

IV. BENEFITING BUSINESS INFORMATION

Business Phone Number _____

Business E-mail _____

Fiscal Year End Date _____

MM / DD

Name of Business this application is in support of:

Supported Business Name: _____

Supported Business Address 1: _____

Supported Business Address 2: _____

Supported Business City: _____

Supported Business State: _____

Supported Business Zip: 99999-9999: _____

Supported Business E-Mail Address: _____

Supported Business FEIN: _____

Supported Business DUNS: _____

Supported Business SIC: _____

Supported Business Type: _____

Supported Business Authorized Signatory Contact:

Signatory must sign Participation Agreement and Business Certification Form

Last Name: _____

First Name: _____

Title: _____

Daytime Phone: _____

Home Phone: _____

E-Mail: _____

BANKRUPTCY: Has the firm, officers or principals of the firm ever been involved in bankruptcy insolvency procedures?

No
 Yes

If yes, provide details:

PENDING LAWSUITS: Is the business or any officers or principals of the business involved in any lawsuits?

No
 Yes

If yes, provide details:

NET INCOME VERIFICATION

The business must identify their net income for the last three fiscal years beginning January 1, 2017 and ending December 31, 2019. Net income can be obtained from the Profit and Loss statement, generally the last item on that statement. If the Profit and Loss statements cannot be found, net income can be derived from total sales minus total expenses. In addition, cash balances must be provided. This will be either the first line item on the balance sheet or bank statements as of the last day of each fiscal year. Three years of ending cash balances must be provided for each fiscal year.

| Fiscal Year Ending: | Net Income | Net Income derived from Profit/Loss Statement? (Yes/No) | Net Income calculated from total sales – total expenses? (Yes/No) | Cash Balance |
|---------------------|------------|---|---|--------------|
| December 31, 2017 | | | | |
| December 31, 2018 | | | | |
| December 31, 2019 | | | | |
| Current: | | | | |

JANUARY, 2020 MONTHLY BUDGET

Provide the appropriate information below reflecting your business’s monthly budget for January, 2020.

| Budget Item | Total Monthly Expenditures | Monthly Net Income Computation |
|--|----------------------------|--------------------------------|
| Total Income | | |
| Personnel (Salary & Wages) | | |
| Fringe Benefits | | |
| Equipment | | |
| Inventory | | |
| Supplies | | |
| Occupancy (Rent & Utilities) | | |
| Telecommunications | | |
| Other (Specify) | | |
| Other (Specify) | | |
| Other (Specify) | | |
| Total of All Expenditures | | |
| Monthly Net Income (Total Income – Total of All Expenditures) | | |