

**NATIVE AMERICAN DEVELOPMENT CORPORATION
CAPITAL LOAN FUND
LOAN APPLICATION CHECKLIST**

All Businesses:

1. _____ Loan Application (Signed & Dated)
2. _____ Personal Financial Statement (Signed & Dated)
3. _____ Information Release Form (Signed & Dated)
4. _____ Written Business Plan
5. _____ Historical Financial Information (3 years or life of business)
6. _____ Personal Federal Tax Return (3 years)
7. _____ Business Federal Tax Return (3 years)
8. _____ Monthly projected cash flow (2 years)
9. _____ Current Business Balance Sheet
10. _____ Projected Business Balance Sheet (after one year of operation)
11. _____ Resumes of Key Personnel
12. _____ Aging of Accounts Payable and Accounts Receivable
13. _____ Credit Report (with money orders)
14. _____ Tribal Affiliation, Enrollment Number & Certificate of Indian Blood

If Applicable:

- a). _____ Appraisal or Valuation of Land and / or Building
- b). _____ Lease Agreements
- c). _____ Buy / Sell Agreements
- d). _____ Written Cost Estimates for Construction
- e). _____ Commitment Letter from Bank / Other Lender
- f). _____ Personal Financial Statement for Personal Guarantee (3 year tax returns)
- g). _____ Information Release Form for Personal Guarantee
- h). _____ Corporation Papers
- I). _____ Relevant Business Licenses
- J). _____ Bonding (over 500,000)

**NATIVE AMERICAN DEVELOPMENT CORPORATION CAPITAL LOAN FUND
REQUEST FOR APPLICATION**

Name of Firm _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

PRESENT & FUTURE OWNERS

(List Officers and Owners)

Name	Social Security #	Address	% Owner

Minority Owned: _____ YES _____ NO (Explain and document)

Type of Ownership:

Corporation _____ Tribal _____ Proprietor _____ Partnership _____

Business Phase: Start-Up _____ Expansion _____ Retention _____

Years in Business: _____ Date Organized: _____

Type of Business: _____

Will you be relocating? _____ Where? _____

Have you checked for a patent or copyrights for your product? _____

Requested loan amount: _____ Equity (\$): Present _____ New _____

Source of funds	Amounts	What funding will be used for

Primary Bank: _____

Have you or the firm been turned down for a Business Loan? _____

If YES, Why? _____

Have you or the firm ever declared Bankruptcy? _____

(If YES, please attach explanation)

Are there any judgments or pending lawsuits against the firm or any of the Principals _____

(If YES, please attach explanation)

Are any current Business Loans Delinquent? _____ (If YES, please attach explanation)

Where will Business be located? _____

Proposed Jobs

Job Description	Retained		Created	
	F / T	P / T	F / T	P / T

Attach a general Business description (not to exceed 3 pages)

Are any of the principals related to or doing business with the Native American Development Corporation Staff or Board Member(s)? _____

Are there any other potential conflict of interest between the firm, It's Principals and the Staff or Board of the Native American Development Corporation? _____

I claim that all the application information provided in this or other forms is true to the best of my knowledge. I also give the right to the Native American Development Corporation to independently verify any information provided in my application to obtain Loan Funds.

Authorized Signature

Title

Date

FINANCIAL ASSISTANCE APPLICATION
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Name of Business or Project: _____

Address: _____

Contact Person: _____ Telephone: _____

Address of Contact Person: _____

PROJECT PRINCIPALS OR DEVELOPERS

Name	Title	Ownership Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

TYPE OF PROJECT ACTIVITY

Business Start-up Business Expansion Business Retention Other

If Other, please explain: _____

PROPOSED PROJECT FINANCING

\$_____ Native American Development Corporation Fund Request

\$_____ Other Private Funds

\$_____ Other Describe: _____

\$_____ Total Project Cost

Explanation of Equity: _____

FINANCIAL ASSISTANCE APPLICATION
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Brief Project Description: _____

Each RLF applicant must submit the following required attachments:

A. A completed business plan (outline available upon request)

1. Financial information required in the business plan

a. Previous three years Federal Tax Returns (existing businesses).

b. Signed year-end balance sheets and profit / loss statements for past three years and interim Financial Statements less than ninety days old (existing businesses).

c. Financial projections for three years. These include balance sheets, profit / loss statements and Cash Flow statements (monthly or at least quarterly for first year).

d. Discussion of assumptions used to develop projections.

B. Financing Plan

1. Project Sources and Use of Funds (Form FP-1)

2. Other Funds Terms and Conditions (Form FP-2)

3. Description and documentation of principals equity investments

4. Current Personal Financial Statements of principals controlling twenty (20) percent or more of the business.

5. Resumes of key individuals

6. Documentation from vendors of cost estimates for proposed use of RLF funds.

C. Completed Business Plan

D. Job Creation and retention documentation of contact with Montana Job Service in regards to employee hiring practices.

E. Corporate or Business Entity documentation (articles of incorporation, bylaws, partnership agreements, proof of good standing, registered agent, etc.)

