**Business Information**

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

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID/SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook Page: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Type of Business:

* + Retail Specify Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Service Specify Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Manufacturing Specify Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Agriculture Specify Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Other Specify Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Women Owned \_\_\_\_\_\_Veteran Owned \_\_\_\_\_\_Minority Owned

**Borrower Information**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Loan Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parke County** Business Recovery Program Loan Application

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**Business History**

Please provide detailed information about your business including year opened, number of years in business, etc.

**Employee Information**

Employees:

Number of Full-time Employees: Pre-03/01/2020 \_\_\_\_ Currently \_\_\_\_

Number of Part-time Employees: Pre 03/01/2020 \_\_\_\_ Currently \_\_\_\_

How many jobs will be retained over the next two years: \_\_\_\_\_\_

How many new jobs will be created over the next two years: \_\_\_\_\_\_

**Please include a completed Income Survey Form for ALL Employees with this application.**

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**Covid-19 Impact Statement**

Please provide detailed information about the impact of the Covid-19 pandemic on your specific business. Include details on items such as: lost/fired employees, business closure, adjustments made in staff/hours, year over year sales, reduction/increase in services, future plans such as online vs. brick and mortar sales, other business model adjustments.

**Funding History**

Have you received any other funding as a result of Covid-19 pandemic such as PPP, SBA, personal loans: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If “Yes” how much: \_\_\_\_\_\_\_\_\_\_\_\_\_ and what was the money used for and over what time period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been denied funding as a result of Covid -19 pandemic

 Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

If “Yes” Please attach a copy of the denial letter received.

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**Proposed Budget for Loan Money**

Please provide specific information regarding how the loan would be used to support employee retention in your business. Include funding received so far as well as how this additional money will be applied. The loan is specifically targeted for employee retention and as such must be used for Working Capital, Continued Operations, or Support for Remote Work. The loan forgiveness after two years will be partially determined on the use of this money as verified by the loan committee.

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**A current credit report on the existing business must be attached to this application in order to be considered for a loan.**

**Submission Acknowledgement**

As authorized agent of the Applicant Company, I hereby submit this Loan Application. All information submitted on or with this application is accurate to the best of my knowledge. I also understand that additional information may be requested by the Loan Review Committee. I further understand that this document in no way constitutes a commitment of funds by the Loan Review Committee or any other supporting entity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Printed Name Applicant’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

I **authorize the Loan Review Committee and the appropriate entities on its behalf to verify the information contained in this application including, but not limited to; status of existing debt service to current creditors, suppliers, and or vendors, insurance, taxes, contracts or agreements and any other business information**

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**Parke County** Business Recovery Program Loan Application

**Please complete this checklist before submitting your application:**

* Credit Report Included
* Employee Survey(s)
* Denial Letter (If applicable)

**Applications must be returned no later than 4PM on October 28, 2022 to:**

Partnership Parke County

110 E High Street

Rockville, Indiana 47872

or

Email: partnershipctodd@gmail.com