

CENTRAL MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT

Small Business Financing Programs

Central Mississippi Planning and Development District (CMPDD) encourages economic development and job creation through a variety of small business financing programs. These programs are designed to help businesses grow prosper and create new jobs. They are intended to work with, not replace, existing commercial financing and are often combined with commercial sources to finance a complete business project.

CMPDD works directly with the business client to package a financing package that meets the needs and credit criteria of the business **and** will utilize one or more of the following financing programs:

<i>Loan Programs</i>	<i>Targeted Businesses</i>	<i>Maximum Loan Amount</i>	<i>Terms Interest Rate¹</i>	<i>Use</i>	<i>Portion of Project Financed</i>
US Small Business Adm. 504	Small Business	\$5,000,000 \$5,500,000	10 or 20 Years fixed	Fixed Assets	30% - 40%
Econ. Dev. Adm. Revolving Loan	Small Business	\$200,000	Up to 15 Years fixed	Fixed Assets, Inventory, Working Capital	33%
MS Minority Business Enterprise	Minority owned (including women)	\$250,000	Up to 15 Years fixed	Fixed Assets, Inventory, Working Capital	50%
MS Minority Business Enterprise - Micro	Minority owned (including women)	\$35,000	Up to 5 Years fixed	Fixed Assets, Inventory, Working Capital	100%
MS Small Business Assistance	Small Business	\$250,000	Up to 15 Years fixed	Fixed Assets, Inventory, Working Capital	50%
Rural Business Enterprise Loan Program (RBEG)	Rural Business Enterprise	\$499,000	Up to 15 Years fixed	Fixed Assets, Inventory, Working Capital	100%
<i>Loan Guarantee Programs</i>	<i>Targeted Businesses</i>	<i>Maximum Loan Amount</i>	<i>Terms Interest Rate</i>	<i>Use</i>	<i>Portion of Project Financed</i>
SBA Export Working Capital	Small Exporting	\$833,333	1 Year Market Rate	(Pre and post export) Working Capital	Up to 90% Guarantee

¹ Current low interest rates may be obtained by calling one of the contact persons listed below.

Each program has specific eligibility criteria and conditions. The attached consolidated loan application is intended to gather the information needed to assess the credit needs of a business. **CMPDD** will use this information to help the business access the most appropriate financing program (s). Questions regarding the available small business financing programs may be addressed to: Mr. Thelman Larry Anderson, Loan Officer or Mr. Dwayne Perkins, Loan Specialist

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Loan Program Fact Sheet

The small business financing programs available through CMPDD are intended to assist viable, for-profit businesses that are unable to obtain credit on reasonable terms through private sources. All programs require that the business demonstrate the ability to repay the loan on agreed upon terms; have collateral adequate to the situation, and have a reasonable stake in the business.

