Grow Shreveport Fund

Financing for Small Business

The Grow Shreveport Fund is a unique economic development partnership among the City of Shreveport and the National Development Council (NDC), one of the nation's oldest economic development nonprofit organizations.

NDC is a nationally recognized Small Business Lending Company licensed by the Small Business Administration (SBA) and is also a Community Development Financial Institution (CDFI) as designated by the United States Department of the Treasury, CDFI Fund. Loans are administered through NDC's wholly-owned affiliate, the Grow America Fund (GAF).

How the Grow Shreveport Fund operates:

The City of Shreveport and NDC have established and capitalized the Grow Shreveport Fund as an economic development tool designed to assist eligible small businesses within the city to obtain the financing required to grow their small businesses.

Loans made under this program will be underwritten by GAF and guaranteed by the SBA, so each loan must comply with SBA guidelines and procedures.

What are the advantages of this program?

- Longer terms equal to the lives of the assets being financed. (Up to 25 years for real estate, and 10 years for equipment and permanent working capital.)
- Low equity requirements.
- Lower interest rates (variable or fixed).
- Flexible underwriting criteria.
- Limited or no pre-payment penalties.
- Loans tailored to individual borrowers.

Who is the ideal borrower?

- A business that has been in operation for three or more years.
- A for-profit business located in the City of Shreveport.
- A business with a financing need above $100,000.
- A business with historical cash flow to service debt.
- A business which will create or retain jobs as a result of the loan.
- *Nonprofits, real estate developers, banks, and investment advisory firms are ineligible.*

For more information, please contact:
Frederick Lewis
Grow Shreveport Fund
frederick.lewis@shreveportla.gov
318.673.7506

What are eligible uses of the funds?

- Permanent working capital.
- Refinancing of non-SBA debt.
- Leasehold improvements.
- Property acquisition.
- Machinery & equipment.
- *Funds cannot be used for equity needs, research and development, or as venture capital.*

What are other requirements?

- Any owner with over a 20% interest must provide a personal guarantee.
- A loan must be collateralized with available assets, to the extent possible.
- Demonstrated ability to repay a loan with existing or projected cash flow.

What should be submitted?

- Three years of tax returns, personal.
- Three years of tax returns, corporate.
- Interim income statement and balance sheet.
- Debt schedule.
- One year of projections.
- Management experience, resumes.
- Credit release form.
- Application:

Loan Application Checklist

Grow America Fund (GAF) is a national Community Development Financial Institution focused on providing flexible and patient expansion loans to healthy and growing small businesses, manufacturers and distributors. GAF is an approved SBA 7(a) PLP lender and follows appropriate SBA lending practices.

WHAT DO I NEED TO SUBMIT IN ORDER TO BE CONSIDERED FOR A LOAN?

In order to properly review your loan request, please submit the following items:

1. Attached Loan Intake form.

2. 2011, 2012 and 2013 Federal Tax Returns (please provide entire copy) for primary business applicant, and any other affiliated companies.
   Note: If the business has not yet filed 2013 tax returns, submit 2010, 2011 and 2012 returns, along with year-end statements for 2013.

3. 2014 interim financial statements not older than 60 days, including:
   a. Income Statement and Balance Sheet
   b. A/R Aging report
   c. A/P Aging report
   (Please ensure all reports cover consistent time frames.)

4. Current debt schedule **(template attached)**

5. Completed SBA and GAF forms **(attached)**
   - ☐ SBA Form 413 – Personal Financial Statement for any principal with 20% or greater ownership
   - ☐ SBA Form 912
     ownership
   - ☐ Completed GAF credit release form

– Statement of Personal History for every principal with 20% or greater

6. Information relating to the project (ie: construction proposals, equipment estimates, etc.)

You may reach out with questions, or submit these items via:

Email: **Jborges**@nationaldevelopmentcouncil.org
Mobile: (**718**) **578**-5804 **(M)**
Phone: (**212**) 682**-1106 (O)**
Address: Jose R. Borges, Grow America Fund
Loan Officer
708 Third Ave, Suite 710
New York, NY 10017

Small Business Loan Intake Form

The Grow America Fund (GAF) is a national Community Development Financial Institution focused on providing flexible and patient expansion loans to healthy and growing small businesses, manufacturers, and distributors. GAF is an approved SBA 7(a) PLP lender and follows appropriate SBA lending practices.

