



County of Mono Financial Assistance Program Loan/Grant Application



Date: _____

PART I: GENERAL INFORMATION

Note: If there is more than one applicant, please submit one complete application and also complete PARTS I, II and III and all applicable attachments and signatures for each applicant.

Applicant Name: _____ SSN: _____ DOB: _____

Spouse Name: _____ SSN: _____ DOB: _____

Home Address: _____ City: _____ ZIP: _____

Mailing Address: _____ City: _____ ZIP: _____

Business Address: _____ City: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

PART II. APPLICANT DEMOGRAPHICS

Race: (Please check all that apply)

- American Indian or Alaska Native
- Asian
- African American or Black
- Native Hawaiian or Other Pacific Islander
- White
- Other Multi-Racial

Additional Information:

- | | | |
|---------------------------|-------------------------------|---------------------------------|
| Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Disabled: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Senior (62+ years): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Homeless: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Latino/Hispanic: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Single Head of Household: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Employment Status:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Employed Full-Time | <input type="checkbox"/> Self-Employed Full-Time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed Part-Time | <input type="checkbox"/> Self-Employed Part-Time | <input type="checkbox"/> Other* |

*Explain "Other" responses: _____



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Duplication of Benefits Affidavit

I/We, _____ affirm the following:

1. I/We is/are executing this Affidavit in connection with assistance that we are receiving to help us prevent, prepare for, or respond to the coronavirus by providing us with a small financial assistance loan for the purpose of avoiding job loss caused by business closures related to social distancing (“Need”) in the amount of _____ (“Amount of Assistance or Total Need”) from the County of Mono (“Organization”) through a program administered by the County of Mono with funding from the U.S. Department of Housing and Urban Development (the “Program”).
2. The Organization and I/We believe the Amount of Assistance/Total Need is _____
3. In addition, I/We have received or will receive the following amounts and types of assistance from the sources listed below (“Duplicative Assistance”):

(a) Source of Funds #1

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

(b) Source of Funds #2

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

(c) Source of Funds #3

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

(d) Source of Funds #4

Lender/Grant Provider Name		
Purpose		
Amount		
<input type="checkbox"/> Government Loan	<input type="checkbox"/> Government Grant	<input type="checkbox"/> Government Forgivable Loan
<input type="checkbox"/> Nonprofit Grant	<input type="checkbox"/> Nonprofit Loan	<input type="checkbox"/> Nonprofit Forgivable Loan
<input type="checkbox"/> Private Loan	<input type="checkbox"/> Other: _____	

4. Total Unmet Need (2- (3(a) + 3(b) + 3(c) + 3(d) + 3(e))) \$ _____.

5. I/We have received no other assistance funds for the Need listed in Paragraph 1 other than that set forth above in paragraph 3.



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6. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–2 254; 132 Stat. 3442). prohibits federal agencies from providing assistance to any person for “any part of such loss” as to which he has received financial assistance under any other program or from insurance or any other source (such as, FEMA, SBA, the Red Cross, the County, business owner’s Insurance, etc.).
 7. I/We understand that the amount of assistance received by I/We from County of Mono must be reduced by the amount of Duplicative Assistance received or that will be received for the Need, from other sources (such as, FEMA, SBA, the Red Cross, etc.) for the same purpose.
 8. Therefore, I/We understand that if I/We receive assistance from a source other than the County of Mono (such as, FEMA, SBA, the Red Cross, homeowner’s insurance, etc.) for the same purpose, I/We must repay the assistance received from the County of Mono.
 9. I/We certify under State and Federal penalties for perjury and fraud that the information provided above is true and accurate and acknowledge that repayment of all assistance received by Me/Us from the County of Mono, payment of fines and/or imprisonment may be required in the event that I/We provide false, incomplete or misleading information in this Affidavit or during the rest of this process. **By executing this Affidavit, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.**

Participant _____

Signature of Participant _____ Date _____



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PART IV: BUSINESS INFORMATION