<p>U. S. Small Business Administration (SBA) "504" Program</p>	<p>The U. S. Small Business Administration "504" program provides growing businesses with long-term, fixed-rate financing for major fixed assets, such as land and buildings. "504" loans must be used for fixed asset projects such as: purchasing land and improvements, including existing buildings, grading, street improvements, utilities, parking lots and landscaping; construction of new facilities, or modernizing, renovating or converting existing facilities; or purchasing long-term machinery and equipment. The 504 Program cannot be used for working capital or inventory, consolidating or repaying debt, or refinancing (except when authorized by SBA).</p> <p>Typically, a 504 project includes a loan secured with a senior lien from a private-sector lender covering up to 50 percent of the project cost, and a loan secured with a junior lien from CMDC (a SBA approved Certified Development Company) covering up to 40 percent of the cost, and a contribution of at least 10 percent equity from the small business being helped.</p>
<p>Economic Development Administration (EDA) Revolving Loan Fund</p>	<p>The Economic Development Administration Revolving Loan Fund can be used to assist with eligible business costs including fixed assets, inventory and working capital. Loans can cover up to 33% of project costs with the remainder provided by private sector loans and an equity injection by the business.</p>
<p>MS Business Finance Corp. Minority Business Enterprise (MBE) Loans</p>	<p>MBE loans are available to socially and economically disadvantaged small businesses owned and operated by one or more women or eligible minorities. MBE loans may be used to finance costs associated with the creation or expansion of a minority business, including fixed assets, working capital, start-up costs, rental payments, interest expense during construction, and professional fees related to the project. New businesses must inject at least 5% equity. MBE loans can cover up to 50% of an eligible project's total loan amount to a maximum of \$250,000.</p>
<p>MS Business Finance Corp. Minority Business Enterprise (MBE) Micro Loans</p>	<p>MBE Micro-Loan funds may be used to finance up to 100% of total projects of \$2,000 to \$35,000. All borrowers must have at least 5% equity in the project. These funds are not intended to be used as gap financing and proceeds shall not be utilized with any other financing.</p>
<p>MS Business Finance Corp. Small Business Assistance (MSBA) Loans</p>	<p>MSBA loans 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. MSBA funds may be used to finance up to 50% of the total loan amount to a maximum of \$250,000. Other funding sources must be secured to cover the remaining project costs. The applicant must have equity in the project. Loan proceeds may not be used to payoff existing debt.</p>
<p>Rural Business Enterprise Grant - Revolving Loan Fund (DOA – RDA – RBEG)</p>	<p>The District manages a \$499,000 grant from the Rural Development Administration (RDA) used to establish and operate a Rural Business Enterprise Grant - Revolving Loan Fund (RLF). This RLF provides debt financing for small and emerging private business enterprises in Madison County and other rural counties of the District, as approved by the RDA. This program has a base capitalization of approximately \$499,000. It is funded by the Rural Development Authority in the U. S. Department of Agriculture.</p>
<p>U. S. Small Business Administration Export Working Capital Program (EDA)</p>	<p>The SBA Export Working Capital Program is a loan guaranty program that assists small businesses that need working capital loans in order to fulfill export transactions.</p>

CENTRAL MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT CONSOLIDATED LOAN APPLICATION PACKAGE

1. APPLICANT INFORMATION

A. NAME OF BUSINESS ENTERPRISE		B. DATE OF APPLICATION	
C. BUSINESS MAILING ADDRESS		D. BUSINESS LOCATION (If different)	
Street		Street	
City		City	
County		County	
State		State	
Zip Code		Zip Code	
Phone (voice)		Phone (voice)	
Phone (fax)		Phone (fax)	
E. DATE BUSINESS ESTABLISHED: (indicate below the date business started and check either New or Existing)			
_____		<input type="checkbox"/> NEW BUSINESS	<input type="checkbox"/> EXISTING BUSINESS
F. TYPE OF BUSINESS: (check one)			
<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER _____			
G. CURRENT NUMBER OF EMPLOYEES: (Include owners if employed in business)			
H. DESCRIPTION OF BUSINESS: (Describe below the major product or service - included SIC code if possible)			
BUSINESS TAX ID #- _____		<input type="checkbox"/> APPLIED FOR	STANDARD INDUSTRIAL CLASSIFICATION # _____
I. CONTACT PERSONS FOR THIS APPLICATION:			
PRIMARY CONTACT PERSON		SECONDARY CONTACT PERSON (optional)	
Name		Name	
Title		Title	
Street		Street	
City		City	
County		County	
State		State	
Zip Code		Zip Code	
Phone		Phone	
Fax		Fax	

2. LIST OF OWNERSHIP: (List all persons who own 10% or more of the business)

NAME	ADDRESS/ CITY, ST, ZIP	PHONE	SSN	% OWNED	SEX	RACE

3. LIST OF KEY MANAGEMENT: (Include owners. If key positions are not yet filled, list position and compensation and leave other fields blank)

NAME/ SOCIAL SECURITY NUMBER	POSITION	ANNUAL COMPENSATION	SEX	RACE

4. CURRENT BUSINESS INDEBTEDNESS

CURRENT BUSINESS INDEBTEDNESS (List all existing business debts, contracts, notes, and mortgages payable)								
To Whom Payable	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Secured By	Current or Past Due
		TOTAL			TOTAL			

5. PROJECT INFORMATION

A. PURPOSE OF PROJECT: (Describe specifically what will be done, how the loan proceeds will be used, and how this will aide the business)

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B. NUMBER OF JOBS CREATED, WITHIN TWO YEARS, AFTER PROJECT COMPLETION:

C. TOTAL NUMBER OF EMPLOYEES AFTER PROJECT: (Current employees plus new jobs created)

D. ESTIMATED PROJECT COSTS:

AMOUNT

LAND (Purchase of land including existing buildings located on the property to be purchased)

BUILDING (Construction of new buildings)

RENOVATION (improvements to real property already owned or to be purchased)

MACHINERY & EQUIPMENT (Purchase and installation)

FURNITURE & FIXTURES

INVENTORY

WORKING CAPITAL

OTHER (Specify) _____

OTHER (Specify) _____

OTHER (Specify) _____

OTHER (Specify) _____

TOTAL PROJECT COSTS

E. BASIS FOR COST ESTIMATES (Indicate how project costs were determined, i.e. bids, purchase agreements, catalog prices, etc)

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6. LOAN REQUEST

A. LOAN REQUEST SUMMARY					
	OWNER INJECTION	COMMERCIAL LENDER	OTHER LENDER	CMPDD	TOTAL
AMOUNT REQUESTED					
% OF TOTAL PROJECT					100%
REQUESTED TERM (Years)					
REQUESTED INTEREST RATE					
MONTHLY PAYMENT					
ANNUAL DEBT SERVICE					
B. DESCRIPTION OF OWNER INJECTION (Describe the source and value of owner injection, i.e. cash, land, machinery, etc.)					
C. COMMERCIAL LENDER (Provide information on bank or other commercial lender)					
Have you requested financing for this project from commercial lender(s) such as a bank, credit union, or other source of financing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has the lender agreed to finance some or all of the project? <input type="checkbox"/> Yes <input type="checkbox"/> No					
D. PROVIDE THE FOLLOWING INFORMATION ON ANY LENDER(S) THAT HAVE AGREED TO PARTICIPATE,					
Name and Address of commercial lender					
Name of Institution			Loan Officer		
Branch			Title		
Address			Phone		
City, State Zip Code			Fax		
Amount Committed to Project	\$		Interest Rate/Term	%	_____ years
Name and Address of any other lender.					
Name of Institution			Loan Officer		
Branch			Title		
Address			Phone		
City, State Zip Code			Fax		
Amount Committed to Project	\$		Interest Rate/Term	%	_____ years

7. COLLATERAL

SOURCE OF COLLATERAL	VALUE	TYPE VALUATION		PRIOR LIENS	COLLATERAL VALUE
		COST/ BOOK VALUE	APPRAISAL		(Value minus Prior Liens)
LAND and BUILDINGS		<input type="checkbox"/>	<input type="checkbox"/>		
MACHINERY & EQUIP		<input type="checkbox"/>	<input type="checkbox"/>		
FURN & FIXTURES		<input type="checkbox"/>	<input type="checkbox"/>		
ACCTS. RECEIVABLE		<input type="checkbox"/>	<input type="checkbox"/>		
INVENTORY		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>		
OTHER _____		<input type="checkbox"/>	<input type="checkbox"/>		
TOTALS					

8. PERSONAL GUARANTEES

NAME OF OWNER/GUARANTOR/ SOCIAL SECURITY NUMBER	NET WORTH	AMOUNT OF GUARANTEE

9. OTHER PERTINENT INFORMATION

PROVIDE ANY OTHER INFORMATION YOU CONSIDER PERTINENT TO YOUR LOAN APPLICATION:

I 0. REQUIRED ATTACHMENTS

The following information is required in order to process your loan application. Please check each item that is attached. If any item can not be furnished, please provide explanation below.

