBMIT TO CCDC'S WORKING CAPITALPROGRAM, WILL BE KEPT ON FILE FOR A MAXIMUM OF 60 DAYS. IF I DO NOT REQUEST THE RETURN OF THIS INFORMATION IT WILL BE SHREDDED AND DISPOSED OF.**

Name (Printed): \_\_\_\_\_ Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

A business plan is required to effectively evaluate and process your loan request. Please contact our staff to schedule for a free class on "How to Write a Business Plan For A Loan"®

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## **CCDC Business Plan Outline** ©

Community Capital Development Corporation, 900 Michigan Avenue, Columbus, Ohio 43215-1165  
Contact: Steve Hikida, Program Assistant 614-645-6171, Toll Free 1-888-756-2232, direct line 614-645-6439

All items on outline must be submitted for those in business <2 years. Items in BOLD must be submitted if in business >2 years.

### **Submit your Working Capital Loan Application along with a check for \$25 (made out to Community Capital Development Corporation)**

#### **I. Products & Services**

**List all products and services (menu, order form, etc.)**

**Include copies of special patents, copyrights, and/or permits necessary to provide this product/service**

How are you unique or better than the competition?

**List suppliers and their terms of payment**

Manufacturing Process: If applies

#### **II. Market Analysis**

**Target Market (define your niche or targeted market): Current & prospective**

**(List of current customers; provide survey of potential clients, letters of intent)**

Competition: Name, Address

#### **III. Marketing Strategy**

**Pricing Policy: (include price list if you have)**

Discounts: To whom, how much, what do they have to do to get the discount

Credit Policy: Lay-a-way, 6 months same as cash, 50% up front, cash only, credit cards?

Collection: What do you do if someone does not pay?

**Methods of selling:** Where, How often, When, How much does it cost - **Provide samples** if have

#### **IV. Management Plan**

**Copy of all licenses and permits (vendor's lic., articles of incorp., ptrnship agreement, reg. of name)**

**Resumes of owners and/or key personnel**

**Copy insurance coverage (in business, proof of coverage - start up, show quote.)**

**Copy Rental agreement (if applies, do not need if working from your home)**

Goals for loan period, including jobs created

Technical & professional assistance: name, business, address, phone (acctnt., attny., ins. agent and banker)

**Sample of brochure, business card, employee guidelines or other management forms or information**

#### **V. Financial Data**

3 references (personal or business)

**Current personal financial statement (<30 days old)**

**Last 3 years personal tax returns**

**Last 3 years business tax returns (or as applies) Must provide if purchasing existing business**

**Business Balance Sheet (within the last 30 days)**

**Interim Profit & Loss statements, monthly**

**Last 3 months Business and Personal Bank Statements**

**Accounts receivable & accounts payable aging report**

**1 year, by month, cash flow projections with assumption statements**

**Source & Use Statement (provide back up for numbers, ad, quote, etc.)**

*The following organizations provide free or low cost assistance to prospective, new or existing businesses in the Central Ohio area. Please feel free to contact them to find out what services they offer.*

**The Enterprise Center**, a one-stop shop for prospective new business owners or current business owners. Managed by the Central Ohio Minority Business Association (COMBA). 1393 East Broad Street, Columbus, Ohio 43205. 614 / 252-8005.  
[www.comba.com](http://www.comba.com)

**The Small Business Development Center (SBDC)**. A partner with the Columbus Chamber of Commerce, they provide free business consulting services to new and existing businesses. SBDC also provides classes and seminars on different aspects of running a business. 37 North High Street, Columbus, Ohio 43215. 614 / 225-6910. [www.columbus-chamber.org/sbdc.html](http://www.columbus-chamber.org/sbdc.html)

**Service Corps of Retired Executives (SCORE)**. A partner with the Federal Small Business Administration (SBA), SCORE provides free business consulting services to people just starting a business to established businesses. 2 Nationwide Plaza, Suite 1400, Columbus, Ohio 43215-2542. 614 / 469-2357.  
[www.scorecolumbus.org/](http://www.scorecolumbus.org/)