

**Barren River Area Development District
COVID-19 Business Relief Working Capital Loan Program**

Applicant Information

Check One: Sole Proprietor Partnership LLC Independent Contractor Self-employed Other

Business Name _____ DBA _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Business Tax ID # _____

Owner _____ Title _____

Co-Owner (if applicable) _____ Title _____

Primary Contact _____ Email _____

Check One: My project/business Has Has Not received prior federal assistance as it relates to COVID-19.

Short Description of Business:

Loan Request Information

BRADD COVID-19 Business Relief Loans will range from \$2,500 to \$25,000 for short term working capital such as payroll; rent; utilities; supplies; inventory management, and payments to suppliers.

Amount of Loan Request: \$ _____ Number of Employees: _____

Purpose of Loan (check all that apply) : Payroll Rent/Mortgage Utilities Inventory/Supplies

Other (explain) _____

NOTE: Loan proceeds will be audited. Bank statements and receipts will be required for eligible expenditures.

| | Y | N | | Y | N |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> | Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from any Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government? | <input type="checkbox"/> | <input type="checkbox"/> |
| If the Applicant or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? | <input type="checkbox"/> | <input type="checkbox"/> | The Applicant is not engaged in any activity that is illegal under federal, state, or local law. | <input type="checkbox"/> | <input type="checkbox"/> |

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Documents Required

- | | |
|--|--|
| <ul style="list-style-type: none">▪ 2019 Financial Statement signed and dated by a company officer▪ Latest Federal Income Tax Statement▪ Copy of photo identification▪ Documentation providing evidence of a loss in revenue or other significant impact since the start of the COVID-19 pandemic | <p>As applicable:</p> <ul style="list-style-type: none">▪ Payroll receipts▪ Copy of lease agreement/mortgage statement▪ Last two months utility statements▪ Supplies/inventory purchase agreements/receipts/statements |
|--|--|

Certification of Application

Certification: I hereby represent and certify that the foregoing information, to the best of my knowledge, is (a) true, complete and accurately and fairly describes the proposed project for which financial assistance is sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest. I further certify that to the best of my knowledge and based upon due inquiry, neither I, nor any of the proposed guarantors or officers, directors or principals associated with the applicant are or were at the time of this application, directors or officers of, or otherwise have a fiduciary duty toward, an entity that is or may be in competition with the applicant. As used herein, applicant shall include any person or entity which is guarantying any proposed financing.

Conflict of Interest: I hereby represent and certify that neither I, nor any of the proposed guarantors or officers, directors, principals or employees associated with the applicant are, at the time of this application, related by blood, marriage, law or business arrangement to the BRADD Board of Directors and/or other such BRADD advisory Boards.

Name of Business _____

By _____ Title _____

Date _____

Signature _____