Current Business Owner: Yes No

Business Name: _____

Federal I.D. #: _____ **Date Business Established:** _____ **DUNS #*** _____

* NOTE: IF you do not know your DUNS number, call 1-866-705-5711 or visit www.dnb.com to request one

Current # of Employees: _____

Projected # of Jobs Created: _____

Projected # of Jobs Retained: _____

Business Stage: Pre-Venture Start Up (< 1 year) Business Acquisition Existing

Home-based Business: Yes No

Industry:

- Construction
- Manufacturer/Producer
- Research/Development
- Retail
- Service
- Wholesale

Business Type:

- Sole Proprietor
- Partnership
- Corporation
- Limited Liability
- Sub S Corporation

Business Classification:

- Woman-Owned Small
- Minority-Owned Small
- Other Small

Owners/Principals:

	Name	Address(include City State and Zip code)	SSN	Phone Number	% Owned
1					
2					
3					
4					
5					



County of Mono
Financial Assistance Program
Loan/Grant Application



PART VI: Financial ASSISTANCE LOAN PROGRAM
APPLICATION ATTACHMENTS CHECKLIST

- Loan/Grant application – signed by all parties
- Business Plan (if a new business)
- Credit report authorization (one for each adult in applicant’s household)
- Copy of current business license
- Last 2 years tax returns (full sets)
- Latest 2 months pay-stubs (not applicable for self-employed individuals)
- Personal work history/resume of applicant
- Personal financial statement
- Business financial statements: last 2 full years and most current period and year-to-date, including Balance Sheet, profit and loss statement, and statement of cash flows if appropriate.
- Business debt schedule
- System for Award Management (SAM) Registration
- Current Aging of Accounts Receivable and Accounts Payable
- Any non-financial information or supporting information necessary to substantiate the application, including, but not limited to: estimates, quotations, receipts, contracts, orders, invoices, leases, sales agreements, documentation from architects, engineers, contractors, suppliers, or others involved in the sale, lease, or construction of fixed assets, if any, for applicant's project including schedules of implementation.



County of Mono Financial Assistance Program Loan/Grant Application



PART VII: CERTIFICATIONS and ACKNOWLEDGMENTS

I certify that this eligibility information provided in this application package is correct, and I understand that the information I have provided regarding my household income **is subject to verification** by authorized representatives of the County of Mono, its Program Operator, the State of California Department of Housing and Community Development, and HUD. My signature authorizes verification, and verification will occur prior to any financial assistance. If this information is found to be incorrect, the applicant may be barred from receiving services from this program.

Applicant Name	Applicant Signature	Date
Co-Applicant Name	Co-Applicant Signature	Date

My (our) signature(s) acknowledge(s) receipt of this form, that I (we) have read it and that I (we) have a copy for my (our) files. My (our) signature(s) represent(s) my (our) agreement to comply with the requirements that the **County of Mono and/or its authorized representatives** make in connection with the approval of my (our) loan request. My (our) signature(s) also represent(s) written permission, as required by the Privacy Act, for the **County of Mono and/or its authorized representatives** to release any information in my (our) loan guaranty application to the Governor of my (our) State or the Governor's designated representative in conjunction with the State's processing of my (our) application for assistance under the Loan Program. The undersigned applies for the loan guaranty indicated in this application to be secured by real and/or personal property as hereafter agreed and the undersigned further represents that all statements made in this application are true and are made for the purpose of obtaining this loan guaranty. Verification may be obtained from any source named in the application. The original or a copy of this application will be retained by the guarantor, even if the guaranty is not granted. I (we) fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statement/concerning any of the above facts as applicable under the provisions of Title 18, United States Code Section 1041.

