



MARSHALL COUNTY MICROLOAN APPLICATION

APPLICATIONS WILL BE CONSIDERED ON A FIRST COME FIRST SERVE BASIS.

APPLICANT

NAME OF BUSINESS _____ TYPE OF BUSINESS _____
BUSINESS ADDRESS _____
EIN NUMBER _____
CONTACT PERSON _____
ADDRESS _____
WORK PHONE _____ HOME PHONE _____
EMAIL ADDRESS _____

TYPE OF ENTITY

____ SOLE PROPRIETORSHIP DATE ESTABLISHED _____
____ GENERAL PARTNERSHIP
____ LIMITED PARTNERSHIP
____ CORPORATION – S OR C (CIRCLE ONE)
____ LLC (# OF MEMBERS)

OWNERSHIP OF APPLICANT COMPANY (LIST ALL OWNERS, PARTNERS, MEMBERS OR STOCKHOLDERS. ATTACH SEPARATE SHEET IF NECESSARY)

NAME _____	NAME _____
HOME ADDRESS _____	HOME ADDRESS _____
HOME TELEPHONE _____	HOME TELEPHONE _____
CELL PHONE _____	CELL PHONE _____
EMAIL ADDRESS _____	EMAIL ADDRESS _____
PERCENT OF OWNERSHIP _____	PERCENTAGE OF OWNERSHIP _____

LOAN WILL BE USED FOR:

____ PURCHASE AN ESTABLISHED BUSINESS _____ EXPANSION OR MODERNIZATION OF CURRENT FACILITIES
____ PURCHASE PROPERTY ON WHICH TO BUILD _____ START A NEW BUSINESS
____ PURCHASE EQUIPMENT, TOOLS OR EQUIPMENT _____ EXPANSION OR UPDATE SERVICES CURRENTLY OFFERED
____ OTHER (EXPLAIN) _____

**LOAN IS NOT INTENDED FOR BUSINESS WORKING CAPITAL, FARMING, HOUSING OR APARTMENT COMPLEXES.

IS THE BUSINESS LOCATED IN OR RELOCATING TO MARSHALL COUNTY, KANSAS? _____
HOW MANY PEOPLE DOES YOUR BUSINESS EMPLOY? _____ FULL TIME _____ PART TIME _____
IS YOUR BUSINESS COVERED WITH PROPERTY AND/OR LIABILITY INSURANCE? _____
NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT _____
HAVE YOU EVER DEFAULTED ON A LOAN OR FILED FOR BANKRUPTCY? _____

REQUIRED DOCUMENTS:

-PROJECT FINANCIAL NEED NARRATIVE – EXPLAIN WHY YOU NEED THE “PARTNERSHIP FOR GROWTH” REVOLVING LOAN. DESCRIBE IN DETAIL YOUR PLAN FOR THE USE OF THE LOAN FUNDS AND HOW THEY WILL BE USED TO GROW, ENHANCE, IMPROVE, ASSIST YOU IN YOUR BUSINESS. USE AS MANY PAGES AS NECESSARY.

-COPY OF YOUR MOST RECENT INCOME TAX RETURN (BUSINESS AND PERSONAL)

-CURRENT FINANCIAL STATEMENT – ASSETS AND LIABILITIES

-COPY OF CURRENT CREDIT REPORT (VISIT www.annualcreditreport.com)

-COPY OF PROPOSED COST: PURCHASE AGREEMENTS, REAL ESTATE CONTRACT, APPRAISAL, INSPECTION, LEASE ETC.

-COPY OF ARTICLES OF ORGANIZATION, PARTNERSHIP AGREEMENT, ETC.

-COPIES OF LETTERS OF COMMITMENT OR REJECTION FROM OTHER FUNDNG SOUCES.

