

**NORTH DELTA PLANNING AND
DEVELOPMENT DISTRICT, INC.**

**MINORITY BUSINESS ENTERPRISE
MICRO LOAN PROGRAM**

APPLICATION PACKAGE

For More Information Contact:
James Curcio or Fcttgm'F kzqp
Post Office Box 1488
Batesville, MS 38606
(662) 561-4100
(662) 561-4112 fax
www.ndpdd.com

GUIDELINES AND ELIGIBILITY REQUIREMENTS FOR THE MINORITY BUSINESS ENTERPRISE MICRO LOAN PROGRAM (Micro Loan)

Purpose and Regulatory Authority	<p>The MBELP is designed for the purpose of providing loans to socially and economically disadvantaged minority or women owned small businesses.</p> <p>Pursuant to the Mississippi Code of 1972 as amended at § 69-2-13(4), the MBELP is administered by the Mississippi Business Finance Corporation, Post Office Box 849, Jackson, Mississippi, 39205</p>
General Eligibility Requirements	<p>To be eligible for assistance, the business enterprise must be a socially and economically disadvantaged small business concern. The business must be organized for profit and perform a commercially useful function. The ownership and daily management of the business must be at least 60% minority or female. At least 50% of the ownership must be by Mississippi residents. Applicants must be creditworthy. Businesses must be certified by the Mississippi Development Authority Minority & Small Business Development Division as a Minority Business Enterprise in order to qualify for the program.</p>
Loan Criteria	<p>Micro Loan funds may be used to finance projects ranging from \$5,000 to \$35,000. Micro Loan proceeds may be used for the start up or expansion of a minority owned small business. Funds may be used to finance all of the costs associated with a specific project which may include fixed assets, inventory purchases or working capital, but are not to be used as a part of a larger financing package. The applicant must have at least 5% tangible equity in the project.</p> <p>The interest rate is fixed at 4% over the Federal Reserve Discount rate. The terms of repayment relate to the amount of the loan and the type of collateral offered, but generally range from three to five years.</p> <p>Adequate collateral must be pledged to secure the loan.</p>
Restrictions	<p>Minority businesses that are not eligible to participate in the program include charitable or non-profit enterprises, forms of media through which editorial opinions may be expressed, or businesses engaged in lending, directly or indirectly.</p> <p>Loan proceeds may not be used for debt consolidation purposes, to finance property held primarily for sale or investment, to provide funds for speculation in any kind of property, or as loans to owners or stockholders of the business.</p>
Application Process and Procedures	<p>North Delta PDD will accept completed applications any weekday between the hours of 8:00 a.m. and 4:30 p.m. Application deadlines are as follows: January 5th, March 5th, May 5th, July 5th, September 5th, October 20th. NDPDD staff will notify the applicant when the loan has been approved or disapproved. The applicant is normally phoned the morning after the committee meeting with a letter following shortly thereafter.</p>
Loan Closing Procedures	<p>If you are a successful applicant and receive an approval letter you are required to provide all items listed in the letter of conditions before the loan can be closed.</p>
Applicable Fees	<p>Applicants are charged a one time credit report fee of \$20.00. Applicants are also responsible for all cost of closing the loan including a 1% fee to be paid to North Delta PDD.</p>

SIGNATURE OF APPLICANT _____ DATE _____

**MINORITY BUSINESS ENTERPRISE
MICRO-LOAN APPLICATION**

1. APPLICANT INFORMATION (Type or Print)

NAME OF MINORITY BUSINESS		DATE OF APPLICATION	
STREET	CITY		COUNTY
PHONE NO.	STATE		ZIP
DESCRIPTION OF BUSINESS			
<input type="checkbox"/> EXISTING BUSINESS Date Established _____ <input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Other	FEDERAL TAX I.D. # _____	EMPLOYMENT INFORMATION CURRENT # _____ # OF OF EMPLOYEES _____ JOBS CREATED _____

2. LIST OF OWNERSHIP

NAME	ADDRESS	SSN	% OWNED	SEX	RACE	ANNUAL INCOME (all sources)
SUMMARY OF OWNER'S EXPERIENCE						

3. LOAN INFORMATION

PURPOSE OF LOAN/PROJECT SUMMARY

LOAN AMOUNT REQUESTED \$ _____	BORROWER'S INJECTION \$ _____	TERMS OF REPAYMENT _____ MONTHS MONTHLY PAYMENT AMOUNT \$ _____
-----------------------------------	----------------------------------	--

SOURCES AND USES OF PROCEEDS	MBE LOAN AMOUNT	OWNER INJECTION
TOTAL		

4. COLLATERAL - List by category i.e M&E, F&F, Real Estate, Inventory

COLLATERAL	COST/BOOK VALUE	APPRAISED VALUE	PRIOR LIENS
TOTAL			

5. FINANCIAL INFORMATION

For existing businesses, provide 2 years prior financial information. For new businesses, provide 1st and 2nd year projections.