SIGNED: _____ DATE: _____

PRINTED NAME: _____

SIGNED: _____ DATE: _____



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PRINTED NAME: _____

CERTIFICATION: Applicant certifies that the information provided on and with this form, is complete and correct. Applicant authorizes **County of Mono and/or its authorized representatives** to obtain credit reports (including personal credit reports), copies of tax returns, and other information from the IRS and other taxing authorities, and to take such other steps as **County of Mono and/or its authorized representatives** deem appropriate to verify (and from time to time to re-verify) the information provided with this form. Applicant further agrees to execute and deliver to **County of Mono and its authorized representatives** such other forms, and take such other action, as **County of Mono and/or its authorized representatives** requests in furtherance of the foregoing. **County of Mono and/or its authorized representatives** will retain information received in relation to this credit request as long as **County of Mono and/or its authorized representatives** deem necessary to do so. Applicant authorizes **County of Mono and its authorized representatives** to release credit information concerning same to other creditors, guarantors (including agencies of the federal and/or state government), credit bureaus, credit reporters, sureties, and to **County of Mono and/or its authorized representatives'** agents and subsidiaries. Applicant agrees to promptly notify **County of Mono and/or its authorized representatives** in writing of any change in name, address, or location of assets. Applicant agrees that funds drawn on the credit facilities provided by **County of Mono and/or its authorized representatives** will only be used for business purposes.

I/We certify under penalty of perjury, that the information provided herein is true and correct and that all subsequently provided information will be a true and correct representation of the facts relating to my application:

SIGNED: _____ DATE: _____

PRINTED NAME: _____

SIGNED: _____ DATE: _____

PRINTED NAME: _____

Program Operator Use Only:

Reviewed Date: _____ By (Staff Person): _____

Denied Date: _____ By (Staff Person): _____

Method of Notification: Mail Phone Call Fax E-mail



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an SBA loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. SBA also uses the information to assess whether an individual meets the economic disadvantage threshold for the Women-Owned Small Business (WOSB) Program and the 8(a) Business Development (BD) Program. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

<input type="checkbox"/> 7(a) loan / 504 loan / Surety Bonds Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children). Return completed form to: For 7(a) loans: the Lender processing the application for SBA guaranty For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee
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<input type="checkbox"/> Disaster Business Loan Application (Excluding Sole Proprietorships) Complete this form for: (1) each applicant; (2) each general partner; (3) each managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant business; and (5) any person providing an unlimited guaranty on the loan. Return completed form to: Disaster Processing and Disbursement Center at 14925 Kingsport Road, Fort Worth, TX 76155-2243 or FAX to 1-202-481-1505 or disasterloans@sba.gov
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<input type="checkbox"/> Women Owned Small Business (WOSB) Federal Contracting Program This form must be completed by each individual claiming economic disadvantage in connection with the SBA's Women-Owned Small Business (WOSB) Federal Contracting Program. A separate form must be completed by the individual's spouse, unless the individual and the spouse are legally separated. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. In addition, each individual claiming economic disadvantage must update the form as changes arise, but at least annually, to ensure the information is current, accurate and complete. SBA's regulations state that to be considered economically disadvantaged for purposes of the WOSB Program, a woman must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all her assets (to include her primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in her personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §127.203. The information contained in this form must be submitted and certified through beta.certify.sba.gov

<input type="checkbox"/> 8(a) Business Development Program 8(a) applicants must show that 51% of the firm is owned by one or more individuals determined by the SBA to be socially and economically disadvantaged. The information contained in this form must be submitted by each socially and economically disadvantaged individual using their one time 8(a) eligibility to qualify this firm for 8(a) certification. If married, the spouse must complete a separate SBA Form 413, except when the individual and the spouse are legally separated. If separated, provide copy of separation document. SBA's regulations state that to be considered economically disadvantaged for purposes of the 8(a) Business Development Program, an individual must have an adjusted gross income averaged over the three prior fiscal years of \$350,000 or less; less than \$6 million in the fair market value of all assets (to include primary residence and value of the business concern); and less than \$750,000 in personal net worth (excluding equity interest in the personal residence and ownership interest in the business, and funds invested in a retirement account that are unavailable until retirement age). 13 C.F.R. §124.104. Note: Please complete this form with Personal Information not Business Information and divide all jointly owned assets and liabilities, as appropriate with spouse or others. The information contained in this form must be submitted and certified through certify.sba.gov . For additional information go to: http://www.sba.gov/8abd

