



Powered by Howard County Economic Development Authority

BUSINESS SUMMARY

Form with fields: Name of Business, Date Formed, Primary Contact Name, Business Address, City, State, Zip, County, Phone, Fax, Website URL, Maryland SDAT Department ID Number, Federal EIN, Are all taxes current?, If no, please explain below.

OWNERSHIP INFORMATION

Proprietor, partners, officers, directors and all shareholders of outstanding stock -100% of ownership must be shown. Please use a separate sheet if necessary.

Form with fields: Name, Social Security #, Home Address, Title, Phone, % Owned, Email, Citizenship, DOB.

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PROJECT DESCRIPTION

Please briefly describe the proposed project.

JOB CREATION/RETENTION FOR FULL-TIME EQUIVALENT EMPLOYEES (FTE)

	At Present	Year 1	Year 2	Year 3
How many FTEs are currently employed by your business?				
How many new FTE jobs will be created?				
How many FTE jobs will be retained?				

USES AND SOURCES OF FUNDS

What are the project costs and where will funds be obtained?

Uses of Proceeds	Sources of Financing (enter gross dollar amounts rounded to the nearest hundred)				
	Bank	County RLF	Borrower	Other	Total Project Cost
New Construction					
Expansion/Repair					
Equipment Purchase					
Inventory Purchase					
Working Capital					
Purchase Existing Business					
Other					
TOTAL					

COLLATERAL SUMMARY

List assets that will be available for Howard County security.

	Fair Market Value & Date of Valuation	List Amount of Liens Against this Property (if any)	Description or Address
Business Land & Buildings			
Business Machinery/Equipment			
Personal Residence			
Personal Other			

BUSINESS INDEBTEDNESS

Furnish the following information on installment debts, contracts, notes, and mortgages payable. Indicate by an asterisk (*) items to be paid by loan proceeds and reason for paying (present balance should agree with latest balance sheet submitted).

To Whom Payable	Present Balance	Rate of Interest	Maturity Date	Monthly Payment	Security	Check if Current
						<input type="radio"/>
						<input type="radio"/>
						<input type="radio"/>
						<input type="radio"/>
						<input type="radio"/>
						<input type="radio"/>
						<input type="radio"/>

PROFESSIONAL REFERENCES

What are the project costs and where will funds be obtained?

Financial Institution:		Phone:
Contact Person:	Email:	
Legal Firm:		Phone:
Contact Person:	Email:	
Accounting Firm:		Phone:
Contact Person:	Email:	
Insurance Company:		Phone:
Contact Person:	Email:	
Landlord (if business property leased):		Phone:
Contact Person:	Email:	
Lease Expiration Date:	Monthly Lease Amount:	\$

I authorize Howard County Economic Development Authority to make inquires as necessary to verify the accuracy of the statements made and to determine my credit worthiness and I certify the above information and statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature: _____ Date: _____

Title: _____

Signature: _____ Date: _____

Title: _____

PERSONAL FINANCIAL STATEMENT

As of _____, 20_____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest or (3) each stockholder owning 20% or more of voting stock.

Name:			
Home Address:			
City, State, Zip:			County:
Business Phone:		Residence Phone:	
Business Name of Applicant/Borrower:			
ASSETS		LIABILITIES	
Cash on hand & in banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks & Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance - Cash Surrender Value Only	\$ _____	Installment Account (Other)	\$ _____
(Complete Section 8)		Loan on Life Insurance	\$ _____
Stocks & Bonds	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobile - Present Value	\$ _____	Other Liabilities	\$ _____
Other Personal Property	\$ _____	(Describe in Section 7)	
(Describe in Section 5)			
Other Assets	\$ _____	Total Liabilities	\$ _____
(Describe in Section 5)		Net Worth	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

SECTION 1. Source of Income			
Salary	\$ _____	Contingent Liabilities as Endorser or Co-Maker Legal	\$ _____
Net Investment Income	\$ _____	Claims & Judgments Provision	\$ _____
Real Estate Income	\$ _____	For Federal Income Tax (Other)	\$ _____
Other Income (Describe below)	\$ _____	Special Debt	\$ _____
Description of Other Income in Section 1. <i>(Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.)</i>			