F. Applicant must provide documentation of contact with Montana Job Service in regards to employee hiring practices.

FINANCIAL ASSISTANCE APPLICATION
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G. Letters of commitment from other proposed financing sources, stating conditions for participation.

H. Documentation of need from RLF assistance.

I. Business retention projects must provide documentation, which satisfactorily proves business loss without RLF assistance.

J. Additional information may be requested if the RLF Project Review Committee determines it will aid in evaluating the loan application.

The purpose of the RLF is to support business activities for which credit is not otherwise available on terms and conditions, which would permit completion and / or successful operation or accomplishment of the project. The lender reserves the right to recall the loan if these requirements are not met.

The undersigned claims to be duly authorized to verify the presented application, and the undersigned states to the best of his / her knowledge and belief, data in this application is true and accurate.

Signature of Authorized Individual

Title

Date

JOB CREATION DOCUMENTATION

Job Creation Commitment:

_____ Commits to create the following number of jobs. All of these jobs will be in place no more than two years after the date of the grant award. Hours and salaries are as indicated.

Position Title	Total Jobs Available	Long Term & Underemployed	Hourly Salary
	Full-Time / Part-Time	Full-Time / Part-Time	

Total number of full time equivalent positions (32 hours per week): _____

Total number of full time equivalent positions (32 hours per week) available to LT & U: _____

1. For each part-time job indicate the number of hours per week for work: _____

2. How were the number of jobs to be created determined? _____

3. How were the number of jobs to be available to long term & under employed persons identified? _____

4. Do any of the jobs to be created require substantial training, work experience or education beyond high school? If YES, identify by job title and training, experience or education required.

5. What methods will be used to insure that LT & U persons will receive first consideration for any jobs created? _____

6. The applicant must provide evidence that Job Service of Montana has been contacted in order to coordinate the proposed job creation with the Job Training Partnership Act (JTPA).

Authorized Signature

Date

CURRENT EMPLOYEE / RETENTION DOCUMENTATION

Position Title	Total Jobs Available Full-Time / Part-Time	Long Term & Underemployed Full-Time / Part-Time	Hourly Salary

Full-time equivalent positions are based on 32 hours per week.

1. For part-time equivalents, indicate the number of hours per week for each job title.

2. If you are claiming job retention of current employees and documentation presented indicated the business will close without Native American Development Corporation Capital Loan Fund Assistance, the questions contained in RLF FORM JD-3 must be answered.

STAFFING PLAN

Job Retentions:

Projects which propose job retention must answer the following questions, and attach a copy of each income survey for each job retained.

1. Why will the business reduce operations or discontinue business if Native American Development Corporation Capital Loan Fund Assistance is not provided?

2. How many jobs will be affected? _____

3. How many of those jobs would be normal program losses (persons retiring, quitting, fired, etc.) over the next two years? _____

4. How many of the jobs listed in lines 3 and above would be filled by long term and under employed persons? _____

5. How many of the total jobs to be lost are currently held by long term and under employed persons?

6. What is the timetable for lay-offs? _____

ESTIMATED PRODUCTION AND FORECAST OF THREE YEAR EARNINGS
 (ATTACH NARRATIVE EXPLAINING BASIS FOR FIGURES
 SHOWING RECEIPTS, EXPENSES AND PROFITS)

Year:

Gross Receipts:

Merchandise Cost:

Gross Profits:

Expenses:

Officer's Salaries (if Corporation): _____

Employee Wages: _____

Accounting & Legal Fees: _____

Advertising: _____

Rent: _____

Depreciation: _____

Supplies: _____

Electricity & Gas: _____

Telephone: _____

Interest: _____

Repairs: _____

Taxes: _____

Insurance: _____

Bad Debts: _____

Other: _____

Misc. (Postage, Etc.) * _____

*if sum is large, please itemize

Total Expenses: _____

Net Profit: _____

Less Income Taxes: _____

Net Profit after Taxes: _____

Less Withdrawals: _____

Net profit remaining after tax /
 after withdrawals: _____

I certify that the foregoing data fairly represents the financial situation to the best of my knowledge.

 Signature

 Title

 Date

MANAGEMENT RESUME

Please fill in all spaces. If an item is not application, please indicate as such. You may include additional relevant information on a separate exhibit. SIGN / DATE where indicated.