Name	Business Phone (xxx-xxx-xxxx)
Home Address	Home Phone (xxx-xxx-xxxx)
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address (if different than home address)	
Business Type: ___ Corporation ___ S-Corp. ___ LLC ___ Partnership ___ Sole Proprietor (does not apply to ODA applicant)	
This information is current as of [month/day/year] (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)	
WOSB applicant only, Married ___ Yes ___ No	
ASSETS	LIABILITIES
(Omit Cents)	(Omit Cents)
Cash on Hand & in banks..... _____	Accounts Payable..... _____
Savings Accounts..... _____	Notes Payable to Banks and Others..... _____ (Describe in Section 2)
IRA or Other Retirement Account..... _____ (Describe in Section 5)	Installment Account (Auto)..... _____ Mo. Payments _____
Accounts & Notes Receivable..... _____ (Describe in Section 5)	Installment Account (Other)..... _____ Mo. Payments _____
Life Insurance – Cash Surrender Value Only..... _____ (Describe in Section 8)	Loan(s) Against Life Insurance..... _____
Stocks and Bonds..... _____ (Describe in Section 3)	Mortgages on Real Estate..... _____ (Describe in Section 4)
Real Estate..... _____ (Describe in Section 4)	Unpaid Taxes..... _____ (Describe in Section 6)
Automobiles..... _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities..... _____ (Describe in Section 7)
Other Personal Property..... _____ (Describe in Section 5)	Total Liabilities..... _____
Other Assets..... _____ (Describe in Section 5)	Net Worth..... _____
Total _____	Total _____ Must equal total in assets column.
Section 1. Source of Income.	Contingent Liabilities
Salary..... _____	As Endorser or Co-Maker..... _____
Net Investment Income..... _____	Legal Claims & Judgments..... _____
Real Estate Income..... _____	Provision for Federal Income Tax..... _____
Other Income (Describe below)..... _____	Other Special Debt..... _____
Description of Other Income in Section 1 (Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income)	

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

I authorize the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan, surety bond, or participation in the WOSB or 8(a) BD program. I further certify that I have read the attached statements required by law and executive order.-

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO 7(a) LOAN, 504 LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

NOTICE TO DISASTER BUSINESS LOAN APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. § 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. § 645, 18 U.S.C. § 1001, 18 U.S.C. § 1014, 18 U.S.C. § 1040, 18 U.S.C. § 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. § 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE WOSB FEDERAL CONTRACTING PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as a WOSB or EDWOSB, or makes any other false statement in order to influence the WOSB Program eligibility determination or other review process in any way (e.g., protest), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to civil and administrative remedies, including suspension and debarment; and (4) ineligible for participation in programs conducted under the authority of the Small Business Act.

NOTICE TO APPLICANTS OR PARTICIPANTS IN THE 8(a) BUSINESS DEVELOPMENT PROGRAM: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Any person who misrepresents a business concern's status as an 8(a) BD Program participant or SDB concern, or makes any other false statement in order to influence the 8(a) certification or other review process in any way (e.g., annual review, eligibility review), shall be: (1) subject to fines and imprisonment of up to 5 years, or both, as stated in Title 18 U.S.C. § 1001; (2) subject to fines of up to \$500,000 or imprisonment of up to 10 years, or both, as stated in Title 15 U.S.C. § 645; (3) subject to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729; (4) subject to administrative remedies, including suspension and debarment; and (5) ineligible for participation in programs conducted under the authority of the Small Business Act.

PLEASE NOTE: According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hour per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

Privacy Act (5 U.S.C. 552a) and Debt Collection Improvement Act (31 U.S.C. 7701)

Authorities and Purpose for Collecting Information: SBA is collecting the information on this form, including social security numbers and other personal information, to make a character and credit or other eligibility decision in connection with you or your company's application for SBA assistance. SBA may also use social security numbers for the purpose of collecting and reporting on any delinquent fees or other amounts owed SBA, where applicable.

