

NCNMEDD's *Working Now* Loan Program was developed in response to the COVID-19 Pandemic through funding from the US Economic Development Administration (EDA). These loans are available to small businesses in the NCNMEDD region for relief from the impacts of COVID-19. *Working Now* funds can be used for to help businesses affected by the pandemic. Uses may include but are not limited to payroll, rent, inventory, marketing, ecommerce development, personal protective equipment, other equipment and small capital improvements.

Loan Application Checklist

- □ SECTION 1: Business Information
- □ SECTION 2: Guarantor/Co-Borrower Information
- □ SECTION 3: Loan Request
- □ SECTION 4: Financial Information
- □ SECTION 5: Demographic and Impact Data (Optional)
- □ SECTION 6: Narratives
 - Description of business
 - Business viability before COVID-19
 - How business was impacted by COVID-19
 - Business recovery plan
- $\hfill\square$ SECTION 7: Authorization and Certifications
- □ ATTACHMENT 1: Personal Financial Statement
- ATTACHMENT 2: 2019 Tax Returns for Borrowing Entity and Guarantor/s or Profit & Loss Statement and Balance Sheet as of 12.31.19
- □ ATTACHMENT 3: Most Recent Profit & Loss Statement and Balance Sheet
- □ ATTACHMENT 4: Current Business License
- □ ATTACHMENT 5: Valid Drivers License or Passport

Borrower Assistance

For more information or assistance with this loan application, please contact:

Christopher Madrid, Community Development

North Central New Mexico Economic Development District 3900 Paseo del Sol Santa Fe, NM 87507 505-920-9297 chrism@ncnmedd.com



SECTION 1: Business Information

Legal Name:		Tax ID #:			
Description of Business:					
Street Address:					
Mailing Address:					
Phone #:	Cell #:		Contact Nar	me:	
County:	_Year Established:	Business Year End:			
Legal Entity: Proprietors	ship 🗌 Partnership		□ Corporation	🗆 Non-Profit	\Box Other
SECTION 2: Guarantor/Co-Bo	orrower Information				
Name:			Tax ID #:		
Street Address:					
Mailing Address:					
Home #:		Work #:			
Cell #:		Ema	iil:		
Relationship: 🛛 Guara	ntor 🗌 Co-I	Borrower			
Guarantor/Co-Borrower Info	ormation				
Name:			Tax ID #:		
Street Address:					
Mailing Address:					
Home #:		Worl	k #:		
Cell #:		Ema	iil:		
Relationship: 🛛 🗆 Guara	ntor 🗌 Co-E	Borrower			
SECTION 3: Loan Request (M	aximum of \$25,000)				
Amount Loan Pu	Loan Purpose (e.g. equipment, working capital, inventory, PPE, etc.)				
\$					
\$					
\$					
\$ = TOTAL	LOAN REQUEST				



SECTION 4: Financial Information

Have you or your business ever filed bankruptcy?
Are you or your business involved in any pending lawsuits?
Are any tax returns being contested or audited?
Are you or your business delinquent on any taxes?
Has your business received any other Federal CARES Act Funding (PPP loans, EIDL loans or grants, etc.)?
Are you or your business delinquent on any debt, including loans from NCNMEDD?
Name(s) and title(s) of persons authorized to borrow money on behalf of the business:

Name:	Title:
Name:	Title:
Name:	Title:
Accountant or accounting firm:	

SECTION 5: Demographic and Impact Data: (Optional)

This data is used to record demographics and measure the impact of assistance provided by NCNMEDD. It is used internally and reported in aggregate only. None of the responses will affect your eligibility or consideration for a loan from NCNMEDD.

Applicant

Are you:	🗆 Male	Female
Living with a disability?	□ No	□ Yes
Are you a veteran?	□ No	□ Yes
Race/Ethnicity:		



SECTION 6: Narratives

Provide a brief description of your business, including location, goods or services sold, number of full, part time and/or seasonal employees and other information relevant to this loan request.

Explain how your business was viable prior to the COVID-19 pandemic.

How did COVID-19 affect your business?

What is your business' recovery plan?

How many jobs is this loan projected to retain?

How many jobs is this loan projected to create?_____

Guarantor Signature



Date

SECTION 7: Authorizations and Certifications

I/We hereby certify that all information contained in this document and any attachments is true and correct to the best of my/our knowledge.

I/We authorize the North Central New Mexico Economic Development District and/or its agents to make any investigations of credit either directly or through any agency which has credit information.

I/We agree that this application and any attachments shall remain NCNMEDD's property whether or not the loan is granted.

I/We specifically waive and release any claims now or in the future regarding the assistance provided by NCNMEDD and/or its agents.

Applicant Signature	Date

NOTICE: NCNMEDD does not discriminate against applicants on the basis of race, color, religion, national origin, sex, marital status, physical or mental disability, or age (provided the applicant has the capacity to enter into a binding contract).

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

NOTICE: Neither NCNMEDD nor its agents will directly benefit from this relationship. NCNMEDD does not warrant or guarantee in any manner that its assistance will result in business success.