A. INFORMATION REQUIRED FROM ALL APPLICANTS			
<input type="checkbox"/>	Personal Financial Statement (current within 90 days) for each owner/guarantor. (Form Attached)		
<input type="checkbox"/>	Resumes for all key management personnel.		
<input type="checkbox"/>	Signed Required Certifications and Credit Consent Form from each owner/guarantor. (Form Attached)		
<input type="checkbox"/>	Projected annualized Income (Profit and Loss) Statement for two years after completion of project with description of business assumptions.		
<input type="checkbox"/>	Cost estimates to support estimated project costs, e.g. real estate purchase agreements, contractor cost estimates, vendor quotes for machinery and equipment, etc.		
<input type="checkbox"/>	Letter of commitment from bank or other lender indicating amount and terms of commercial loan. (Required before loan approval).		
<input type="checkbox"/>	If corporation, resolution from Board of Directors of business authorizing it to borrow.		
B. ADDITIONAL INFORMATION REQUIRED FROM EXISTING BUSINESS APPLICANTS		C. ADDITIONAL INFORMATION REQUIRED FROM NEW BUSINESS APPLICANTS	
<input type="checkbox"/>	Brief history of business including basis for decision to expand.	<input type="checkbox"/>	Business plan describing the business and basis for decision to establish business.
<input type="checkbox"/>	Financial Statements (Balance Sheets and Income Statements) for previous three years and interim year to date (current within 90 days) or copies of federal income tax returns if financial statements are not available.	<input type="checkbox"/>	Projected Balance Sheet for two years including description of business assumptions.
D. EXPLANATION REGARDING EACH ITEM NOT FURNISHED WITH APPLICATION:			

I 1. CERTIFICATION

- A. Do any owners or managers of the applicant firm also have ownership or management control of any other business operations?
 Yes No If yes, please attach list of affiliated businesses and provide copies of current financial statements for each.
- B. Are any owners or managers (a) presently under indictment, on parole or probation or (b) have they ever been charged with or arrested or convicted of any criminal offense other than a vehicle violation?
 Yes No If yes, please describe on an attachment.
- C. Have any of the owners or managers, the applicant firm or affiliates (a) been involved in bankruptcy or insolvency proceedings or (b) have pending personal or business judgments, unsettled lawsuits or major disputes?
 Yes No If yes, please describe on an attachment.
- D. Does any owner, manager, or director or any member of their family work for the US Small Business Administration, CMPDD, the MS Business Finance Corporation or any participating lender?
 Yes No If yes, please describe on an attachment.
- E. Are all owners, managers, and directors of the applicant firm U.S. citizens and residents of Mississippi?
 Yes No If no, please describe on an attachment and include copy of Alien Registration Card (Form 1 151 or 55 1) for non-citizens.

I declare that all information contained above and in exhibits attached hereto are true and complete to the best of my knowledge. Applicants denied financing under the Minority Business Enterprise Loan program or the Mississippi Small Business Assistance program may appeal such denial to the Central Mississippi Planning and Development District Board of Directors by submitting a written appeal within 30 days of the notice of denial. Applicants not satisfied with the decision of the Board may appeal the decision to the Mississippi Development Authority within 30 days of the Board decision.

CORPORATE SEAL:

 NAME OF INDIVIDUAL, PARTNERSHIP, OR CORPORATION

BY _____ DATE _____
 Signature

REQUIRED CERTIFICATIONS

CONFLICT OF INTEREST STATEMENT:

A member of the Qualified Entity's (CMPDD) 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

CREDIT CONSENT FORM

Central Mississippi Planning and Development District 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. 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.

	APPLICANT	SPOUSE
NAME		
SOCIAL SECURITY #		
HOME ADDRESS CITY, STATE, ZIP		
HOME PHONE #		
DATE OF BIRTH		

Signature of Applicant

Date

Signature of Applicant's Spouse

Date

PERSONAL FINANCIAL STATEMENT

CENTRAL MISSISSIPPI PLANNING AND DEVELOPMENT DISTRICT

As of _____, 200__

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 _____ Home Phone _____ Business Phone _____

Home Address _____ City _____ State _____ Zip _____

Business Name of Applicant/Borrower: _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 2)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto) Mo. Payments \$ _____	\$ _____
Accounts and Notes Receivable	\$ _____	Installment Account (Other) Mo. Payments \$ _____	\$ _____
Life Insurance - Cash Surrender Value Only (Complete Section 8)	\$ _____	Loan on Life Insurance	\$ _____
Stocks and Bonds (Describe in Section 3)	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Real Estate (Describe in Section 4)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Automobile - Present Value	\$ _____	Other Liabilities (Describe in Section 7)	\$ _____
Other Personal Property (Describe in Section 5)	\$ _____	Total Liabilities	\$ _____
Other Assets (Describe in Section 5)	\$ _____	Net Worth	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____
	\$ _____

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 & 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					
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 CMPDD/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.					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		