

Application Checklist

- Signed and completed application**
- Copy of government issued personal ID of all individual applicants.**
(driver's license, state or federal ID)
- Copy of current certificate of licensure, if licensed with the Department of Social Services.**
(Elevate Rapid City may waive this requirement on a case-by-case basis)
- Copy of current certificate of liability.**
(Elevate Rapid City may waive this requirement on a case-by-case basis)
- Copy of federal business tax returns for the last 2 completed years or since business inception.**
- Personal tax returns for the last 2 completed years with attached Schedule C**
(for all individual applicants, if available and where appropriate)
- Additional information that the applicant believes would assist the Loan Review Committee in making its decision (such as a loan summary), including a statement as to why the business needs the loan.**
- Letter of understanding of personal guarantee of loan**



CHILD CARE LOAN PROGRAM

Are you a current Elevate Rapid City investor? Yes No

APPLICATION INFORMATION			
Business Name			
Applicant Name			
Address		City, State, Zip	
Phone			
E-mail			

BUSINESS INFORMATION			
Location Address		City, State, Zip	
Mailing Address		City, State, Zip	
Tax ID# (SSN/EIN)		No. of Children Served Annually	
<input type="checkbox"/> Certificate of Licensure (if applicable) with Department of Social Services.	<input type="checkbox"/> Certificate of Liability (if applicable).		

BUSINESS CLASSIFICATION			
Business Structure			
Date Established		State Incorporated	
No. of Full-Time Employees		No. of Part-Time Employees	

COMPANY STATUS	
<i>Check all that apply</i>	
<input type="checkbox"/> The company or applicant has delinquent state, federal or local taxes	<input type="checkbox"/> The owner(s)/officer(s) have personal tax issues
<input type="checkbox"/> The applicant has been convicted of a felony	<input type="checkbox"/> The applicant/business has filed for bankruptcy
<input type="checkbox"/> The applicant has outstanding or pending litigation	

ASSISTANCE REQUEST INFORMATION	
<i>These short-term, interest-free working capital loans are intended to "bridge the gap" between the time a major catastrophe hits and when a business has secured longer term recovery resources. Maximum loan amount is \$12,500. Each Applicant will receive \$500 in grant funds for COVID-19 personal protective equipment (PPE). Loans are interest-free for 150 days. If not paid back after 150 days, loans will accrue interest at a rate of 10%.</i>	
Have you discussed this project financing with the bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously applied for an Economic Disaster Loan or a PPP Loan from the SBA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your business currently shut down because of a local, state, or federal order? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your business been negatively affected by the COVID-19 crisis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your monthly rent expense?	
What is your monthly payroll?	
Monthly non-payroll expenses (rent, utilities, mortgage, supplies, etc.)	
Loan amount requested	
<i>Note: At the discretion of Elevate Rapid City, financial assistance may require collateral.</i>	



CHILD CARE LOAN PROGRAM

CERTIFICATION

It is hereby represented by the undersigned to Elevate Rapid City and the West River Business Center to consider the financial assistance requested herein, that to the best of my knowledge and belief no information or data contained in the Application or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. In addition, the undersigned agrees that any funds that may be provided pursuant to this Application will be utilized exclusively for the purposes represented in this Application, as may be amended.

Public Announcement: Please be advised that your company may be highlighted by Elevate Rapid City. Company proprietary or trade secret information WILL NOT be disclosed.

Please initial:

_____ I have read & understood the above

_____ I certify the information submitted in this request is true and correct to the best of my knowledge.

By entering your full name in the box below, you agree to the above considerations.

Name		Date	
Signature			

The parties acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

Please email completed application to support@elevaterapidcity.com.

Call 716-0003 with any questions.