



community development partnership

CDP Loan Programs

Background: The CDP is a non-profit community development corporation working to promote economic growth and affordable housing on the Lower Cape. The CDP's loans provide capital to for-profit businesses and fulfill CDP's mission to support business growth, create/retain jobs and promote environmental sustainability. The CDP seeks to serve Low to Moderate Income (LMI) business owners. In order to achieve this goal, at least 50% of loan portfolio will be for LMI business owners, and all others will fall below Median Income levels.

**Eligible
Businesses:**

- Existing or start-up **manufacturing, retail, wholesale, and service businesses**
- Located in the towns of **Harwich, Chatham, Brewster, Orleans, Eastham, Wellfleet, Truro and Provincetown.**
- Employ five or fewer (FTE) Full Time Equivalent year round employees.
- Small businesses with annual sales under \$750,000
- Owners must demonstrate low-to-moderate or median income levels in accordance with federal guidelines.
- Businesses must demonstrate the potential for job creation, especially career opportunities for LMI individuals.

**Management
Capacity:**

The small business has to demonstrate the management capacity and/or willingness to accept close management consultation and technical assistance throughout the life of the loan. Quarterly meetings with staff to review financials and business goals are required.

**Technical
Assistance:**

The CDP provides Technical Assistance to applicants in developing the loan application, including assistance with business plan and financial projections.

**Financing
Gap:**

The small business has to demonstrate the lack of adequate capital or loan funds to fully finance the business needs.

Use of Funds:

To finance, in general, any customary capital or operating needs of the business with the exception of:

- payment of delinquent taxes
- product development costs
- organizational costs
- debt refinancing

	Capital Loan	Operating Loan
Loan Amounts:	Up to \$50,000 , which can be used for working capital, real estate for the use of a small business, and for machinery and equipment.	Up to \$10,000 may be borrowed for operating purposes.
Loan Rate:	Prime +3	Prime +4
Loan Terms :	Loan terms are up to five years. There are options to defer principal payments, amortize over longer periods or establish seasonal schedules as needed.	Loan terms are up to 12 months.
Closing Costs:	Under 10,000 there is a \$100 admin fee Over 10,000 there is a 1% admin fee And any costs associated with collateralizing the loan.	There is a \$100 closing Fee

- Loan Decisions:** Decisions on loan will be made on the basis of the following:
- a small business' need for a loan
 - a small business' ability to create jobs and promote community service
 - the character and management ability of the principals; cash flow available to repay the loan; collateral for the loan; past credit history; debt; tax history
 - demonstration of sustainable business model and or practices

- The Process:** In order to process your business loan application in a timely manner, the following documents, along with other supporting material outlined on the Micro Loan Program Checklist must be submitted for a completed loan package:
- Business Loan Application Form and supplemental checklist
 - Business Plan, resume and business reference
 - Personal & Business Tax Returns for the past 2 years;
 - Cash Flow Projection for 2 years;
 - Current P & L for existing businesses.

“This institution is an equal opportunity provider”

FOR MORE INFORMATION

508-240-7873 x18

Email: pam@capecdp.org

Website: www.apecdp.org



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Business Loan Application

Personal Financial Statement

A. LOAN REQUEST

Amount Requested	Type: Micro-Loan <input type="checkbox"/> Short Term Loan <input type="checkbox"/> Shellfish <input type="checkbox"/> Scallop Lease to Buy <input type="checkbox"/> Other <input type="checkbox"/> _____		
\$	Term Requested	Purpose of Loan (use of funds)	Proposed Collateral

Please attach additional page if more space is needed.

B. PERSONAL INFORMATION (Please provide Business Name and Other Business Information on Page 2)

THIS APPLICATION IS FOR: **INDIVIDUAL CREDIT** _____ (Applicant initials) **JOINT CREDIT** _____ (All co-applicant initials)

Applicant / Guarantor Name	Date of Birth	Social Security #	
Joint Co-Applicant / Guarantor <i>(In Same Household)</i>	Date of Birth	Social Security #	
Address	City	State	Zip
Mailing Address (If Different)	City	State	Zip
	Business Phone	Home Phone	Cell Phone

ALL CO-APPLICANTS / GUARANTORS NOT IN APPLICANT'S HOUSEHOLD MUST COMPLETE SEPARATE PAGE 1 OF THIS APPLICATION

B.1. Personal Financial Summary Check here if you have worked with the CDP in the past.

