

Application Preview



Organization Profile

* Full Name

* Name of Applicant Organization

* Contact Phone Number

* Contact E-mail Address

* Organization Address

* City and State (Use this format: Bloomington, IN)

* Zip Code

Which best describes your ethnicity? Hispanic/Latino Non-Hispanic/Latino

Which best describes your race?

Black Asian or Pacific Islander American Indian

White Other Prefer not to answer

Which best describes your gender?

Male Female Genderqueer/nonbinary

Trans Male Trans Female Prefer not to answer

Other

Business Demographics: Please check all that apply

Black-owned Business Hispanic-owned Business Asian-owned Business

Woman-owned Business Disabled-owned Business Veteran-owned Business

Immigrant-owned Business

Mailing Address (if different from organization address above - please include city, state, zip)

* Organization Type

* What year was your organization incorporated?

* Federal Employee Identification Number (EIN)

If you are a sole proprietor (and do not have an EIN), please fill in your Social Security Number:

* Do you rent or own your business property?

Lease Expiration Date (if applicable)



Please click on the calendar icon to enter date in (MM/dd/yyyy e.g., 04/09/2020 format).

Monthly Rent (if applicable)

* Number of Full Time Employees

* Number of Part Time Employees

COVID19 Impact on Organization

* Please describe the impact COVID-19 has had on your business:

* Which of the following challenges is your organization facing due to COVID-19 (check all that apply)? Payroll Vendors Rent Mortgage Other


If you answered "Other," please explain briefly

How have you adapted your business plan to respond to the COVID-19 pandemic? (Please explain briefly)

* How will you use these loan funds to sustain your business and retain/rehire your employees?

*What % revenue loss have you experienced since March 1, 2020, compared to last year's revenue?

*What % revenue loss have you experienced since March 1, 2020, compared to Jan/Feb 2020 revenue?

*Compared with your own projections, what % revenue loss do you expect in the next two months? 

*Do you commit to best-faith efforts to retain your employees without reducing wages? Yes No

*Do you have insurance that will cover your business closure? Yes No

What other forms of aid have you *already* applied for?

*What other forms of aid *do you plan* to apply for?

Funding Request

*How much loan capital are you applying for?



*How much of your request do you plan to use on payroll?

*How much do you plan to use toward rent or mortgage payments?

*How much do you plan to use for utility payments?

*How much do you plan to use for inventory/suppliers/vendor payments?

*How much will you use for other purposes?

If you plan to spend more than \$0 on other purposes, please explain what those other uses will be:

Organization Finances

*2018 Gross Revenue

*2019 Gross Revenue

* Please upload your year-to-date financial statement:

* Does your organization have cash reserves? (If
no, put 0; if yes, fill in the amount):

Please attach your business tax returns from 2019.

If unavailable, please attach your personal tax return from
2019.

For nonprofits, please attach your 990 from 2019.

If none of these documents is available, please leave blank.

Please attach your business tax returns from 2018.

If unavailable, please attach your personal tax return from
2018.

For nonprofits, please attach your 990 from 2018.

If none of these documents is available, please leave blank.

Please attach your business tax returns from 2017.

If unavailable, please attach your personal tax return from
2017.

For nonprofits, please attach your 990 from 2017.

If none of these documents is available, please leave blank.

* What was your average monthly revenue prior
to COVID-19?

* What is your projected monthly revenue while
the COVID-19 crisis persists?

* Do you have collateral you can pledge toward a loan? Yes No

* Will you sign a personal guarantee if required by the Advisory Yes No
Commission?

* Please attach a personal financial statement (if you do not
have one to upload, please fill out and attach this SBA personal [sba_pfs_2012.pdf](#)
financial statement form):

SignaturePage

By signing below, you attest that the information in this application is true and accurate to the best of my knowledge. Once you have submitted this application, you will be unable to go back and edit the application. If your application is incomplete, you will receive an error message from this online platform.

Please click submit below when you are ready to submit:

Electronic Signature

* Do you attest that the information in this application is true and accurate to the best of your knowledge?

Enter your name as "**Brian Payne**" to Confirm your Electronic Signature.

Community Foundation of Bloomington and Monroe County | Grants

[Business Intelligence](#) | [Applications](#) | [Grants](#) | [Evaluations](#) | [Reports](#) | [Help](#) | [Logout](#)