For purposes of SBA's financial assistance programs, 31 U.S.C. 7701 requires loan applicants and guarantors, or any indemnitor of a surety bond to provide their social security numbers, or other taxpayer identification numbers. Failure to provide this information would affect your ability to obtain an SBA loan or bond. For other individuals signing this form, the submission of the social security number is voluntary and failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. However, your social security number or other taxpayer identification number helps SBA to distinguish you from other individuals with the same or similar name or other personal identifier. This use is permitted under Executive Order 9397. Personal information collected is protected to the extent permitted by law, including the Freedom Information Act, 5 U.S.C. 552, and the Privacy Act 5 U.S.C. 552. Such information is maintained pursuant to SBA's Privacy Act System of Records at <https://www.sba.gov/sites/default/files/2020-01/sba-sorns.pdf>.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan or guaranteed bond. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement or any approved bond agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan or bond guarantee, or concerning an approved loan or loan guaranty or bond guaranty, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty, or to process or service the bond guaranty. No other transfer of your financial records to another Government authority will be permitted by SBA except as required or permitted by law.

Freedom of Information Act (5 U.S.C. 552)

This law provides, with some exceptions, that SBA must supply information contained in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics), and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms, and the maturity. With respect to SBA's bond guarantee program, SBA will release, among other things, statistics on the Surety Bond Guarantee (SBG) programs and other information such as the names of small businesses (and their officers, directors, stockholders or partners) and the amount of the bond guarantees. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

BUSINESS DEBT SCHEDULE

COMPANY NAME _____

Please asterisk any debts that are to be refinanced with the proposed SBA loan. Include a copy of the Note agreement and a recent loan statement.

*This schedule should include **Business Notes or Loans** only, including Term Loans, Line of Credit, Mortgages, Equipment Leases and other contractual obligations. Do not list trade accounts payable or accrued liabilities.*

CREDITOR Name/Account Number	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANC E	INTEREST RATE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL/ SECURITY	CURRENT OR DELINQUENT
TOTAL PRESENT BALANCE (Total must agree with balance shown on Interim Balance Sheet)								

Signature

Date

AUTHORIZATION AND RELEASE FOR CREDIT REPORT

Dear Requestor:

Prior to a credit report request, you must understand the following:

- 1) Access to your credit file is limited to yourself and your agents acting on your behalf.
- 2) Your consent in writing is required before a report may be provided.
- 3) You are entitled to a copy of the credit report and a copy of the FTC's "Consumer Rights Notice".

Based on the above information, I hereby authorize **Community Development Services (CDS)** to obtain my credit report for the purposes of **applying for a business loan**.

PLEASE PRINT THE BELOW INFORMATION NEATLY

Applicant

Name: _____
(Full name including Jr., Sr., etc.)

SSN#: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Previous Address: _____

City, State, Zip: _____

Spouse/Partner

Name: _____
(Full name including Jr., Sr., etc.)

SSN#: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Previous Address: _____

City, State, Zip: _____

Signature

Signature

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF FEDERAL FINANCIAL ASSISTANCE**

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View and Save Debarments



HCD requires that applicants for federal funding upload debarment checks from Sam.gov in eCivis Grants Management Network.

The information from Sam.gov showing “no exclusions” and that registration is not expired is required for applicants and their contractors and subrecipients. ,

Recently, SAM.gov changed their website interface and this guide is to assist with viewing and saving the debarment information in the new interface.

To review Entity Registrations a login is required.

If a New User, follow the steps to creating an account and access SAM below:

Step 1: Go to www.sam.gov.

Step 2: Click on Sign In, Select the Green Accept box, and then “Create an Account”.

Step 3: Complete the requested information, and then click “Submit”.

Step 4: Select “Individual User Account”.

Step 5: You will receive an email confirming you have created a user account in SAM.

