MID-EAST COMMISSION COVID-19 Micro Loan Assistance Application

The Mid-East Commission's Micro Loan Program helps finance existing local small businesses throughout a 5-county region recover from the COVID-19 crisis. Eligible businesses should be small businesses in Beaufort, Bertie, Hertford, Martin, and Pitt Counties. Documentation providing evidence of a loss in revenue since the start of the COVID-19 pandemic is strongly suggested. Business owners may apply for a 5-year, interest free loan ranging from \$10,000-\$50,000.

PERSONAL INFORMATION

Name of Applicant (Fi	rst, Middle, Last):					
Street Address:						
City:	State:	Zip:	County:			
Social Security Number:		Date of Birth (MM/DD/YYYY):				
Phone Numbers: Prir	nary:	Secondary:				
NC Driver's License N	lumber:	Email Address:				
BUSINESS INFO	RMATION					
		Federal Tax ID:				
City:	State:	Zip:	County:			
Business Type:						
Restaurant		Pe	ersonal Services (Salon, Gym/Fitness Center,etc.			
Retail Store			isiness Services (Videography, Marketing, etc.)			
Entertainment/Bar		Ot	her:			
Briefly describe your b						
How is γour business s	structured?					
LLC			S Corporation			
Sole Proprietorship		-	C Corporation			
Partnersh	ip	-	Non-profit			

Years of (Operation?				
Years of Operation? 1-3 years			8-10 years		
1 0 yours			10-20 years		
	5-8 years		20+ years		
*Shou Number o *Numl Last year' Are you ir	cent ownership do you have i Id your request be approved If Employees: ber of jobs saved/retained by s gross revenues: \$ n active bankruptcy? Yes your current customers? How	, each owner of 20% or mo	re must sign the Loar	n Agreement.	
Briefly des	scribe how COVID-19 has im	ipacted your business. (Ple			
The follow affect con	RAPHIC INFORMATION ving information is required for sideration of your application.	or program reporting and sta	tistical monitoring. Yc	ur response will not	
Race/Ethi	nicity: How do you/organizat	tion ownership identify:			-
MBE Certi	fied: YesNo	WBE Certified: Yes		e U.S. Military: Yes	No
LOAN F	REQUEST				
Project Fu	inding – How much is this loa	n request for? \$			
How do yo	ou intend to secure the loan?				
	Collateral – List availa	able collateral to secure loar	(e.g. vehicle, propert	y, equipment)	
	Assets available to secure	e this loan (describe)	Asset Value	Loans on Asset	
	Property (\$	\$	
	Equipment (\$	\$	
	Other (\$	\$	

\$

\$

Total

How would you utilize these funds should your business be approved for a loan.

Payroll	Amount: \$	_ Equipment	Amount: \$
Rent/Lease	Amount: \$	Other	Amount: \$
Inventory	Amount: \$		
Enter specific de	etails below:		
	ner sources of funding you have r junding sources are not a disquali		OVID-19 relief (State, Local, Federal or non-profit
Where/how did y	ou hear of this loan opportunity?		
Newspaper			_Radio
Online Adve	ertisement		_TV
Billboard			_ Paper
	Coordinator/Main Street Coordina		_ Other:

SUPPORT DOCUMENTATION

Please attach the following:

- 2019 or earlier Tax Returns (if no tax returns, need other documentation of business revenue)
- Sales tax reports for most recent 3 months
- Registration with the State of North Carolina
- Other financial documentation reflecting a direct loss in income due to COVID-19 (Example: bank statements)
- Proof of insurance

Conflict of Interest Policy Acknowledgement: *Please initial.*

In order to preclude any perceived or real conflict of interest, the applicant acknowledges that he/she has no familial, business or any financial relationship with any member of the board of directors or staff of the Mid-East Commission. Further, the applicant certifies that he/she will not use any funds awarded through this loan to influence or attempt to influence an officer or employee of any federal or state agency or a member of Congress or the North Carolina General Assembly.

Assurances

Please initial.

All loan proceeds will be used only for business-related purposes as specified in this loan application and

consistent with the Coronavirus Aid, Relief, and Economic Security Act.

_____ The business for which these funds will be used will not discriminate in any business practice, including employment practices and services to the public on the basis of race, color, national origin race, color, religion, marital status, handicap, age or national origin.

The undersigned hereby authorizes the Mid-East Commission or any of its affiliates to make all inquiries with credit bureaus and others it deems necessary –including business counselors, consultants and partnering agencies—to verify the accuracy of the information provided herein and to determine credit worthiness. Further, the undersigned hereby certifies that the enclosed application information is valid, accurate and complete.

Signature:

_Date: _____