PERSONAL FINANCIAL STATEMENT AS OF _____

PERSONAL ASSETS	Current Balance	PERSONAL LIABILITIES	Current Balance	Monthly Pmt
Cash / Checking Account(s)	\$	Rent (If applicable)		\$
Savings / Money Market Account(s)	\$	Credit Cards / Charge Accounts	\$	\$
Securities – Total Market Value (Attach a schedule or fill out Section B.2. below)	\$		\$	\$
Automobile(s)	\$		\$	\$
	\$	Car / Other Installment Loans	\$	\$
Real Estate Owned – Total Market Value (Attach a schedule or fill out Section B.3. below)	\$		\$	\$
Other Personal Property	\$	Mortgages	\$	\$
Other Assets:	\$		\$	\$
	\$	Other Debt:	\$	\$
Net Worth of Business(es) Owned *	\$		\$	\$
Total Assets (Total of what you OWN)	\$	Total Liabilities (Total of what you OWE)	\$	
* From Supplemental Information sheet, or business tax return(s), or financial statements, as applicable.		Net Worth (Total Assets less Total Liabilities)	\$	

B.2. Personal Securities Owned

No. of Shares or Units	Description	In Name of:	Market Value	Pledged (Y/N) to:

B.3. Personal Real Estate Owned

Description of Property and Improvements	Date Acquired	Title in Name of:	Cost	Market Value	Mortgage Balance / Lender	Monthly Payment
					/	
					/	
					/	

ALL ITEMS IN THIS SECTION MUST BE COMPLETED
(Indicate if "None" or "N/A" or "Same")

C. BUSINESS INFORMATION

Legal Business Name			Taxpayer ID#		
Trade Name (If Different)		Latest Annual Revenue:	For Year:	Mo / Yr Business Established	
Business Location Address		City		State	Zip
Mailing Address (If Different)		City		State	Zip
Business Telephone # ()	Fax # ()	Email Address			
EMAIL: IS <input type="checkbox"/> IS NOT <input type="checkbox"/> a convenient way to communicate with me.					
No. of Employees	FT _____ PT _____	Year Round	FT _____ PT _____	Seasonal	
Attorney		CPA / Accountant		Insurance Agent	

Briefly describe the nature of your Business; indicate year-round or seasonal (Months, Days, Hours of operation). Will this loan help you to retain or add employees? If Yes _____ FT _____ PT

BUSINESS STRUCTURE	BUSINESS OWNERSHIP		
	Based on structure please attach: (1) Copy of Drivers' License or (2) Articles of Organization		
<input type="checkbox"/> Sole Proprietorship (1)	Owner Name	Title (If applicable)	Percent Ownership %
<input type="checkbox"/> S Corporation (2)	Owner Name	Title (If applicable)	Percent Ownership %
<input type="checkbox"/> C Corporation(2)	Owner Name	Title (If applicable)	Percent Ownership %
<input type="checkbox"/> Trust (2)	Owner Name	Title (If applicable)	Percent Ownership %
<input type="checkbox"/> General Partnership (1)	Owner Name	Title (If applicable)	Percent Ownership %
<input type="checkbox"/> Limited Partnership (2)	Owner Name	Title (If applicable)	Percent Ownership %
<input type="checkbox"/> Limited Liability Co. / Partnership (2)	Owner Name	Title (If applicable)	Percent Ownership %
<input type="checkbox"/> Other _____	Owner Name	Title (If applicable)	Percent Ownership %

Do you or your business owe any taxes for years prior to the current year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you or your business a party to any claim or lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you or your business an endorser, guarantor or co-maker on any obligation(s) not listed on the financial statements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you or any business that you owned or operated ever declared bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

(If you answered yes to any of the above questions, please provide details on a separate sheet.)

