

# Loan Application (Nonprofit)

Applicant Name: _	
Street Address: _	
City/State/Zip:	
Business <u>Legal</u> Address: _	
City/State/Zip:	
Website address: _	
Revenues last full year: _	
Contact Person/Title: _	
Direct Phone:	Email:
Preferred Way to Contact	You:
Organization Focus (check	<u>cone):</u>
Arts & Culture	
Economic Development	
Education	
Social Services	
If you selected <u>Social Serv</u>	ices, please check any of the following that apply:
Early Childhood Developm	nent
Healthy Foods	
Elder Care	
Health Care	<del></del>
Child Care	

## **Growth Partners Arizona**

NOTE: To be considered for a loan from GPAz, your company must be a registered 501c3 located in Arizona, have been operating for at least three years, and have annual revenues of \$250,000 or more. The organization must be registered, and certified as in Good Standing, with the State of Arizona Office of the Corporation Commission.

Preference will be given to nonprofits located in and/or serving economically underserved communities.

Requested Loan Amount:		_Date Funds Needed:							
Requested Term (# of months not to exceed 60):									
What is the purpose of the loan?									
Bridge financing	\$	Refinance debt	\$						
Building improvements	\$	Working capital	\$						
Purchase building	\$								
Purchase equipment	\$								
Other – explain	\$								
What is your organization's mission and what kind of work do you do?									

### **Growth Partners Arizona**

How will you repay the loan? Check a	all that apply.
Organization operating cash flow Sale of assets Pledge receivables Grant receivable Describe:	 (provide name, amount, payment schedule) 
Other - explain	
What collateral will you pledge to se	cure the loan? Check all that apply.
Organization assets	
Equipment (required if being purcha	sed if being purchased with loan proceeds)
Real estate (required if being purcha	sed with loan proceeds)
Other – explain	
How did you hear about Growth Part	tners Arizona? (please check one)
Growth Partners Arizona v Flyer / Brochure Internet search Social media (Facebook o Previous applicant or born Referred by someone	r LinkedIn)
If you were referred, who referred yo	ou?

## Instructions (Nonprofit)

- I. Along with this completed and signed application, please provide:
  - Last two fiscal year-end business balance sheets and profit & loss statements
  - Last two 990s, if applicable
  - Most recent YTD balance sheet and profit & loss statement
  - Business debt schedule as of interim business financial statement (form provided)
  - Current budget
  - Cash flow projections for the current year and next year
  - List of board members and affiliations
  - Confirmation of registration and certification of Good Standing with the State of Arizona Office of the Corporation Commission
- II. Submit your application and requested documents to Lesli Pintor at <a href="Lesli@GrowthPartnersAZ.org">Lesli@GrowthPartnersAZ.org</a> or Robert Valdez-Beltran at <a href="Roberto@GrowthPartnersAZ.org">Roberto@GrowthPartnersAZ.org</a>.

#### AFTER WE REVIEW YOUR PACKAGE FOR ELIGIBILITY:

- III. If GPAz staff determines that your organization meets eligibility requirements to be considered for a loan, we will also need the documents listed below:
  - Copy of your filed formation documents (Articles of Incorporation, Articles of Organization, etc.), and any amendments, if applicable
  - Copy of your most recent Bylaws or Operating Agreement, as applicable
  - Other documents as required (we will discuss with you, if applicable)
- IV. I affirm that my company does not discriminate on the basis of race, sexual orientation, gender, age, marital status, national origin, or physical ability.
- V. I authorize Growth Partners Arizona and its affiliates to make inquiries as necessary to verify the accuracy of statements made and to determine creditworthiness. I acknowledge that GPAz and its affiliates may contact third parties, including credit and reference checks, in regard to the loan applicant and its affiliates.

Signed: Date:
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For federal certification and grant reporting purposes, please complete the following. We will not share any specific information about you with anyone; information is aggregated and anonymized for reporting purposes.

Executive Director/CEO (circle	e all that apply):			
Latinx		Non-V	Vhite	
Native American		Femal	e	
African American		Vetera	an	
What percentage of your Boar	rd of Directors is:			
Latinx	%			
Native American	%			
African American	%			
Non-White	%			
Female	%			
Veteran	%			
Tell us about your employees  Current # full-time employ			ime employees _	
How many employees will you	a hire if you receive this	loan?	full time	part time
What percentage of your clien	ts/beneficiaries are:			
Latinx	%			
African American	%			
Native	%			
Non-White	%			
Veteran	%			
Female	%			