



One Technology Drive, Suite 1000 Frostburg, MD 21532 Phone 301-689-1300 Fax 301-689-1313 www.tccwmd.org

## **BUSINESS PROJECT SUMMARY**

Name of Business	Is this business new or existing?		O New	Existing
Primary Contact Name	If existing, what is the structure?	Sole Propriet	torship	Partnership
Business Address		C Corporatio		S Corporation
		CCorporatio	on	Non-Profit
City, State, Zip	Date business established			
County	Is business registered in Maryland?		C Yes	C No
Phone	Is business in good standing in Maryla	nd?	O Yes	O No
Product or Service	Is business in good standing with Cou	nty?	C Yes	O No
Industry Sector	Federal Tax ID#			
Total Project Cost	Is this business 51% or more (check al	that apply)	O Mino	rity Owned
Requested Loan Amount			○ Wom	an Owned
nequested Loan Amount			C Veter	ran Owned
Is there collateral Available? Yes No			○ MBE#	ŧ
Describe collateral:				
MANAGEMENT Proprietor, partners, officers, directors, and all shareholders of outstanding stock - 100% of ownership	o must be shown. Please use a separate shee	t if necessary.		
Name	Name			
Title	litle			
Home Address	Home Address			
City, State, Zip	City, State, Zip			
Email E	Email			
% Owned	% Owned			
Phone F	Phone			
Type of Company Financial Statements	In-house C Tax Returns			
Has the firm, its affiliates or any owner ever filed for bankruptcy?			O Yes	O No
Has the firm, affiliate or any owner ever defaulted on a loan?			O Yes	O No
Has any owner been convicted of a crime (other than minor vehicle)?			C Yes	O No
Have you been declined for a loan for this project by a lender?			C Yes	O No
Are any individual or business taxes unpaid?			C Yes	O No
Are there any judgments, lawsuits or major disputes involving the firm, affiliates, or any	owner?		C Yes	O No

If you answered YES for any of the above, please provide a brief explanation on a separate sheet.

## **PROJECT DESCRIPTION**

Please use a separate sheet if necessary.

Please briefly describe the proposed project. Include:

- 1. General allocation of project costs (land, building purchase, leasehold improvements, inventory, marketing, working capital, etc)
- 2. Estimated completion date
- 3. Reason for the project (e.g. relocation, expansion, new business start-up, equipment purchase, etc)
- 4. Indicate if this project will ADD or RETAIN jobs and, if yes, how many?

**Minimum own	er equity injection of	of 10% for start-up busines	ses is required
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	tion provided is true and correct. I/We further authorize TCCWMD to obtain crec y of the statements made and to determine creditworthiness. I/We further give n. I/We waive all claims against TCCWMD and its consultants.
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I give permission to use this information without a signature (for elect	ctronic submission only)
y submitting this form you are not applying to the loan fund. This form	is a prequalification counseling tool and for discussion purposes only.