

# MSME BUSINESS DISASTER RECOVERY PROGRAM APPLICATION

SBDC FORM NO.: DRP-002B  
EXPIRATION DATE: 09/30/2020



Please complete ALL sections of this form and sign the required section on page 2.

Date of Application: \_\_\_\_\_

SBDC Application No.: **BDRP -** \_\_\_\_\_

## A. APPLICANT INFORMATION

Applicant Name: _____	Nationality: <input type="checkbox"/> Bahamian <input type="checkbox"/> Other (specify): _____	Home Address: _____	Sex: _____
City: _____	Island: _____	Postal Code: _____	
Contact Person: _____	Home Contact: _____	Cell Phone: _____	
Email: _____	Work Contact: _____	Other: _____	
Means of Identification: <input type="checkbox"/> Driver's License <input type="checkbox"/> NIB Number <input type="checkbox"/>	Passport No.: <input type="checkbox"/>	Voter's Card: <input type="checkbox"/>	
Issue Date: _____	Expiry Date: _____		

## B. BUSINESS INFORMATION

Business Legal Name: _____	Date Established: _____	TIN Number: _____
Business Mailing Address: _____		
City: _____	Island: _____	Postal Code: _____
Business Contact 1: _____	Business Contact 2: _____	
Work Contact: _____	Work Contact: _____	
Mobile Contact: _____	Mobile Contact: _____	
Business Email: _____	Business Email: _____	
Other Contact: _____	Other Contact: _____	
Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Incorporated Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>		
Business Property Is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	Are you a current SBDC client? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Brief Description of Business: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

Number of Employees (pre-disaster): Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Total: **0**

Major Principals/ Partners/ Proprietors: (Provide for each owning more than 20% of the business. If more space is needed, please attached to this application.)

Name(s):	Address:	City/ Island/ Postal Code:

Are you as an individual or the company involved in any court proceedings?  Yes  No If yes, please explain on a separate sheet.

Amount of Estimated Loss (if unknown, enter question mark):

<input type="checkbox"/> Machinery & Equipment _____	<input type="checkbox"/> Inventory _____	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Real Estate _____	<input type="checkbox"/> Leasehold Improvements _____	

Insurance Coverage (If Any):  
(if you need more space, attach additional sheets) Coverage Type: \_\_\_\_\_

Name of Insurance Company and Agent: \_\_\_\_\_

Phone Contact of Insurance Agent: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## C. BANKING RELATIONSHIP(S)

Name of Financial Institution(s)	Account Type/ Number	Average Balance

**D. EXISTING LOAN(S)**

Financial Institution	Loan Type	Original Loan	Current Balance	Maturity Date	Monthly	Collateral Pledged
		Amount	Payment			
	<input type="checkbox"/> Line of Credit					
	<input type="checkbox"/> Term Loan					
	<input type="checkbox"/> Commercial Mortgage					
	<input type="checkbox"/> Letter of Credit					
	<input type="checkbox"/> Other					
	<input type="checkbox"/> Line of Credit					
	<input type="checkbox"/> Term Loan					
	<input type="checkbox"/> Commercial Mortgage					
	<input type="checkbox"/> Letter of Credit					
	<input type="checkbox"/> Other					

Are loan payments current? Yes  No  If Yes, how many payments are you behind? \_\_\_\_\_ Reason for delinquency: \_\_\_\_\_

**E. LOAN DETAILS**

Amount requested: \_\_\_\_\_ Desired Term of loan (months): \_\_\_\_\_

Business Category (based on previous year's sales/ Turnover Range):  Micro Business (\$0.00 <= \$250,000)  Small Business (\$250,000 <= \$1,000,000)  Medium Business (\$1,000,000 <= \$10,000,000)

Turnover Range: \_\_\_\_\_

(NOTE: Financials must be submitted to verify category selected.)

Purpose of Loan	Use of Loan Proceeds	Tick	Amount	Description
	Building Renovations	<input type="checkbox"/>		
	Purchase Inventory	<input type="checkbox"/>		
	Vehicle (Company Use Only)	<input type="checkbox"/>		
	Machinery & Equipment	<input type="checkbox"/>		
	Payroll Working Capital	<input type="checkbox"/>		
	Machinery & Equipment	<input type="checkbox"/>		
	Other (Please specify)	<input type="checkbox"/>		
	<b>Total</b>		<b>\$0.00</b>	

For all items selected above, with the exception of Working Capital, up-to-date invoices/ quotes are required to accompany application form. Applications will not be processed without these documents.

Total invoices/ quotes supplied attached to this application MUST equal the Use of Loan Proceeds detailed above. Deviations from this listing WILL NOT be permitted.

**F. DECLARATION**

By signing and submitting this MSME Business Disaster Recovery Program Application, I/we certify that all the above information and statements contained herein or attached hereto are a true and accurate representation of the financial condition of the business and its principals and contains no falsifications or misrepresentations. I understand that falsifications, misrepresentations and/or omissions may disqualify me from consideration for approval of the loan requested. I/We hereby authorize Access Accelerator Small Business Development Centre (SBDC), its agents, successors and assigns to conduct verification and re-verification of any information contained in this application, either directly or through a credit reporting agency or another source named in this application at any time while checking the creditworthiness of this loan, or if approved, at any time while said loan has an outstanding balance due.

Access Accelerator Small Business Development Centre Bahamas, its agents, successors and assigns will rely on the information contained in this application and I/we have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/we have represented herein should change prior to advancement of funds by Access Accelerator Small Business Development Centre Bahamas or at any time thereafter, if requested.

It is further agreed that in the event that we make credit application elsewhere either prior to, during the term of, or following the making of the loan sought by this application, Access Accelerator Small Business Development Centre Bahamas is also authorized to receive additional credit information and to answer any questions by third parties on their credit experience with the undersigned.

Furthermore, by signing and submitting this MSME Business Disaster Recovery Program Application, I/We hereby grant the Small Business Development Centre Bahamas (SBDC), its agents, successors and assigns the right to access my financial information from the respective financial institutions and the right to obtain any missing required KYC documentation from the respective financial institutions. I/We also agree to adhere to the mandatory covenants set forth by the Small Business Development Centre Bahamas in that i.) on a monthly basis, if my/our loan application is successful, I/We will submit to the Small Business Development Centre Bahamas a copy of my/our monthly loan payment receipts, or in lieu of printed receipts, a copy of the online transfer confirmation and ii.) that upon receipt of funds from this Program, we understand that my/our name and story is eligible to be shared to the public by the SBDC for public relations purposes and that we agree to allow the SBDC to share my/our name and story.

Signature of Applicant	Applicant 1 Signature:	_____	Date:	_____
	Print Name:	_____		
	Applicant 2 Signature:	_____	Date:	_____
	Print Name:	_____		

**FOR SBDC INTERNAL USE ONLY**

Date Received: \_\_\_\_\_ Location:  Online  In-Person  By: \_\_\_\_\_

SBA Application Number: \_\_\_\_\_ Date Application Filed: \_\_\_\_\_ Date Application Processed: \_\_\_\_\_

KYC Documents Submitted:  Yes  No Items Outstanding: \_\_\_\_\_

Application Status:  Approved  Declined Amount Approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Disbursement Method:  Check  Wire Transfer Check/ Transfer No.: \_\_\_\_\_ Date Funds Disbursed: \_\_\_\_\_

Notes: \_\_\_\_\_