

**COMMUNITYWORKS (CW)
COMMERCIAL REVOLVING LOAN FUND (CRLF)
LOAN APPLICATION FOR NON-PROFIT ENTITIES**

PART I: BORROWER INFORMATION

Name of Company: _____

Mailing Address: _____

Street Address: _____

Contact: _____ Telephone: _____

Title: _____ Email address: _____

County: _____ Federal I.D. #: _____

Section One: Company Information:

A. Type of Company: Non-Profit Corporation Non-Profit Partnership
 Non-Profit Limited Liability Company
 Other (Specify) _____
 501c3 501c4 Other tax exemption _____

Number on Board of Directors _____

<u>Board Members</u>	<u>Title</u>

B. Type of Project: Start-Up Company Construction/Rehab
 Expansion of Existing Company
 Refinance
 Other (Specify) _____

C. Type of Business: Housing Oriented
 Service Oriented
 Community Based
 Public Entity
 Other (Specify): _____

This institution is an equal opportunity provider and employer

D. Date of founding: _____

E. The Company's Fiscal Year ends on: _____

F. Legislative Districts of Project: ____ City ____ County ____ SC House ____ SC Senate
____ US Congress

Section Two: Attorney/Accountant Information

A. Attorney's Name: _____

Name of Firm: _____

Address: _____

Telephone: _____

B. Accountant's Name: _____

Name of Firm: _____

Address: _____

Telephone: _____

PART II: PROJECT INFORMATION

Section One: Project Description

A. Location of Project: _____

B. Brief Description of Project: _____

Section Two: Project Budget

A. Proposed Sources and Amounts of Funds

Commercial Bank	_____	\$ _____, _____	_____ %
CW CRLF	_____	\$ _____, _____	_____ %
Other (Specify)	_____	\$ _____, _____	_____ %
Other (Specify)	_____	\$ _____, _____	_____ %
Equity	_____	\$ _____, _____	_____ %
TOTAL		\$ _____, _____	100 %

B. Proposed Uses of Funds

Land and Building		\$ _____, _____	_____ %
Construction		\$ _____, _____	_____ %
Renovation		\$ _____, _____	_____ %
Machinery and Equipment		\$ _____, _____	_____ %
Working Capital		\$ _____, _____	_____ %
Site Preparation		\$ _____, _____	_____ %
Refinancing or Other (Specify):		\$ _____, _____	_____ %
TOTAL		\$ _____, _____	100 %

(Total of sources and total of uses must be the same.)

C. Participating Lender Information or credit references

Name of Institution: _____

Address: _____

Contact Name: _____

Telephone Number: (____) _____

Name of Institution: _____

Address: _____

Contact Name: _____

Telephone Number: (____) _____

Section Three: Collateral/Security Offered

Collateral Description: _____

1. Collateral: _____ Value: \$ _____, _____ Source of Value: _____

Lien Holder: _____ Lien Amount: \$ _____, _____

2. Collateral: _____ Value: \$ _____, _____ Source of Value: _____

Lien Holder: _____ Lien Amount: \$ _____, _____

3. Collateral: _____ Value: \$ _____, _____ Source of Value: _____

Lien Holder: _____ Lien Amount: \$ _____, _____

PART III: BASIC EXHIBITS REQUIRED

- _____ 1. Past Financial Information (Two Years prior Federal Income Tax Returns/990s and Audit Reports)

- _____ 2. Projected Budget Information
 - A. 24-month Cash Flow Projections
 - B. 24-month Revenue and Expense Projections
 - C. Pro from Balance sheet after 12 months of operation

- _____ 3. Current Financial Statements (not over 90 days old)
 - A. Balance Sheets
 - B. Profit and Loss Statement

- _____ 4. Resumes of Senior and/or project management

- _____ 5. Attorney's Statement regarding any current or pending litigation against the company

- _____ 6. Commercial lender(s) Letter of Commitment (if applicable)

- _____ 7. A Strategic Plan that includes how funds are to be raised to repay the requested obligation

- _____ 9. List of indebtedness (including original date and amount, balance, rate, payment amount and terms. Identify security collateral, current or delinquent, for each loan or debt)

- _____ 10. Copy of organizational paperwork for the business and a Certificate of Good Standing from the Secretary of State (not more than 90 days old) (needed for loan closing)

- _____ 11. Names of affiliates and/or subsidiary firms, if applicable

NOTE: Other documentation may be required to support the application, such as a copy of contracts, letters of reference, leases, credit reports, etc. These will be required as deemed necessary by CommunityWorks

PART IV: QUALIFYING STATEMENT

I hereby certify that the information represented in this application is an accurate statement of the current position of the applicant and acknowledge that this has been made in conjunction with a request to borrow funds from the CommunityWorks Commercial Revolving Loan Fund.

In conjunction with this application, I authorize the CW to verify any information contained in the loan application. Therefore, CW is authorized to request any and all information on current and past accounts, for use in connection with this loan application.

Borrowing Entity

Name and Title

Signature

Date

AUTHORIZATION AND PERMISSION

I understand that COMMUNITYWORKS (CW) wishes to use my name, likeness, image, voice, appearance and performance for use in internal or external productions, including but not limited to, web, print, video, audio or for other legal purposes (“Production Materials”). I agree that my participation is completely voluntary.

For adequate consideration hereby received, I irrevocably give CW my consent to use my name, likeness, image, voice, appearance, and performance for purposes of and surrender any ownership I may have in the Production Materials. It is my intention for CW to own the Production Materials and I understand they may become part of the CW's permanent collection. I grant CW, with my approval in each instance, the right to edit, mix, duplicate, use, and re-use the approved Production Materials in whole or in part and to grant CW’s third party vendors a limited license to use the Production Materials in a way sanctioned by CW.

I irrevocably release CW from any and all claims in connection with the use of the Production Materials.

I am at least 18 years of age, have read the foregoing, understand the above terms and conditions, and agree to all of them.

Borrowing Entity

Name and Title of Authorized Representative

Signature of Authorized Representative

This institution is an equal opportunity provider and employer