D. SIGNATURES / REPRESENTATIONS (To be signed and dated by each applicant, co-applicant and guarantor)

The information provided in this application, and in various documents provided as part of this application, is submitted by the applicant and any co-applicant(s) to induce the Community Development Partnership to extend a loan to the applicant's(s) business. Each of the undersigned acknowledges and understands that the CDP is relying on this information in deciding whether to grant a loan. Each of the undersigned represents, warrants and certifies that the information provided is true, correct and complete, and agrees that the CDP will retain this application and any accompanying documents, whether or not a loan is approved.

Each of the undersigned agrees to notify the CDP immediately and in writing of any material adverse change in the information contained in this application or in any of the accompanying documents, both during the application period, and during the life of any loan granted. The CDP is authorized to make all inquiries it deems necessary to verify the accuracy of the information provided, and to determine the creditworthiness of each of the applicant and co-applicant borrower(s) and all of its/their owners / principals / guarantors, including obtaining **consumer credit bureau reports**, and information on any accounts administered by the CDP, both prior to, and during the life of, any loan extended. The CDP is also authorized to answer questions, in the normal course of business, about its credit experience with each of the applicant and co-applicant borrower(s) and all of its/their owners / principals / guarantors. It is acknowledged that further information not specified on this form may be required to process this application.

Each of the undersigned agrees that the information provided herein may be shared with Business & Credit Committee to determine eligibility and obtain approval for the loan program.

Applicant Signature _____ Date _____	Co-Applicant Signature _____ Date _____
Co-Applicant Signature _____ Date _____	Co-Applicant Signature _____ Date _____



Business Loan Application

Supplemental Information

CDP Loan Eligibility Criteria

You are eligible for the Loan Program if each of the following 4 statements are **True** for you and your business

- 1) My small business is located within one of the 8 Lower Cape communities. (Brewster, Chatham, Eastham, Harwich, Orleans, Provincetown, Truro, Wellfleet) Yes No
- 2) My small business has 5 or fewer year-round, full time equivalent employees. Yes No
Please indicate # of employees _____.
- 3) My small business has gross sales of \$750,000 or less. Yes No
- 4) Based on the information provided on Program Participant Data Form my **adjusted gross income** for my family size puts me in the:
 - >low or moderate income category. Yes No
 - >below median income category. Yes No

The CDP will need the following documents to complete your business loan request. Additional information may be requested.

- Copies of personal tax returns for all owners/principals/guarantors for the past 2 years.
- Resume
- Business Plan and any descriptive materials on the business
- Copy of drivers' license for sole proprietor or copy of Articles of Organization for other types.
- Copies of business tax returns for the past 2 years
- Business References
- Cash Flow Projections (2 years)
- Current Year to Date Financial Statements (P&L)
- Lease (if applicable)
- CDP Program Participant Data Form
- A current balance sheet for the business. (If you are a sole proprietorship, and/or no balance sheet is otherwise available, please complete the following schedule :)

BUSINESS NAME: _____

BALANCE SHEET AS OF: _____

BUSINESS ASSETS	Current Balance	BUSINESS LIABILITIES	Current Balance	Monthly Pmt
Cash in Banks	\$	Accounts Payable		\$
Accounts Receivable	\$	Short Term Notes (1 year or less)	\$	\$
Inventory	\$	Rent (If Applicable)	\$	\$
Machinery & Equipment	\$	Long Term Notes (longer than 1 year)	\$	\$
Automobiles	\$		\$	\$
Land & Buildings	\$	Other Liabilities:	\$	\$
Other Assets:	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$	Total Liabilities	\$	\$
Total Assets	\$		\$	
* From Supplemental Information sheet, or business tax return(s), or financial statements, as applicable.		Net Worth (Total Assets less Total Liabilities)		



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Micro Loan Program

*community development partnership * 3 Main Street, Unit 7, Eastham, MA 02642 * 508-240-7873 * www.capecdp.org*

Micro Loan Reference Sheet

Applicant: _____

Reference:

Name: _____

Affiliation: _____

Contact Information: _____

The Community Development Partnership is working on a program of business financing with _____

Our client has indicated a working relationship with you or your company. Would you please indicate:

