

CITY OF FITCHBURG SMALL BUSINESS FUNDING PRE-APPLICATION

In order to understand if your business is eligible for the CDBG funded business loan fund and if the fund is an appropriate source for your business, we ask that you complete this form. This will help us understand your business needs and whether this fund can meet them within CDBG regulations.

BUSINESS OWNER NAME(S) _____ DAY TIME PHONE NO: _____

OWNER(S) MAILING ADDRESS _____

EMAIL ADDRESS: _____ BEST CONTACT DURING BUSINESS HOURS: _____

BUSINESS NAME: _____ TELE NO: _____

BUSINESS ADDRESS: _____

IS YOUR BUSINESS EXISTING OR PROPOSED? _____ IF EXISTING, ARE YOU: EXPANDING? RELOCATING? WOULD OTHERWISE DOWNSIZE IN STAFF OR BUSINESS FOOTPRINT WITHOUT LOAN ASSISTANCE? (DESCRIBE ALL THAT APPLY):

PLEASE DESCRIBE THE PROPOSED OR EXISTING BUSINESS: _____

HAVE YOU CREATED A BUSINESS PLAN? _____

ARE YOU WORKING WITH A CONSULTANT OR AGENCY REGARDING YOUR BUSINESS PLANNING? IF YES, WHO?

WHAT IS THE TOTAL PROJECT COST FOR THIS BUSINESS VENTURE? _____

Please provide a budget with sources and uses

WHAT OTHER SOURCES ARE YOU APPLYING FOR/HAVE SECURED? _____

WHAT IS THE "GAP" OR AMOUNT YOU WOULD REQUEST FROM THIS PROGRAM? _____

DESCRIBE THE SCOPE OF WORK YOU WOULD UNDERTAKE WITH YOUR BUDGET: _____

Please include and describe items such as interior/exterior construction, equipment, stock, start up cash, etc.

FOR PROPOSED/RELOCATING BUSINESSES:

DO YOU PLAN TO LEASE OR OWN THE PHYSICAL LOCATION OF THE BUSINESS? _____

DO YOU ALREADY HAVE A SITE IDENTIFIED? _____

IF SO, IS THE LOCATION UNDER CONTRACT? _____

ONCE YOU HAVE YOUR FINANCING SECURED, WHAT IS THE TIME FRAME FOR OPENING THE BUSINESS?

This funding source requires one full time job created or retained for every \$35,000 in assistance.

FOR NEW BUSINESSES:

HOW MANY JOBS DO YOU EXPECT TO CREATE? _____ ARE THEY FULL TIME OR PART TIME? _____

DO THE JOBS REQUIRE SPECIAL SKILLS OR FORMAL EDUCATION? _____

IF YES, WILL YOU OFFER TRAINING/EDUCATION? _____

FOR EXISTING BUSINESSES:

IF YOU DID NOT RECEIVE BUSINESS LOAN ASSISTANCE, WOULD YOU HAVE TO REDUCE YOUR CURRENT STAFF?

_____ IF SO, HOW MANY JOBS WOULD YOU HAVE TO CUT? _____ ARE THEY FULL TIME OR PART TIME? _____

Please provide us with any additional information that you feel may help us understand the needs of your business.