City of Rockford, Illinois
Community Services Block Grant Pre-Loan Application

A complete loan application package will be mailed to persons submitting this short form once it is determined that the loan is eligible for CSBG loan funds.

Company Name:_____

Mailing Address: _____

City:_____ State: _____ Zip Code:_____

Phone:_____ Fax:_____

Contact Person:_____Title:_____

Key Personnel (proprietor, partner, officer, directors)

Name:	Address	% of Ownership

Provide a brief description of the proposed project:

_____

_____

_____

_____

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_____

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

_____

_____

_____

_____

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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- income persons:_____

Amount of loan requested from the City of Rockford Community Services Loan Program: $_____

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

_____

_____

_____

_____

_____

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

Source	% of Project	Terms

Total Project Cost: $_____

Payment of the City's-CSBG 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:

_____

_____

_____

Please return applications to 612 North Church Street, Rockford, IL 61103