1. Your relationship with our client _____

2. Length of time of relationship _____

3. Terms extended _____

4. Has our client performed within terms? _____

5. Comments: _____

Referral Taken By: _____

MONTHLY CASH FLOW PROJECTION

2021

% of
% of Sales expenses

NAME OF BUSINESS	ADDRESS	OWNER							TYPE OF BUSINESS			PREPARED BY		DATE
		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL
	Pre-Start-Up Actual													
1. CASH ON HAND														
2. CASH RECEIPTS														
a)														
d) Loan or Other Cash Injection														
3. TOTAL CASH RECEIPTS														
4. TOTAL CASH AVAILABLE (Before Cash Out) (1+3)														
5. CASH PAID OUT														
Materials/Merchandise														
Gross Wages														
Payroll Expenses(Taxes, etc.)														
Worker's Comp. Ins.														
Rent														
Repairs & Maintenance														
Advertising														
Insurance														
Utilities														
Telephone														
Supplies (Office & Operating)														
Car, Delivery, and Travel														
Accounting & Legal														
Website														
Licenses														
POS/ Credit card fees														
Bank Service charges														
Miscellaneous														
Subtotal														
Non -CDP Debt														
Capital Purchases														
Owner's Withdrawal														
Cash Put Away for Reserves														
6. TOTAL CASH PAID OUT														
7. CASH POSITION														
8. CDP PAYMENTS														
9. ...(7 minus 8)														
10. DSCR (formula varies review)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#VALUE!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



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Business Plan Outline

Cover sheet: name of business, name of principal (your name), address of the business and business phone number

Summary - you write this when you have completed everything else

The Business

Table of Contents

1. Description of the business- what your business is, how you are going to run it and why you think it will succeed. This section needs to answer the following questions:
 - a. What business are you in?
 - b. What is the status of the business?
 - c. What is the business' form? A sole proprietorship?
 - d. Why is your business going to be profitable?
 - e. When did your business open?
 - f. What hours of the day and days of the week are you open?
 - g. Is your business seasonal?

2. **Description of the services you provide** –Include all the services you offer. This section needs to answer the following questions:
 - a. What are you selling?
 - b. What are the benefits of what you are selling: This would be your years of experience, your knowledge of the market etc..
 - c. How does your service differ from a competitor's service?
 - d. Why would people come to you rather than your competitor?

3. **The Market** – This section should answer the following questions:
 - a. Who uses your services?
 - i. How many current customers do you have?
 - ii. Who are you hoping will become your customers?

- b. How many prospective customers could your business have? This might be a good place for some statistics on how many people live on the Lower Cape.
 - c. Why would a customer buy from your company rather than a competitor?
 - d. How will you deliver your products and services?
 - e. How will you promote the business and what will you promote? Here you have to decide what you are selling.
 - f. How will you price your service/product and how does it compare to your competition?
4. **Competition** – you need to research other companies on the Lower Cape who offer similar or the same service. You should list them and anything you know about their services/reputation and what they are doing that provides an opportunity for you. What makes your business different?
5. **Location of the Business** –
6. **Risks and Opportunities** – Banks want to know that you are being realistic about what could go wrong and what works in favor of your business. You need to put that information in this section.
7. **Management** – This is fairly straightforward as you are the only one to begin with but you might want to list your accountant, etc. here.
8. **Personnel** – Please discuss when, how and who you plan to hire and what that will look like.
9. **What will you use the loan for?** A detailed account of how you will use the loan funds. What kind of product/equipment and why do you need to buy it ahead of time. How much do you plan to spend on advertising? , etc.
10. **Summary** – this section includes a brief recap of all the information provided above.



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Program Participant Data Form

Part 1: Participant Information

Date: _____

Name: _____

Principal Residence Address: _____ Town: _____ Zip: _____

Mailing Address: _____

Phone(s): _____ email: _____

How did you hear about the CDP: _____

Part 2: Business Information

Name of business _____

Product or service _____

Business Address if different from above _____

Web Address (URL) _____

Is this a business start-up? Yes No Date business was/will be established _____

Type of Business: Sole proprietor Partnership Limited Partnership LLC
 S Corporation C Corporation Other _____ % ownership: _____

Number of Employees (include owner/s): FT _____ FT Seasonal _____
PT _____ PT Seasonal _____

In the next 12 months do you plan to add employees? Yes No How Many FT _____ PT _____

Part 3: The following information is used for statistical purposes for the CDP to obtain funding.

