

Cuyahoga County NDC Stabilization Fund  
COVID-19 Emergency Loans Application



The COVID-19 Emergency Loan Program provides a streamlined process for small businesses to access loans up to \$10,000.

Businesses must be:

- Located in Cuyahoga County
- Operating business, not a passive real estate entity
- In business for a minimum of one year, and able to provide a 2018 or 2019 Federal Tax Return
- Viable, demonstrating profitability before disruptions from coronavirus, with plan to recover post-disruption
- Current on federal income taxes

## Loan Application Checklist

Please submit the following items via email:

1. Loan Intake form (**attached**)
2. 2018 and 2019\* Federal Tax Returns (please provide entire copy).  
  
\*If the business has not yet filed 2019 tax returns, submit 2019 year-end financial statements including income statement and balance sheet.
3. Current business debt schedule (**attached**)
4. Disaster Impact Statement (1 page or less): Provide overview of the business, discuss the impact of disruptions from COVID-19 and show it would be profitable without the disruption.
5. Most recent personal tax return (2019 if available, or 2018) for any owners owning 20% or more of the business
6. Credit Release Form (**attached**) authorizing NDC to check the company's and owner's credit
7. Additional documentation as requested

Please reach out with questions, or submit these items to:

**Oseremi Adekoye**

Email: [iofficer@ndconline.org](mailto:iofficer@ndconline.org)

*The Cuyahoga County NDC Stabilization Fund is operated by National Development Council (NDC), a 501(c)3 nonprofit organization. NDC's small business lending subsidiary, Grow America Fund (GAF) is a Community Development Financial Institution focused on providing flexible and patient expansion loans to healthy and growing small businesses. GAF is an approved SBA 7(a) PLP lender and follows appropriate SBA lending practices. **Loans provided through the Emergency Loan Program are not SBA loans and do not make a business ineligible for SBA Disaster Loans.***

# Cuyahoga County NDC Stabilization Fund

## Intake Form



The Cuyahoga County Loan Fund is operated by the National Development Council (NDC), a 501(c)3 nonprofit. NDC's small business lending subsidiary, Grow America Fund (GAF) is a Community Development Financial Institution focused on providing flexible and patient expansion loans to healthy and growing small businesses, manufacturers, and distributors. GAF is an approved SBA 7(a) PLP lender and follows appropriate SBA lending practices.

Referral Source (Name, Organization):	Date:
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### Applicant Information

Name:	Phone:	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Legal Name:	DBA:	
Business Street Address:		
City:	State:	Zip:
Email:	Website:	

### Business Characteristics

Industry: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Food/Restaurant <input type="checkbox"/> Other		
Entity Type: <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other		
Brief Description of Business:		
Year Business Est. (e.g. 2005):	Owner (Optional): <input type="checkbox"/> Minority <input type="checkbox"/> Woman <input type="checkbox"/> Veteran <input type="checkbox"/> Living with Disabled	
Previous Years Gross Revenue: \$	YTD Revenue: \$	Months
Net Income: \$	Pre-Disaster FTE Employees:	Employees Retained:

### Credit and Loan Information

Use of Funds	Amounts	Loan Amount Requested: \$
Working Capital	\$	Equity Contribution: \$
	\$	Credit Score:
	\$	Current Bank Relationship:
	\$	
	\$	Comments (Optional):
<b>TOTAL</b>	\$	



## Intake Form - Continued

Have you or your business ever declared bankruptcy? Yes  No   
If yes, please attach explanation and evidence that the case is dismissed.

Are you currently involved in litigation or have an active judgement against you or your business? Yes  No

If yes, please attach explanation and evidence that the case is dismissed.

Are all business and personal Federal, State, and Local Taxes Current? Yes  No

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Name, title

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Date

# Debt Schedule



**Business Name:**

**As of Date:**

Note: Include ALL business debt including (but not limited to): term loans, lines of credit, tax liens, landlord payments, franchise payments, subordinated officer debt, etc.

Creditor Name	Current Balance	Original Loan Amount	Average Monthly Payment	Month/Year Initiated	Term	Interest Rate	Collateral	How funds were used?

# Credit Release Form



I/We hereby request and authorize you to release to Grow America Fund, Inc. and/or the National Development Council for verification purposes, personal and corporate credit reports and information concerning the company/corporation/partnership and/or the officers and individuals listed below. That information may include but is not limited to:

- a. Employment history dates, title, income, hours worked, etc.
- b. Banking (checking and saving) accounts of record
- c. Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payments)
- d. Any information deemed necessary in connection with a consumer credit report for my loan application

This information is for the confidential use of this lender, Grow America Fund, Inc. (GAF) in compiling a loan report. A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

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

## Application Information

Business Name:
Phone Number:
Affiliated Business:
Phone Number:

## Individual 1

Name of Officer/Owner:	
Address for last two Years:	
Social Security #:	Date of Birth:
Signature: X	

## Individual 2

Name of Officer/Owner:	
Address for last two Years:	
Social Security #:	Date of Birth:
Signature: X	

## Individual 3

Name of Officer/Owner:	
Address for last two Years:	
Social Security #:	Date of Birth:
Signature: X	