NAMES AND CONTACT INFORMATION OF REFERENCES

BANK NAME OF BANK _____
 ADDRESS _____
 CITY, STATE ZIP _____
 CONTACT PERSON _____ PHONE# _____

PERSONAL NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE # _____

ATTORNEY NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE # _____

ACCOUNTANT NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE# _____

BUSINESS NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE# _____



I, HEREBY MAKE APPLICATION TO THE MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC. FOR A MICROLOAN IN THE AMOUNT OF \$_____. THESE LOAN FUNDS ARE TO BE USED FOR COSTS ASSOCIATED WITH MY BUSINESS. I HAVE INCLUDED WITHIN THIS APPLICATION, THE PROPOSED DETAILS AND COST ESTIMATES OF THE PROJECT. I HAVE ALSO SUBMITTED ALL OF THE REQUIRED DOCUMENTATION TO AID IN THIS APPLICATION'S CONSIDERATION. THE SPECIFIC TERMS OF THE LOAN ARE, AND I UNDERSTAND IF APPROVED, WILL BE AS FOLLOWS:

1. THE MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC. MICROLOAN IS A LOAN AND NOT A GRANT AND IS EXPECTED TO BE REPAYED IN FULL.
2. THE MAXIMUM AMOUNT OF THE LOAN IS \$10,000.00. THE PAYBACK WILL BE A MAXIMUM OF TWO YEARS (24 MONTHS) WITH MONTHLY PAYMENTS BEGINNING ONE MONTH FROM THE ANNIVERSARY DATE OF THE LOAN. THE TOTAL AMOUNT OF PRINCIPAL AND INTEREST IS DUE IN FULL 2 YEARS (24 MONTHS) FROM THE ORIGINAL DATE OF THE LOAN.
3. THE INTEREST RATE CHARGED FOR THE LOAN WILL BE 0.0% FOR THE FIRST YEAR (12 MONTHS). ANY PRINCIPAL BALANCE REMAINING AFTER THE FIRST YEAR WILL ACCRUE INTEREST AT THE RATE EQUAL TO 1.0% ABOVE THE U.S. PRIME INTEREST RATE WITH A FLOOR OF NOT LESS THAN 5.0%.
4. A \$50.00 APPLICATION FEE WILL BE SUBMITTED WITH THE COMPLETED APPLICATION TO THE DIRECTOR OF THE MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC. A LOAN COMMITTEE WILL REVIEW APPLICATIONS AND DETERMINE THE APPROVAL OF THE LOAN. ONLY COMPLETED APPLICATIONS WITH ALL SUPPORTING DOCUMENTATION WILL BE CONSIDERED BY THE LOAN COMMITTEE. APPLICATIONS WILL BE REVIEWED AS RECEIVED WITHIN 30 DAYS.
5. APPLICANTS MUST BE IN GOOD STANDING WITH ANY OTHER LOANS THEY ARE OBLIGATED ON.
6. IF THE LOAN APPLICATION IS APPROVED, THE APPLICANT AGREES TO SIGN THE ATTACHED PROMISSORY NOTE AND RETURN TO THE DIRECTOR OF THE MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC.: P O BOX 61, MARYSVILLE, KS 66508.
7. ONCE THE APPLICATION IS APPROVED, THE PROMISSORY NOTE SIGNED, PERSONAL GUARANTEES SIGNED, THE MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC. WILL ISSUE A CHECK FOR THE LOAN PROCEEDS TO THE BUSINESS OWNER.

I HEREBY SUBMIT MY APPLICATION FOR THE MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC. MICROLOAN. BY SIGNING BELOW, I CERTIFY THAT THE DOCUMENTS AND STATEMENTS SUBMITTED WITH THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE, AND THAT I (WE) AGREE TO THE TERMS AND CONDITIONS OF THE MICROLOAN PROGRAM.

APPLICANT

APPLICANT

DATE _____



APPLICATION RECEIVED AND FILED IN MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC OFFICE.

DATE _____

ELLEN BARBER, DIRECTOR, MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC.

APPLICATION SUBMITTED TO THE MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC LOAN COMMITTEE.

DATE _____

-ACTION BY LOAN COMMITTEE:

_____ APPROVED _____ DISAPPROVED ...ON THIS _____ DAY OF _____, 20____.

BOARD MEMBER
MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC

BOARD MEMBER
MARSHALL COUNTY PARTNERSHIP FOR GROWTH INC.