SECTION 2. Notes Payable to Banks and Others <i>(Use attachments as necessary. Each attachment must be identified as part of this statement and signed.)</i>					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency	How Secured or Endorsed (Type of Collateral)

SECTION 3. Stocks and Bonds <i>(Use attachments as necessary. Each attachment must be identified as part of this statement and signed.)</i>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

SECTION 4. Real Estate Owned <i>(Use attachments as necessary. Each attachment must be identified as part of this statement and signed.)</i>		
	Property A	Property B
Type of Property		
Name & Address of Title Holder		
Date of Purchase		
Original Cost		
Present Market Value		
Name & Address of Mortgage Holder		
Mortgage Account Number		
Mortgage Balance		
Amount of Payment per Month/Year		

SECTION 5. Other Personal Property & Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

SECTION 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

SECTION 7. Other Liabilities (Describe in detail.)

SECTION 8. Life Insurance Held (Give face amount and cash surrender value of policies – name of Insurance company and beneficiaries.)

PERSONAL FINANCIAL QUESTIONNAIRE

I (we) understand that the following questions are addressed to me (us) and I (we) have answered them as appropriate.

1. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? Yes No
If so, please provide the details as a separate exhibit.

2. Do you or your spouse or any member of your household, or anyone who owns, manages, or directs your business or their spouses or members of their households work for Howard County or hold an official position with Howard County? If so, please provide the name and address of the person and what department employed. Yes No

Employee Name: _____ Dept: _____

Employee Address: _____

3. Does your business, its owners or majority stockholders own or have a controlling interest in other businesses? Yes No
If yes, please provide their names and relationship with your company along with a current balance sheet and operating statement for each as a separate exhibit.

Name of Business: _____

Relationship to Applicant: _____

4. Do you buy from, sell to, or use the services of any concern in which someone in your company has a significant financial interest? If yes, provide details in a separate exhibit. Yes No
5. Are any of the individuals listed under "Management" on parole or probation? If yes, please provide details as a separate exhibit. Yes No

Additional Remarks:

I authorize Howard County Economic Development Authority to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness and I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). I (we) have fully explained under "Additional remarks" on this page my (our) "YES" answers to the foregoing questions. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE Statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Printed Name: _____

Signature: _____ Date: _____

Social Security Number: _____

Printed Name: _____

Signature: _____ Date: _____

Social Security Number: _____

OTHER INFORMATION TO INCLUDE WITH APPLICATION

- | | Check if attached |
|--|-----------------------|
| 1. Earnings projections for three (3) years from date of application. Assumptions must be included. | <input type="radio"/> |
| 2. Company history, a discussion of your industry, sales and marketing plans, discussion of competition, need of financing, and other matters relevant to your application | <input type="radio"/> |
| 3. Resumes for all individual listed under "Management". | <input type="radio"/> |
| 4. If you are buying equipment with loan proceeds, attach a list of the equipment to be purchased. | <input type="radio"/> |
| 5. If financing is tied to a contract award, attach a copy of the contract. | <input type="radio"/> |
| 6. If you are using loan proceeds for new construction, please attach plans and specifications along with a proposed construction contract. | <input type="radio"/> |
| 7. Commitments for all private financing, including personal loans, if any. | <input type="radio"/> |
| 8. Other | <input type="radio"/> |

EXISTING BUSINESSES SHOULD ALSO SUBMIT

- | | |
|---|-----------------------|
| 1. Balance Sheet and Profit and Loss Statements for last three fiscal years. | <input type="radio"/> |
| 2. Balance Sheet and Profit and Loss Statement for an interim period less than ninety (90) days from date of application. | <input type="radio"/> |
| 3. Aging of Accounts Receivable and Payable corresponding with latest available statement. | <input type="radio"/> |

*** \$250 UNDERWRITING FEE MUST ACCOMPANY APPLICATION IN ORDER TO BE PROCESSED. PLEASE MAKE CHECKS PAYABLE TO CATALYST VLT FUND.