# OSBORNE REVOLVING LOAN FUND

# **APPLICATION**

APPLICANT:
Business Name:
Street Address:
Post Office Box:
City:
Zip Code:
Telephone:
Fax Number:
FEIN or SS#:
CONTACT PERSON:
Name:
Title:
Street Address:
Post Office Box:
City:
Telenhone:

# **CURRENT BUSINESS or PROPOSED BUSINESS:**

	Form of the business (corp., proprietorship, etc), name(s) of the owner(s), and percent owned by each:
3.2.	Who will manage the business:
3.3.	Qualifications of management personnel:
3.4.	Parent and/or subsidiaries of the business:
3.5.	History of the business:
3.6.	Type of business (e.g. retail, distribution, manufacturing, etc.)
3.7.	Description of the products and/or services offered:

3.8. Markets and area served	by the business:					
ip and proceed to section 4.5 i RRRENT PROJECT:	f this is a new bus	iness)				
4.1. Description of the projection	ct:					
4.2. Beginning date:						
4.3. Estimated completion date:						
4.4. Summary of <i>current</i> bus	siness employmen	t as of (date	÷):			
Job Title	Skill Level	Number Of Current Jobs	Number Of Jobs Counted As LMI*	Proposed Salary Range		

\*LMI – Primarily benefiting low and moderate income persons

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4.5.	Description of the project:
4.6.	Proposed beginning date:
4.7.	Estimated completion date:

4.8. Summary of *proposed* business employment after the project is complete:

Job Title	Skill Level	Number Of Jobs Retained	Number Of Jobs Created	Number Of Jobs Counted As LMI*	Salary Level

<sup>\*</sup>LMI – Primarily benefiting low and moderate income persons

4.9. 7	Total number of jobs that will be created by this project:
4.10.	Total jobs that will be retained by this project:
4.11.	LMI jobs that will be created and retained by this project:

4.12	LMI percentage of total jobs created and retained:
4.13	NEED. Explain why the jobs retained would be lost without the assistance of the ORLF:
INAN(	CING FOR THE PROJECT:
5.1.	NEED. Explain why this project cannot be completed financially without the assistance of the ORLF:
5.2.	SOURCES OF FUNDS for the project:
	(A) ORLF loan, amount requested: \$
	(B) Applicant cash investment:  \$
	(C) Applicant "in kind value" investment:
	\$(D) Gift/Other (name & telephone)
	\$(E) Gift/Other (name & telephone)
	\$

5.3.	ORLF jobs created and retained ratio: (loan amount ÷ number jobs) =
5.4.	Applicant cash investment loan ratio: $(B) \div loan \ amount) =$
5.5.	Applicant cash investment loan ratio: $(B+C \div loan \ amount) =$

5.6. USES OF FUNDS. The project funds will be used for the following purposes:

From Source	(A)	(B)	(C)	(D)	(E)	Total
(section 5.2)						
Land						
Buildings						
Equipment						
Lease Improve						
Special Equip						
Inventory						
Other(describe)						
TOTAL						

5.7.	Description of project assets to be financed
	5.7.1. Land:
	5.7.2. Buildings:
	5.7.3. Equipment:
	5.7.4. Leasehold improvements:
	5.7.5. Specialty equipment:
	5.7.6. Inventory:

5.7.7. Other assets:

## 5.6. TIMETABLE OF EXPENDITURES

The funds for the project will be used according to the following time schedule (preferably the Applicant's funds (*cash investment*) should be used first in the following expenditure schedule):

Time period	1 <sup>st</sup> Qtr	2 <sup>nd</sup> Qtr	3 <sup>rd</sup> Qtr	4 <sup>th</sup> Qtr	5 <sup>th</sup> & 6 <sup>th</sup> Qtr	Total
Land						
Buildings						
Equipment						
Lease Improve						
Special Equip						
Inventory						
Other assets						
TOTAL						

## **COLLATERAL AND REPAYMENT:**

6.1. COLLATERAL. The ORLF intends to fully secure the full value of the requested loan with acceptable collateral. Please list the collateral that will be pledged to secure the loan. Please attach copies of documents that support the value of the proposed collateral such as appraisal statements, vendor quotations, vendor catalog pages, vendor contracts, life insurance cash value pages, etc...

6.2. REPAYMENT. Please describe how the loan will be repaid (automatic withdraw preferred). Attach forecast of cash flow and/or description of other sources of repayment.

6.3. CREDIT REFERENCES. Please list the name, address, telephone number, and contact person for (3) three credit references.

	Date:
Applicant Signature	
Name of Applicant (please print)	
Applicant Title	_
Applicant Signature	
Name of Applicant (please print)	
Applicant Title	