Referral Source (Name, Organization):	Date:

Applicant Information

Name:	Phone:	U.S. Citizen? □ Yes □ No
Business Legal Name:	DBA:	
Business Street Address:		
City:	State:	Zip:
Email:	Website:	

Business Characteristics

Industry: □ Manufacturer □ Distributor □ Retail □ Services □ Food/Restaurant □ Other		
Entity Type: □ C-Corp □ S-Corp □ LLC □ Partnership □ Sole Proprietorship □ Nonprofit □ Other		
Brief Description of Business:		
Year Business Est. (e.g. 2005):	Owner (Optional): □ Minority □ Woman □ Veteran □ Living with Disabled	
Previous Years Gross Revenue: $	YTD Revenue: $	___ Months
Net Income: $	Current Full Time Employees:	Projected Employees:

Credit and Loan Information

Use of Funds	Amounts	Loan Amount Requested: $
Real Property Acquisition	$	Equity Contribution: $
Leasehold Improvements	$	Credit Score:
Machinery & Equipment	$	Current Bank Relationship:
Working Capital	$	
Other	$	Comments (Optional):
TOTAL	**$**	

Grow America Fund, 21 E. Canon Perdido St, Suite 212A Santa Barbara, CA 93101
Tel: (805) 698-8005 Fax: (805) 456-3879

Debt Schedule

Business Name: **As of Date:**

Note: Include ALL business debt including (but not limited to): term loans, lines of credit, tax liens, landlord payments, franchise payments, subordinated officer debt, etc.

Creditor Name	Current Balance	Original Loan Amount	Average Monthly Payment	Month/ Year Initiated	Term	Interest Rate	Collateral	How funds were used?

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Tel: (805) 698-8005 Fax: (805) 456-3879

Credit Release Form

I/We hereby request and authorize you to release to Grow America Fund, Inc. and/or the National Development Council for verification purposes, personal and corporate credit reports and information concerning the company/corporation/partnership and/or the officers and individuals listed below. That information may include but is not limited to:

a. Employment history dates, title, income, hours worked, ect.
b. Banking (checking and saving) accounts of record
c. Mortgage loan rating (opening date, high credit, payment amount, loan balance, and payments)
d. Any information deemed necessary in connection with a consumer credit report for my loan application

This information is for the confidential use of this lender, Grow America Fund, Inc. (GAF) in compiling a loan report. A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

Date: _____

Application Information

Business Name:

Phone Number:
Affiliated Business: Phone Number:

Individual 1

Name of Officer/Owner:	
Address for last two Years:	
Social Security #:	Date of Birth:
Signature: X	

Individual 2

Name of Officer/Owner:	
Address for last two Years:	
Social Security #:	Date of Birth:
Signature: X	

Individual 3

Name of Officer/Owner:	
Address for last two Years:	
Social Security #:	Date of Birth:
Signature: X	

Grow America Fund, 21 E. Canon Perdido St, Suite 212A Santa Barbara, CA 93101
Tel: (805) 698-8005 Fax: (805) 456-3879

OMB APPROVAL NO.3245-0178
Expiration Date: 2/28/2013

United States of America

SMALL BUSINESS ADMINISTRATION

STATEMENT OF PERSONAL HISTORY

Please Read Carefully : SBA uses Form 912 as one part of its assessment of program eligibility. Please reference Standard Operating Procedures if you have submit this form and where to submit it. For SBA Regulations and any questions about who must further information, please call (1-800-827-5722), or check SBA's website at www.sba.gov.

Name and Address of Applicant (Firm Name)(Street, City, State, and ZIP Code)

SBA District/Disaster Area Office

Amount Applied for (when applicable)

File No. (if known)

1. Personal Statement of: (State name in full, if no middle name, state (NMN), or if initialonly, indicate initial.) List all former names used, and dates each name was used. Use separate sheet if necessary.

First **Middle** **Last**

2. Give the percentage of ownership or stock owned or to be owned in the small business or the development Company

Social Security No.

3. Date of Birth (Month, day, and year)

Name and Address of participating lender or surety co. (when applicable and known)

4. Place of Birth: (City & State or Foreign Country)

5. U.S. Citizen? **Yes** No INITIA

If No, are you a Lawful Permanent resident alien: Yes No

If non-U.S. citizen, provide alien registration number:

6. Present residence address:
From:
To:
Address:

Home Telephone No. (Include Area Code):

Business Telephone No. (Include Area Code):

Most recent prior address (omit if over 10 years ago):
From:
To:
Address:

PLEASE SEE REVERSE SIDE FOR EXPLANATION REGARDINGDISCLOSURE OF INFORMATION AND THE USES OF INFORMATION. YOU MUST INITIAL YOUR RESPONSES TO QUESTIONS SUCH 5,7,8 AND 9.

IF YOU ANSWER "YES" TO 7, 8, OR 9, FURNISH DETAILS ON A SEPARATE SHEET. INCLUDE DATES, LOCATION, FINES, SENTENCES, WHETHER MISDEMEANOR OR FELONY, DATES OF PAROLE/PROBATION, UNPAID FINES OR PENALTIES, NAME(S) UNDER WHICH CHARGED, AND ANY OTHER PERTINENT INFORMATION. AN ARREST OR CONVICTION RECORD WILL NOT NECESSARILY DISQUALIFY YOU; HOWEVER, DENIED UNTRUTHFUL ANSWER WILL CAUSE YOUR APPLICATION TO BE AND SUBJECT YOU TO OTHER PENALTIES AS NOTED BELOW.

