



**Maple Heights Small Business Partnership Program Application
 (SBA Municipal-Small Business Initiative)**

| Applicant/Business Information | | | |
|--|--|---|--|
| Applicant/Owner Name(s): | | | |
| Company Name: | | | |
| Business Phone Number: | | | |
| Email Address: | | | |
| Contact Address: | | | |
| Business Address: (Current or Proposed) | | | |
| Business Description*: | | | |
| Current Payroll: (For Existing Businesses) | \$ | # of Current Full-Time Employees: (For Existing Businesses) | |
| Total Revenue Last Year: | \$ | | |
| Project Information | | | |
| Project Description*: | | | |
| Total Project Cost: | \$ | | |
| Preferred Lenders (Existing relationship or from list on the SBA brochure, list 2-3) | | | |
| Purpose for Loan*: (Please provide specific details, including cost estimates for specific line items.) | | | |
| CURRENT Full Time Employees Projected Payroll: | \$ | | |
| Jobs to be created upon completion of the project: (As a result of the loan) | <input type="checkbox"/> ____ Full Time <input type="checkbox"/> ____ Part Time | Jobs to be retained upon completion of the project: (For Existing Businesses - As a result of the loan) | <input type="checkbox"/> ____ Full Time <input type="checkbox"/> ____ Part Time |
| Projected Payroll of Jobs to be Created: | \$ | | |
| Small Business Development Center (SBDC) Referral: | I understand the required consultation and referral requirements to the SBDC for technical assistance. Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

*Attach additional page if more space is needed for your response.



Supporting Documentation:

New businesses please attach the following supporting documentation:

1. Resumes of all principals with at least 10% ownership

Existing businesses please attach the following supporting documentation:

1. Resumes of all principals with at least 10% ownership
2. Financial Statements for the past two (2) years
3. Business Projections for the forgivable loan payback period

| | |
|--------------------------|--|
| Applicant/Owner Gender*: | |
| Applicant/Owner Race*: | |

*Demographic information is required for statistical reporting by Cuyahoga County Department of Development.

Applicant also acknowledges, understands, and agree to contribute the 10% equity injection requirement.

Signature

Date