

SMALL BUSINESS PARTNERSHIP PROGRAM APPLICATION Municipal Small Business Initiative (MSBI) Department of Planning and Development

Applicant & Business Information	
Applicant/Owner Name(s):	
Business Name:	
Business Phone Number:	
Email Address:	
Contact Address:	
Business Address (current or proposed):	
Business Description:	
Current Payroll (existing businesses): \$	
Number of Current Full-Time Employees (existing businesses):	
Total Revenue Last Year: \$	
Project Information	
Project Description:	
Total Project Cost: \$	
Current Full-Time Employees Projected Payroll: \$	
Purpose of Loan (please provide specific details, including cost estimates for specific line items):	
Existing Approved Loan Lenders or Lenders to Apply With:	
Current Full-Time Employees Projected Payroll: \$	
Jobs to be created upon completion of the project as a result of the loan: Full-Time	Part-Time
Jobs to be retained upon completion of the project (existing businesses): Full-Time	Part-Time
Projected Payroll of Jobs to be Created: \$	



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Required Documentation

New businesses please attach the following:

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

Existing businesses please attach the following:

- 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

Demographic Information	
Demographic information is required for statistical reporting by Cuyahoga County Department of Development.	
Applicant/Owner Gender:	
Applicant/Owner Race:	

Acknowledgement & Signature	
I understand the requirements of a consultation and referral to the Small Business Development Center (SBDC) for technical	
assistance (please initial):	
I,equity injection requirement.	also acknowledge, understand, and agree to contribute the 10%
Applicant Signature:	Date:



Small Business
Development Centers
Cleveland State University







Empowering Communities. Changing Lives.