7. Are you presently under indictment, on parole or probation? INITIALS

Yes No (If yes, indicate date parole or prob isto expire.)

8. Have you **ever** been charged with and or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which must be disclosed and explained on an attached sheet.) have been dismissed, discharged, or not prosecuted (All arrests and charges

Yes No INITIALS

9. Have you **ever** been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?

Yes No INITIALS

10. I authorize the Small Business Administration Office of Inspector General to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, and the Small Business Investment Act.

CAUTION - PENALTIES FOR FALSE STATEMENTS: Knowingly making a false s on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan, surety bond, or other program participation. A false statement is punishable under 18 USC 1001 AND 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 USC 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a and/or a Federally insured institution, under 18 USC 1014 byimprisonment of not more than thirty years fine of not more than $1,000,000.

Signature | Title | Date

Agency Use Only

11. Fingerprints Waived

Date Approving Authority

Fingerprints Required

Date Sent to OIG Date Approving Autho

12. Cleared for Processing

Date Approving Authority

13. Request a Character Evaluation

Date Approving Authority

Please Note: The estimated burden for completing this form is 15 minutes per response. You are approval number. Comments on the burden should be sent to U.S. Small Business Administration, Administration, Office of Management and Budget, New Executive Office Building, Room 10202,

(Required whenever 7,8 or 9 are answered 'yes'

required to respond to any collection of information unless Chief, AIB, 409 3rd St. S.W., Washington, D.C. 20416 and

even if cleared for processing)

it displays a currently valid OMB

Desk Officer for the Small Business

PLEASE DO NOT SEND FORMS TO OMB

OMB APPROVAL NO. 3245 -0188
EXPIRATION DATE: 09/30/2014

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION **As of** _____

Complete this form for: (I) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan. Return completed form to : 7(a) loans - to the lender processing the SBA application; 504 loans - to the Certified Development Company processing the SBA application; Disaster loans - to the Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155 -2243; and 8(a)/ BD applicants who are *individuals claiming social and economic disadvantaged status and their spouses* - electronically at http://www.sba.gov or send hard copy with paper application to either of the two following offices:

8(a) BD only	**Mail to the following address, if your firm is located in one of the states below:**	**Mail to the following address, if your firm is located in one of the states below:**
	US Small Business Administration DPCE Central Office Duty Station Parkview Towers 1150 First Avenue 10th Floor, Suite 1001 King of Prussia, PA 19406	Small Business Administration Division of Program Certification and Eligibility 455 Market Street, 6th Floor San Francisco, CA 94105
	MA, ME, NH, CT, VT, RI, NY, PR (Puerto Rico), VI (US Virgin Islands), NJ, PA, MD, VA, WV, DC, D E, GA, AL, NC, SC, MS, FL, KY, TN	IL, OH, MI, IN, MN, WI, TX, NM, AR, LA, OK, MO, IA

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	$
IRA or Other Retirement Account	$	(Describe in Section 2) Installment Account (Auto)	$
(Describe in Section 5) Accounts & Notes Receivable	$	Mo. Payments	$
(Describe in Section 5) Life Insurance -Cash Surrender Value Only	$	Installment Account (Other)	$
		Mo. Payments	$
(Complete Section 8) Stocks and Bonds	$	Loan on Life Insurance	$
		Mortgages on Real Estate	$
(Describe in Section 3) Real Estate	$	(Describe in Section 4) Unpaid Taxes	$
(Describe in Section 4) Automobiles - Total Present Value	$	(Describe in Section 6) Other Liabilities	$
(Describe in Section 5, and include Year/Make/Model) Other Personal Property	$	(Describe in Section 7) Total Liabilities	$
(Describe in Section 5) Other Assets	$	Net Worth	$
(Describe in Section 5) **Total**	$	**Total**	$

Section 1. Source of Income		**Contingent Liabilities**	
Salary	$	As Endorser or Co -Maker	$
Net Investment Income	$	Legal Claims & Judgments	$
Real Estate Income	$	Provision for Federal Income Tax	$
Other Income (Describe below)*	$ _____	Other Special Debt	$ _____

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 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 Endors ed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement an d 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 attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address	MM		
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 SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders, or Certified Development Companies will rely on this information when making decisions regarding an application for a loan from SBA or an SBA Participating Lender, or for participation in the SBA 8(a) Business Development (BD) program.

Signature Date

Print Name Social Security No.

Signature Date

Print Name Social Security No.

NOTICE TO LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to $250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than $5,000; and, if submitted to a Federally insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than 30 years and/or a fine of not more than $1,000,000.

FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) Subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to $500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) Subject to civil and administrative remedies, including suspension and debarment; and (4) Ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**