

NORTH DELTA PLANNING AND DEVELOPMENT
DISTRICT, INC

MISSISSIPPI SMALL BUSINESS
ASSISTANCE PROGRAM

APPLICATION PACKAGE

For More Information Contact:

James Curcio or Darrell Dixon

Post Office Box 1488

Batesville, MS 38606

(662) 561-4100

(662) 561-4112 fax

www.ndpdd.com

**GUIDELINES AND ELIGIBILITY REQUIREMENTS FOR THE
MISSISSIPPI SMALL BUSINESS ASSISTANCE LOAN PROGRAM (MSBAP)**

Purpose and Regulatory Authority	<p>The MSBAP is designed for the purpose of promoting job creation and small business development by providing low interest loans to small businesses.</p> <p><i>Pursuant to the Mississippi Code of 1972 as amended at ' 57-10-501, the MSBAP is administered by the Mississippi Department of Economic and Community Development, Post Office Box 849, Jackson, Mississippi, 39205.</i></p>
General Eligibility Requirements	<p>To be eligible for assistance, a small business must be a commercial enterprise with fewer than 100 full time employees, less than \$2 million in net worth or less than \$350,000 in net annual after tax profits during two of the last three years. As a result of the financial assistance, the business must provide evidence that it will create or retain full time jobs. At least 60% of the small business must be owned by individuals who have been residents of Mississippi for the past two years. Applicants must be creditworthy.</p>
Loan Criteria	<p>MSBAP funds may be used to finance up to 50% of the total project costs to a maximum of \$250,000. Loan proceeds may be used for the start up or expansion of a small business and may be used to purchase fixed assets or inventory or to provide working capital, however, no more than one-third of the total loan proceeds may be used for working capital. Other funding sources must be secured to cover the remaining project costs. The applicant must have equity in the project.</p> <p>No small business shall receive assistance under the program in excess of \$250,000.</p> <p>The maximum interest rate which may be charged is 4% above the Federal Reserve Discount rate and is fixed for the life of the loan. The terms of repayment relate to the use of proceeds, but may not exceed 15 years.</p> <p>Adequate collateral must be pledged to secure the loan. Appropriate insurance and personal guaranties will be required.</p>
Restrictions	<p>Small 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 to payoff existing debt, 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 _____

NORTH DELTA PLANNING AND DEVELOPMENT DISTRICT, INC.
REVOLVING LOAN PROGRAM (NDPDD/RLF)
POST OFFICE BOX 1488
BATESVILLE, MISSISSIPPI 38606

I. INFORMATION ON BUSINESS TO BE ASSISTED.

A. Date Submitted: _____

B. Name (Individual): _____

C. Name (Business): _____

Business Address:

Street: _____ City: _____ State: _____ Zip: _____

Home Address:

Street: _____ City: _____ State: _____ Zip: _____

D. Nature of Business: _____

E. Federal Identification and Social Security Numbers: _____

F. Telephone Numbers: Business: _____ Fax: _____ Home: _____

G. Name of Principal Contact: _____ Telephone Number: _____

H. Participating Bank: _____

Loan Officer: _____ Telephone Number: _____

I. Do you have any immediate relatives on staff or on the Board of Directors of the North Delta Planning & Development District, Inc. (current or within the past two years)? Immediate relative is defined as spouse, parent, child, or sibling of the applicant.

Yes: ___ No: ___ ****If you answered yes to this item you are not eligible to apply. ****

II. REQUIRED ATTACHMENTS:

All personal and historical financials must be accompanied by an accountant's compilation report.

A. Business Structure: ___ *Corporation ___ **Partnership ___ Sole Proprietor

*If business is a corporation, attach articles of incorporation corporate resolution giving authority to borrow funds on behalf of corporation and a Certificate of Good Standing from the office of the Secretary of State.

B. Business Plans (typed) are to be included on all applicants (new and existing businesses). (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)

C. Resume(s) of principal officers.

D. Current personal financial statement of each principal with 20% or more (not more than thirty days old) and past three years Federal Tax Returns. Joint personal financial statements are required, when applicable.

