

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:	_____
Contact Person:	_____	Home Contact:	_____
Email:	_____	Work Contact:	_____
Means of Identification:	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:	_____	Industry:	_____		
Type of Entity:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Incorporated Entity <input type="checkbox"/> Partnership <input type="checkbox"/> Other	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:					

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:	_____		
Telephone Contact:	_____		
Email:	_____		
NIB Number:	_____		
Date of Birth:	_____		
% Ownership:	_____	_____	_____

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		Maturity Date	Monthly Payment	Collateral Pledged
		Amount	Current Balance			
	<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 <= \$5,000,000)

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"/>		
	Total		\$0.00	

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 Center (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 Center 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 Center 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 Center 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 Center 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 Center Bahamas in that i.) on a monthly basis, if my/our loan application is successful, I/we will submit to the Small Business Development Center 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:	<input type="checkbox"/> Online <input type="checkbox"/> In-Person	By:	
SBA Application Number:		Date Application Filed:		Date Application Processed:	
KYC Documents Submitted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Items Outstanding:			
Application Status:	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	Amount Approved:		Approved by:	
Disbursement Method:	<input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer	Check/ Transfer No.:		Date Funds Disbursed:	
Notes:					