PROFIT & LOSS	20__	20__	PROJECTED	YEAR 1	YEAR 2
SALES/REVENUE					
COST OF GOODS SOLD					
OPERATING EXPENSES					
NET PROFIT	0.00	0.00		0.00	0.00
ADD DEPRECIATION & INTEREST					
FUNDS AVAILABLE FOR DEBT SERVICE	0.00	0.00		0.00	0.00

6. RECOMMENDED INFORMATION RETAINED BY QUALIFIED ENTITY (check items obtained)

- Project Narrative or Business Plan
- Resumes
- Loan Committee/Board Minutes
- Cost Estimates
- Financial Statements or tax returns
- 2 years prior (existing business)
- 2 years projected (new business)

7. REQUIRED ATTACHMENTS TO APPLICATION

- Current Credit Report
- Personal Financial Statement

8. CERTIFICATION

Under the penalties of perjury, I declare that all information contained above and in exhibits attached hereto is true and complete to the best of my knowledge.

BY: _____ DATE: _____
 BORROWER'S SIGNATURE

 NAME OF QUALIFIED ENTITY

 AUTHORIZED SIGNATURE

Funds for this loan program are authorized pursuant to Mississippi Code § 69-2-13(4). The Mississippi Business Finance Corporation is authorized by the Legislature to oversee the Minority Business Enterprise Loan Program. Comments or questions regarding the program may be addressed to the Mississippi Business Finance Corporation, Post Office Box 849, Jackson, MS, 39205.

MICRO LOAN APPLICATION CHECKLIST

As an essential part of the application process, applicants must provide the information listed below. Use this checklist as a guide in preparing to make application for a loan. Other information may be required on a specific project basis. If you need assistance in preparing this information, ask your Qualified Entity about the nearest Small Business Development Center (SBDC). The SBDC may be able to assist you in preparing these necessary forms.

_____ Business plan or company history (If the applicant is a new business, provide a detailed description of the proposed business. If the applicant is an existing business, provide a history of the business and the basis for the expansion)

_____ Company financial statements for the previous two years including balance sheets, income statements and federal tax returns. If the applicant is a new business, provide two year's projected balance sheets, income statements and cash flow statements.

_____ Current personal financial statement of each principal with 20% or more ownership of the business. Joint personal financial statements are required, when applicable. Past 2 years personal tax returns are required.

_____ Resumes of all principal management and key employees.

_____ Copy of all documentation of owner(s) contributions into the initial start up costs of the business; Copy of Bill of Sale of amount and type of capital invested in business by owner(s)

_____ Business bank account information consisting of: (a) copy of bank account signature card, or (b) letter from banker verifying parties (names and titles) authorized to sign checks and the number of signatures required.

_____ Breakdown of costs associated with the purchase of land, buildings, machinery, equipment, furniture, fixtures, inventory and renovations.

_____ Description of owner equity in the project.

_____ Description of collateral offered.

_____ Current credit report of each owner or guarantor. *(To be obtained by the NDPDD)*

Small Business Development Center

James Carden, Director
Small Business Development Center
B 19 Jeanette Phillips Drive
Post Office Box 1848
University, Mississippi 38677
662-915-1291
usbdc@olemiss.edu
www.mssbdc.org

CONFLICT OF INTEREST STATEMENT:

A member of the Qualified Entity's board of directors, employees of the Qualified Entity or their immediate family members are ineligible for assistance under this program. Immediate family members are defined as a spouse, parent, child or sibling of the applicant. To be eligible for funding, former board members or employees must have vacated their position with the Qualified Entity no less than twelve (12) months prior to applying for assistance. The undersigned certifies that he or she is not aware that any conflict of interest exists.

Signature of Applicant

Date

STATEMENT OF NON-DISCRIMINATION

The undersigned certifies that he or she will not engage in discrimination against any employee or applicant for employment because of race, religion, color, national origin, sex or age.

Signature of Applicant

Date

CREDIT CONSENT FORM

North Delta Planning and Development District is hereby authorized to obtain credit information deemed necessary in its evaluation of a proposed loan. The credit report will remain on file for the life of the loan and NDPDD may obtain a credit report whenever it deems necessary. As a part of the application, certain state agencies, federal agencies or participating organizations may require a copy of the applicant's credit report. The undersigned acknowledges and authorizes the Planning and Development District or Qualified Entity to obtain credit information and provide this information to the appropriate agencies as may be required as part the application process. The undersigned acknowledges that all documents submitted to North Delta PDD become the property of North Delta PDD and will not be returned.

Signed this the _____ day of _____, 20_____.

Name of Borrower: _____

Name of Business: _____

Street Address (Business): _____

City: _____ State: _____

Street Address (Home): _____

City: _____ State: _____

Mailing Address: _____

City: _____ State: _____

Home Telephone Number: _____

Business Telephone Number: _____

Cell / Pager Number: _____

Social Security Number: _____

Date of Birth: _____

Signature of Borrower: _____

**There is a one-time non refundable credit report fee of \$20
due upon application submission.**



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**