PERSONAL INFORMATION

Name: _____ SS#: _____

Date of Birth: _____ Place of Birth: _____

Residence Telephone: _____ Business Telephone: _____

Residence Address: _____

From: _____ to Present Date

Previous Address: _____

From: _____ To: _____

Spouse's Name: _____ SS#: _____

Are you employed by the U.S. Government? []Yes []No, Agency/Position _____

Are you a U.S. Citizen? []Yes []No, If no, give alien registration #: _____

EDUCATION

College/Technical Training-Name/Location	Dates Attended	Major	Degree/Certificate
------------------------------------------	----------------	-------	--------------------

_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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MILITARY SERVICE BACKGROUND

Branch of Service: _____ Dates of Service: _____

WORK EXPERIENCE

List chronologically beginning with present employment.

Company Name / Location: _____

From _____ To _____ Title _____

Duties _____

Company Name / Location: _____

From _____ To _____ Title _____

Duties _____

Company Name / Location: _____

From _____ To _____ Title _____

Duties _____

Signature

Date

**FINANCING PLAN
PROJECT SOURCE & USE**

1. Sources of Project Funds: AMOUNT

RLF	A. Loan Amount Requested
Other	B.
	C.
	D.
	E.

2. Total Project Resources:

3.

Use of Funds	Total Cost	Source A	Source B	Source C	Source D	Source E
A. Acquisition 1. 2.						
B. Working Capital 1. Inventory 2. 3.						
C. Construction / Rehabilitation						
D. Equipment 1. 2. 3. 4. Other						
E. Site Improvement						
F. Professional Service						
G. 1) Other 2) Other						
J. Total						

NOTE: Attach a complete description of the identified use of Revolving Loan Fund funds to include cost estimates (i.e., list equipment to be used, purchased, description of building, specific construction or rehabilitation, inventory, etc.).

**FINANCING PLAN
SOURCES OF OTHER FUNDING**

Source Name & Address	Amount Requested	Interest Rate	Payment Length	Collateral Position
RLF				

PERSONAL FINANCIAL STATEMENT

As of _____, 20_____

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: _____ Business Phone (_____)

Residence Address: _____ Residence Phone (_____)

City, State, & Zip Code: _____

Business Name of Applicant / Borrower: _____

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand & 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 & 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

Salary.....\$ _____

Net Investment Income.....\$ _____

Real Estate Income.....\$ _____

Other Income (Describe below)*.....\$ _____

Contingent Liabilities

As Endorser or Co-Maker.....\$ _____

Legal Claims & Judgments.....\$ _____

Provision for Federal Income Tax.....\$ _____

Other Special Debt.....\$ _____

Description of Other Income in Section 1.

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*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 Bank and 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. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
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 attachments 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 of 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 attached)					
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 & beneficiaries).					
I authorize 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 by the U.S. Attorney General (Reference 18 U.S.C. 1001).					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		

INFORMATION RELEASE FORM

Please fill out completely for verification purposes:



Applicant Name / Other Information

Last		First		M.I.
D.O.B.	SS No.	DL No.	State	
Full Name as it appears on DL				
Former Names / Maiden Name and Time Frames				

Addresses

Current Address	City	State	Zip	Dates To
Previous Address (Account for past 7 years)	City	State	Zip	Dates To
Previous Address	City	State	Zip	Dates To
Previous Address	City	State	Zip	Dates To

Signature: _____ Date: _____

I hereby authorize The Native American Development Corporation (NADC) and any of its authorized agents to gather information about me regarding the following:

All records including criminal, civil, motor vehicle, professional certification, workers' compensation (as allowed by law), credit, and/or education. I also release all information (salary data, etc.) from previous employers (including government agencies, military service, etc.) whether contained in written records or not or any other pertinent information relating to the successful function of my job.

I hereby release NADC (its client, as well as agents), former employers, and other references from any liability and understand that there is no invasion of personal privacy. All information will be obtained in connection with an application for a loan. Upon receipt of a photocopy of this authorization any such person may accept the photocopy with the same authority as the original authorization.

I have the right to request a copy of the report from NADC (upon proper identification). If approved for a loan, this authorization shall remain on file and shall serve as ongoing authorization for procurement of consumer reports at any time during the length of the loan with NADC. I also understand that all information is being obtained pursuant to the Fair Credit Reporting Act (FCRA).

Client Name: _____ Ordered By: _____

BUSINESS PLAN

We have identified below key items we need to know about your business. If you have a more in-depth business plan already completed, please submit it with “The Application Booklet.”

Type of business including products and services offered.

Complete history of business including start-up dates, analysis of industry to include customer base, trends, competition and the seasonality of the business, if applicable. Also discuss the future plans for growth or expansion, if applicable.

General location description including general area description, access and visibility.

General description of the actual business premise / primary collateral. This must include the total amount of square footage available and the amount occupied by you business.

How will this loan benefit your business?