Login:

Go to: www.sam.gov

Select Sign In – located at the far top right of the screen:

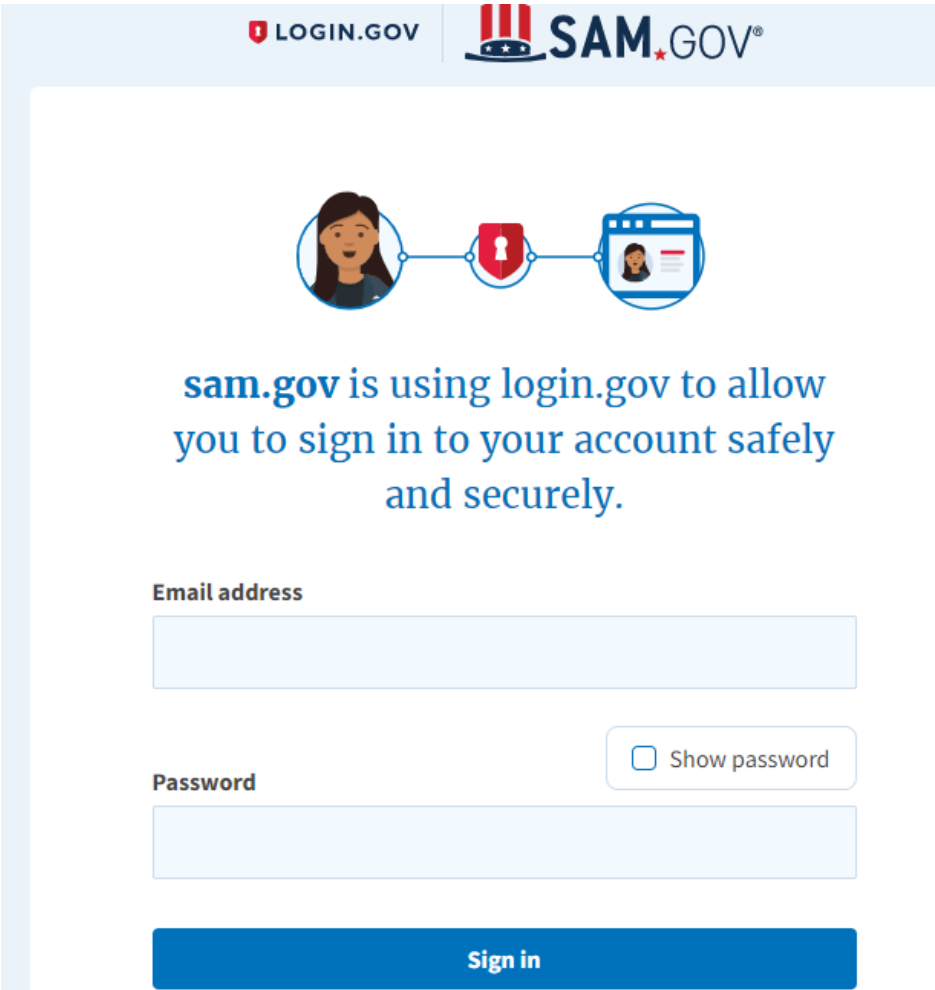
 Sign In

Select the green accept box:



