

**American Rescue Plan Act (ARPA)
Community Development Block Grant (CDBG)
Food Access Loan Programs**



Addressing Qualified Census Tracts¹ considered Food Deserts
Food Deserts are places that are marked by a lack of stores
selling healthy food in local areas.

Economic and Community Development
Small Business Development Loan Request
ATTN: Alex Morrison (amorrison@maconbibb.us)
Mayor's Office

I am interested in applying for (Please check one)

_____ Maximum \$100,000 to provide fresh foods to low-income individuals (10 yr loan at 2%)
(CDBG)

Or

_____ Maximum \$500,000 to bring full scale grocers to QCT's designated as food deserts
(ARPA)

Please Print or Type

Amount Requested: \$ _____

Purpose of Loan: _____

BUSINESS OWNER INFORMATION

Applicant (Full Name): _____

Social Security Number: _____ Date of Birth: _____

Address: _____
City State Zip

Telephone Number: _____ email: _____

¹ Please use the QCT locator tool at <https://www.huduser.gov/portal/qct/screen2.html> to determine site eligibility.

BUSINESS OWNER EMPLOYMENT INFORMATION

____ Employed ____ Self Employed ____ Unemployed ____ Retired

Employer's Name: _____ Hire Date: _____

BUSINESS INFORMATION

Legal Business Name: _____ UEI# _____
DUNS # _____
Tax ID # _____

Address: _____ Macon GA _____
City State Zip

Telephone Number: _____ Year Business Established: _____

Number of Employees _____ Ownership of Business % _____

LEGAL DESCRIPTION

____ Partnership ____ Sole Proprietorship ____ Sub-S Corporation
____ Corporation ____ LLC Corporation ____ Other (Specify) _____

TYPE OF BUSINESS

____ Retail ____ Manufacturing ____ Wholesale ____ Service

GROSS INCOME (Before Tax)

Salary \$ _____ How often (Biweekly, monthly, etc) _____

Commission \$ _____ How often (Biweekly, monthly, etc) _____

Have you ever filed for bankruptcy? *(Circle one)* YES NO If yes, when? _____

EXISTING BUSINESS PROFILE (for existing businesses ONLY)

What was your last year's sales volume? _____

What is your annual projected growth over the next three (3) years?

First Year \$ _____ Second Year \$ _____ Third Year \$ _____

What was last year's net profit before taxes? \$ _____

Please indicate any other general information that you believe we should know about your company.

BUSINESS PERFORMANCE OBJECTIVES

What are your short-term objectives? _____

What are your long-term objectives?

What is needed for your business to meet those objectives? _____

Management Background (Please tell us your experience in this type of business)

JOB CREATION

Total # of Permanent Jobs _____ **Jobs Created** _____ Full-Time _____ Part-Time
_____ **Jobs Retained** _____ Full-Time _____ Part-Time

PUBLIC BENEFIT

If this loan is approved, how would your business benefit the City of Macon's citizens and business economy?

SOURCES AND USES OF FUNDING

Projected Income Sources

Cash on Hand \$ _____
SBDAP Funds \$ _____
Owner's Equity \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
TOTAL INCOME \$ _____

Projected Uses

Machinery/Equipment \$ _____
Inventory \$ _____
Deposits \$ _____
Furniture/Fixtures \$ _____
Working Capital \$ _____
Tenant Improvements \$ _____
Purchase Building \$ _____
Purchase Business \$ _____
Advertising \$ _____
Legal/Accounting \$ _____
TOTAL USES \$ _____

Collateral (Please specify type and include supporting valuation documentation)

ADDITIONAL BORROWER INFORMATION

Please answer the following questions. If the answer is "yes," explain in a separate statement. Have you or any person associated with your business had any of the following affect you or them within the past five years?

<input type="checkbox"/>	<input type="checkbox"/>	Have you been a defendant in litigation involving laws governing hours of labor, minimum wage standards, discrimination in wages, or child labor?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been charged with or convicted of any criminal or civil litigation?
<input type="checkbox"/>	<input type="checkbox"/>	Are you now a plaintiff or defendant in any criminal or civil litigation?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been subject to any disciplinary action by any administrative, governmental, or regulatory agency?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been or are now subject to any order resulting from any criminal, civil, or administrative proceedings brought against you by any administrative, governmental or regulatory agency on grounds of moral turpitude?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been informed that you are the subject of any current or ongoing investigation with respect to possible violation of local, state, or federal laws?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been involved with any concern that is or has been in receivership or adjudicated as bankrupt or subject to federal or state bankruptcy proceedings?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been denied a business license or had it suspended or revoked by an administrative, governmental, or regulatory agency?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been disbarred, suspended, or disqualified from contracting with any federal, state, county, or municipal agency?

REQUIRED SUPPORTING DOCUMENT CHECKLIST

<input type="checkbox"/> Brief History of Company	<input type="checkbox"/> Personal Financial Statement	<input type="checkbox"/> Cash flow projections for 3 years
<input type="checkbox"/> Zoning Compliance	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Narrative substantiating need
<input type="checkbox"/> Proof of Insurance	<input type="checkbox"/> Marketing Plan/Analysis	<input type="checkbox"/> Two previous years of personal tax returns for existing businesses
<input type="checkbox"/> Partnership Agreement	<input type="checkbox"/> List of collateral & Valuation	
<input type="checkbox"/> Business Plan		

AUTHORIZATION AN REPRESENTATION

If this loan is approved, I promise to pay for the value received, and authorize by signing below that I agree to the following terms and conditions of this program. I agree to create and/or retain jobs within a twelve (12) month period from the closing date of the loan, unless otherwise agreed upon. All information on this form is true and correct to the best of my knowledge, and I authorize Macon-Bibb County or its agent(s) to verify my credit background, employment history and income. I agree to use the funds for business purposes only and authorize the release of this application and any attachment(s) to lenders, agents, or any subsequent parties involved in this agreement. Completion of this application does not assure that the application will be approved for a loan.

Applicant's Signature

Date