

**City of Rockford, Illinois
Community Services Block Grant**

CHECKLIST

The information required by this applicant is necessary for proper analysis and is similar to that required by most lending agencies. The City of Rockford must make its decision based on this information. *Please note that all documents must be signed and dated.*

A COMPLETED APPLICATION SHOULD CONTAIN THE FOLLOWING:

- Completed City of Rockford business loan application form
- Letter of Commitment from lending institution
- Business Plan: Including cover letter, summary of business description, marketing analysis, product or services, manufacturing process, marketing strategy, management plan and financial data, which includes: personal financial statement and 3 year projected cash flow and balance sheet
- Existing Business: 3 years Fiscal Year End Financial Statements
- Existing Business: 3 years Federal and State Business Tax Returns
- Accountant's Aging of Receivable and Payable
- Personal Resume(s)
- 3 – year Signed Personal Tax Returns
- \$25 Credit Check Fee
Only for Micro Loan and Minority Business Enterprise Loan
- \$100 Application Fee
Only for Primary Employer Loan Program

**CHECKLIST MUST BE COMPLETE BEFORE APPLICATION WILL BE
CONSIDERED FOR FURTHER PROCESSING**

The undersigned solemnly declares and certifies that the above statement and supporting documentation, both printed and written, give a full, true and correct statement of the financial condition of the undersigned as the date indicated. Further, the undersigned hereby authorizes Grantee to perform a credit analysis and order credit reports.

Signature of Applicant

Date

Signature of Co-Applicant *(if any)*

Date

**City of Rockford, Illinois
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How many full-time equivalent jobs will be created by proposed project within 24 months of project completion (Full-time equivalent jobs equal 2,080 hours worked annually): _____

Of the full-time equivalent jobs created, how many will benefit low-moderate income persons: _____

Amount of loan requested from the City of Rockford, Community Services Block Grant Loan Program: \$ _____

Purpose for which City funding is requested (land acquisition, working capital, inventory, etc.):

Proposed Financing (i.e. bank, owner equity)

Source	% of Project	Terms
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Project Cost: \$ _____

Payment of the City's-RLF loan will be guaranteed by:

Provide summary of any collateral offered in guarantee of loan including type of collateral, value collateral and any liens or encumbrances against collateral:

**City of Rockford, Illinois
Community Services Block Grant**

Date: _____

Company Name: _____

Mailing Address: _____

City: _____ State: **IL** Zip Code: _____

Phone: _____ Fax: _____

E-Mail address: _____

Contact Person: _____ Title: _____

Key Personnel (proprietor, partner, officer, directors):

Name	Address	% of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide a brief description of the proposed project:

If new construction, provide building dimensions and construction type. If renovation, provide detailed explanation of improvements to be undertaken.