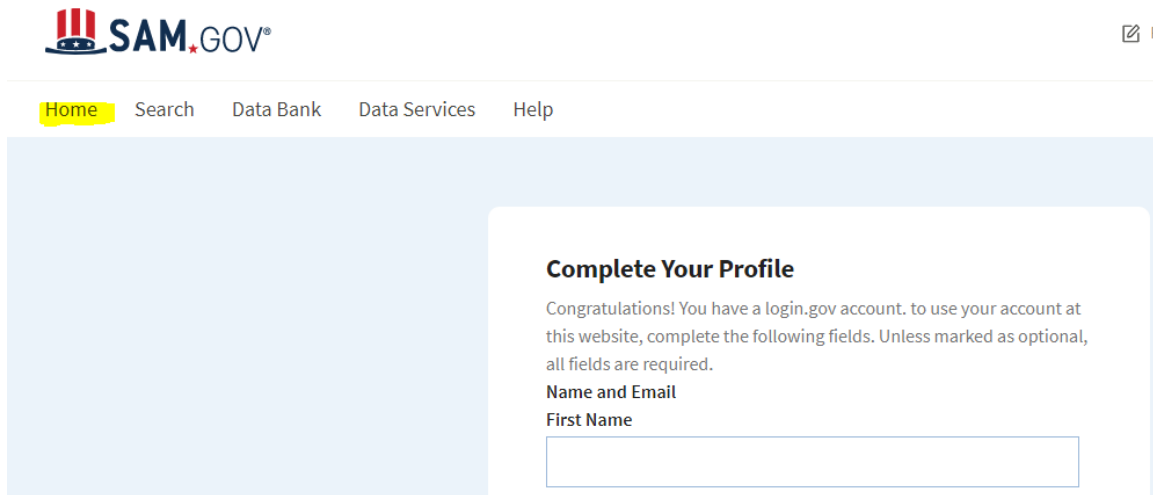
The image shows a dialog box with the SAM.GOV logo at the top. The text inside reads: "You must accept the U.S. Government System terms to sign into this website". Below this, it states: "This is a U.S. General Services Administration Federal Government computer system that is 'FOR OFFICIAL USE ONLY.' This System is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution." At the bottom, there are two buttons: "Cancel" and "Accept". The "Accept" button is highlighted with a green border.

The accept button brings up the login screen:

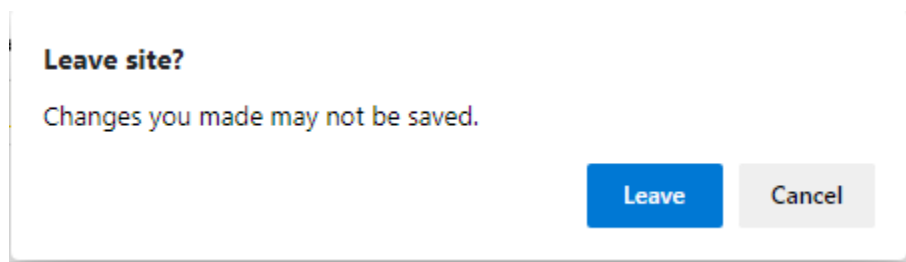


The image shows the SAM.GOV login screen. At the top, there are logos for LOGIN.GOV and SAM.GOV. Below the logos is a diagram showing a person's profile, a shield with a keyhole, and a computer monitor displaying a login page, all connected by lines. The text below the diagram says: "sam.gov is using login.gov to allow you to sign in to your account safely and securely." There are two input fields: "Email address" and "Password". To the right of the password field is a checkbox labeled "Show password". At the bottom, there is a blue "Sign in" button.