I identify as: Male Female Non-binary I identify as _____

I identify as: (please check all that apply) American Indian or Alaskan Native Asian or Asian American

Black or African American Hispanic, Latinx or Spanish Origin Native Hawaiian/Other Pacific Islander

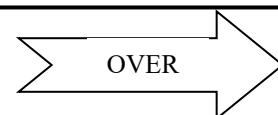
Middle Eastern or North African White None of the above, please self-describe _____

Please print your specific ethnicities in the space provided. For example: Korean, Mexican American, Navajo Nation, Samoan, Puerto Rican, Pakistani et al _____

Citizenship: I am a citizen of the United States
 I reside in the United States after being legally admitted for permanent residence

Other: Disabled Veteran LGTBQ Immigrant English not first language
 Female Head of Household Starting a business as a result of being unemployed

Age: Under 30 31 -50 51-59 Over 60





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Part 4: For all household members, including yourself, please complete the following information. (2022)

To the Participant: The CDP is applying for or has received services paid for with Federal funds to assist its operations. A condition of receiving those funds is that family income information be collected from each participant and is used for statistical reporting. The information you provide will be kept confidential.

Based on your most recent tax return, use the table below to select the **number of persons** in your household and your **family's adjusted gross income range** (line 7 on 1040).

1	2	3	4	5	6
<input type="checkbox"/> Below \$38,050	<input type="checkbox"/> Below \$43,500	<input type="checkbox"/> Below \$48,950	<input type="checkbox"/> Below \$54,350	<input type="checkbox"/> Below \$58,700	<input type="checkbox"/> Below \$63,050
<input type="checkbox"/> 38,050- 60,900	<input type="checkbox"/> 43,500 - 69,600	<input type="checkbox"/> 48,950 - 78,300	<input type="checkbox"/> 54,350 - 86,950	<input type="checkbox"/> 58,700 - 93,950	<input type="checkbox"/> 63,050 - 100,900
<input type="checkbox"/> 60,900- 76,100	<input type="checkbox"/> 69,600 - 87,000	<input type="checkbox"/> 78,300 - 97,900	<input type="checkbox"/> 86,950 - 108,700	<input type="checkbox"/> 93,950- 117,400	<input type="checkbox"/> 100,900- 126,100
<input type="checkbox"/> Over 76,100	<input type="checkbox"/> Over 87,000	<input type="checkbox"/> Over 97,900	<input type="checkbox"/> Over 108,700	<input type="checkbox"/> Over 117,400	<input type="checkbox"/> Over 126,100

Part 5: Participant Acceptance of the Program.

I understand that CDP programs may be reviewed by funders and I may be contacted regarding program feedback by the funders.

I certify that all information given is truthful and accurate to the best of my knowledge. I understand that any falsification of information, or discrepancies, may lead to the termination of involvement with the Program.

I have received from the CDP a copy of their **Confidentiality Agreement**. and I agree accept the terms.

Date: _____

Signature: _____ Title: _____

Print Name: _____

Yes, please send my business the _____ **business workshop e-blasts**
_____ **CDP monthly e-newsletter**
_____ **Fundraising e-blasts**

Yes, please include my business in CDP Program Marketing.



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Confidentiality Agreement

The CDP staff and its contracted consultants must never discuss confidential client or client's business issues outside of the confines of the Program Centers. It is prohibited for the CDP staff, or its contracted consultants, to discuss confidential matters with anyone outside the context of gathering and/or sharing information essential to the business assistance process.

Clients of the CDP must never discuss or repeat to others confidential issues that might be overheard while they are at the Centers. Due to the open nature of the CDP space, we ask you to please respect the right of all of our clients to speak freely about their businesses while using the Centers.

I acknowledge the seriousness and importance of confidentiality and will abide by the terms of this agreement.

The Community Development Partnership is a non-profit organization that responds to community needs by addressing affordable housing and encouraging small business development and job growth. As part of our policy to keep personal information on our clients and partners private, the CDP follows a Written Information Security Plan (WISP) that fully complies with 201 CMR 17.00. A full copy of this policy is available from the CDP upon request.

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write to the USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.”

Please keep for your records