



LOAN APPLICATION
Community Non-profit Loan Fund

PLEASE PROVIDE COMPLETE INFORMATION ON THE APPLICATION. You may be requested to provide additional information as part of the application process. The information you provide is kept confidential.

Date: _____

ELIGIBILITY
<ul style="list-style-type: none"> • Organization must be a 501(c)3 • Organization must be located in Lincoln/Lancaster County • Organization must not be faith based

A. Organization Name _____
(List fiscal agent for collaborations)

B. Address/9-digit Zip Code _____

C. Website _____

D. Chief Executive Officer _____

D.1. Telephone number _____ D.2. Fax _____

D.3. Email address _____

E. Contact Person and Title _____
(If other than the Chief Executive)

E.1. Telephone number _____ E.2. Fax _____

E.3. Email address _____

F. Purpose of Request
A brief summary of the amount requested and its purpose. Limit it to this space.



APPLICANT CERTIFICATION AND SIGNATURE

I authorize Community Development Resources to make inquiries as necessary to verify the accuracy of the statements made in this application and to determine my credit worthiness. I certify the above information and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand false statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General. I understand Community Development Resources will retain this application whether or not it is approved for loan. If this loan application is approved and a loan is disbursed, I authorize Community Development Resources to answer inquiries regarding their credit experience with me.

I have attached additional information ___No ___Yes→ Please include your name on each attached page.

Signature of Chairperson of the Board	Date
Signature of the Chief Executive Officer	Date

Fees charged by CDR:

As a disclosure to you, CDR wants you to be aware of the fees charged in getting a loan. Fees are subject to change with loan type.

- \$20 Application Fee
- \$5 per payment charge (Max \$50.00).

All fees will be taken from the net proceeds of the loan.

Payment Schedule:

Please choose the preferred payment schedule from the following:

- Monthly
- Quarterly
- Semi-annual
- Annual
- One-time payment

Duration of loan repayment may not exceed 18 months.

ID #	Loan #

For office use only



ATTACHMENTS

Attachments to your **signed** loan application may include, but are not limited to, the following:

- Most recent Audited Financial Statements
- A copy of the organization's IRS Form 990
- List of Board of Directors

FUNDING REQUEST NARRATIVE

Please provide a brief narrative in response to the following questions.

1. *Objective*.....State the objective(s) and the underlying need, problem or opportunity.
2. *Population Served*...Please include numbers, location, socio-economic status, ethnicity, gender, age, physical ability and language.
3. *Effect*.....State the anticipated effect on the need, problem or opportunity.
4. *Partnerships*.....Discuss partnerships with other agencies, if applicable.
5. *Plan for repaying the loan and stabilizing the organization's finances for the future*