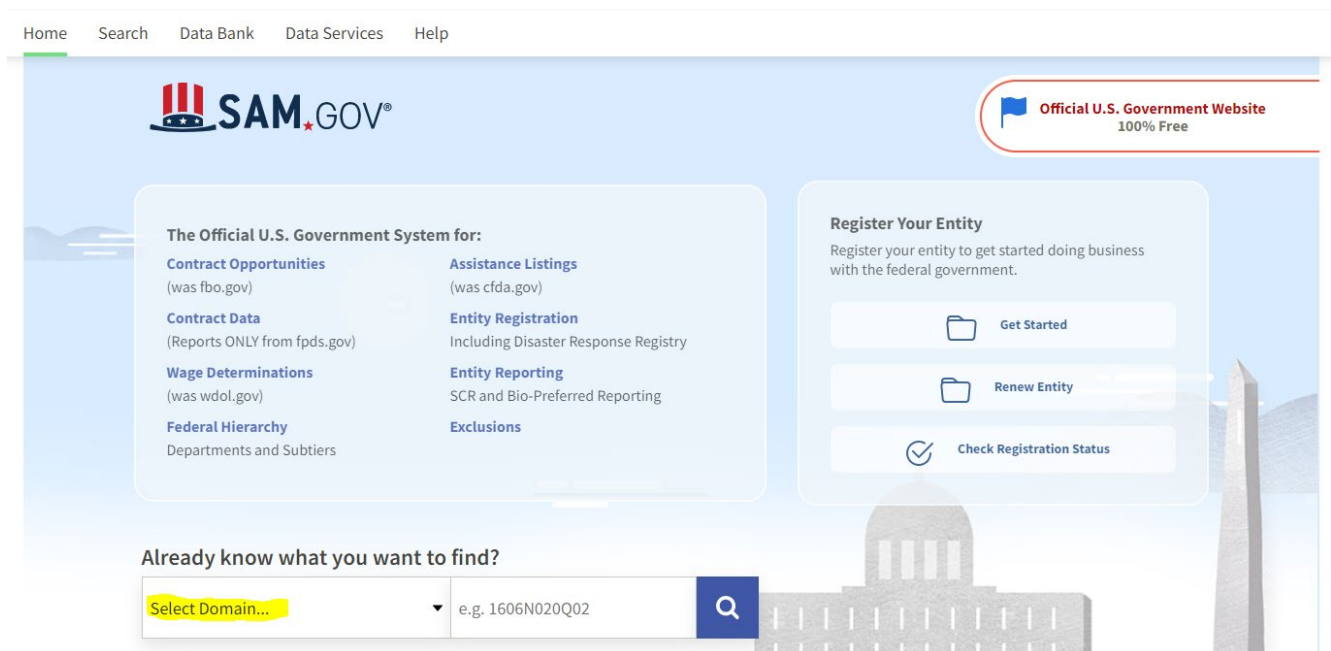
Once logged in, you may get a screen as shown below to Complete Your Profile. This was already done when you created the account and is unnecessary. Just select Home as highlighted below:



This will pop up a box as shown below, choose Leave:



The Home page is shown below. Go to the Select Domain arrow down (highlighted below), which is located under the “Already know what you want to find?” Section:



Select Entity Information from the arrow down key:

Already know what you want to find?

Entity Information ▼ e.g. 1606N020Q02 🔍

You can search using the entity's name or DUNS number. It is recommended to use the DUNS Number:

Already know what you want to find?

Entity Information ▼ 100864219 ✕ 🔍

Then select the search box with the eyeglass.

Below is what is shown if there are "no exclusions". Note the highlighted box that states, "Entity Registration". If it states this, then there are no exclusions.

The example below is what you will copy, save as a pdf and upload to the eCivis Grants Management software as a debarment.

The screenshot shows the SAM.GOV search results page. At the top is the SAM.GOV logo and navigation links: Home, Search, Data Bank, Data Services, Help. A search bar contains the text "e.g. 1606N020Q02, asph:" and a search icon. A "Search Results" button is on the right. Below the search bar, it says "Showing 1 - 1 of 1 results" and "Sort by Relevance". The main result is for "YUBA, COUNTY OF" with an "Active" status. A yellow box highlights "Entity Registration". Below this are fields for DUNS (100864219), SAM (UWBNA7K4QWJ1), CAGE Code (7PKL8), and Physical Address (915 8th St Ste 123, MARYSVILLE, CA 95901 USA). On the right side, there are fields for Expiration Date (Sep 14, 2021) and Purpose of Registration (Federal Assistance Awards).

If there are exclusions, it will have the word "Exclusion" in the box, where Entity Registration was in the first example:

The screenshot shows a search result for an entity with an "Active" status. A yellow box highlights "Exclusion". Below this are fields for DUNS (blank), SAM (blank), CAGE Code (blank), and Physical Address (MILLBURY, MA 01527 USA). On the right side, there are fields for Classification (Individual), Activation Date (Feb 13, 2010), and Termination Date (Indefinite).

If a search comes up with no results or no matches found, then the entity is not registered with Sam.gov and needs to register using the link below:

<https://sam.gov/content/entity-registration>

Instructions for registering can be located at the link as follows:

https://www.fsd.gov/gsafsd_sp?id=kb_article&sys_id=11bfc64d1b1cb8909ac5ddb6bc4bcb62

Note: HCD will not accept “no results” PDF as no exclusions debarment documentation.