- E. For an existing business, include company financial statement, balance sheets, a profit and loss statement for three years, Federal Tax Returns, include two years= projected balance sheet, profit and loss statement and cash flow statement.
- F. For a start-up business, two years= projected balance sheet, profit and loss statement and cash flow statement.
- G. Lease agreement.
- H. Evidence of Hazard Insurance.
- I. Documentation of applicant=s cash contribution to project.
- J. Description of collateral offered.
- K. Breakdown of costs associated with the purchase of land, buildings, machinery, equipment, furniture, fixtures, inventory and renovations. Cost estimates to support amounts requested for each category.
- L. Bank commitment letter for their portion of project.
- M. List of ownership - include anyone having 20% or more ownership in business.
- N. Acknowledgment and Job Commitment Certification form (attached).
- O. Completed credit consent form and a check or money order payable to North Delta PDD in the amount of \$20.00 (attached).
- P. Maps of the project area.

III. PROJECT INFORMATION:

- A. Is this a start-up (New) or existing business? _____
- B. Date business was established: _____
- C. Have you or your business declared bankruptcy in the past seven years?
Yes: _____ No: _____ (If you marked yes, please explain on separate sheet.)
- D. Have you ever applied for assistance through North Delta? Yes _____ No _____
(If you marked yes, please explain outcome on separate sheet.)
- E. Are your taxes current? Yes: _____ No: _____
- F. Total Cost of Project: \$ _____
- G. Total NDPDD/RLF Dollars Requested: \$ _____
- H. Job Impact (Full time equivalent): Retained _____, Created _____, Total _____
- I. Annual Income (all sources): _____

IV. PROJECT FINANCING:

A. Source and Use of Funds:

	USE	SOURCE				
		NDPDD	BANK	OTHER*	OWNER	TOTAL
1	LAND ACQUISITION					
2	LAND IMPROVEMENTS					
3	PURCHASE AND/OR REMODEL					
4	NEW CONSTRUCTION					
5	EQUIPMENT					
6	FURNITURE AND FIXTURES					
7	WORKING CAPITAL					
8	INVENTORY					
9	TOTAL					
	*Identify Other Source of Funding					

V. LOAN REQUEST SUMMARY:

		NDPDD	BANK	OTHER*	OWNER	TOTAL
1.	Amount					
2.	Term (years)					
3.	Rate (%)					
4.	Monthly Debt Service					

VI. SUMMARY OF COLLATERAL:

	ITEM	VALUE	BALANCE	EQUITY	TOTAL
1.					
2.					
3.					
4.					
5.					
6.					
	TOTAL				

As an authorized agent of the applicant company, I have stated that everything in the application and information submitted along with the application is true and correct.

Signature **Title** **Date**

In order for this application to be processed all questions must be answered, all requested items must be supplied, and all blanks must be completed. Please call James Curcio or Darrell Dixon for an initial appointment before completing the application.

Small Business Development Centers

James Carden, Director
Small Business Development Center
B 19 Jeanette Phillips Drive
Post Office Box 1848
University, Mississippi 38677
662-915-1291
umsbdc@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

JOB COMMITMENT CERTIFICATION

The undersigned representative of _____ does hereby certify that, within twenty-four months from the date financial assistance is received through the Small Business Assistance Loan Program, the company will create _____ net new full time equivalent jobs at the company's location in _____ County, Mississippi. The borrower acknowledges that failure to do so without acceptable reasons shall give the Planning and Development District or Qualified Entity the option of declaring the loan in default and demanding payment in full.

The company further agrees that it will respond in a timely manner to any requests by the Planning and Development District or Qualified Entity to provide verifications of employment.

This the _____ day of _____, 20____.

By: _____
Title: _____
Telephone #: _____

CREDIT CONSENT FORM

North Delta Planning and Development District, Inc. 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 the Planning and Development District become the property of the 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 at time of 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.**