

**STRONGER NJ
Business Loan Program**

--INTAKE FORM--

Thank you for your interest in the Business Loan Program. Applicants will be notified via email after review of the information provided in this form. Applicants that meet eligibility requirements may then move forward to formally apply for funding.

Please submit completed Intake Form via email to Sandyloan@njeda.com.

If you need assistance completing an Adobe Acrobat Form, [click here](#).

A FINDING OF ELIGIBILITY IS NOT A GUARANTEE OF FUNDING BY THE EDA. ASSISTANCE IS SUBJECT TO AVAILABILITY OF FUNDS.

1) Basic Applicant Information:

Applicant Organization Name:
(official, legal name without abbreviations)

Address Line 1 (mailing address)
Address Line 2
City, State
Zip Code

Is this a home-based Business? Yes No

Federal Employer's Tax ID:
NAICS Number:
DUNS Number:
Website Address:
Number of Employees:
Nature of Business:
Year Established:

Is the Business registered in New Jersey? Yes No

Was the Business in existence in NJ on October 29, 2012? Yes No

List the type of Business below:

For - Profit Business
Non-Profit
Co-operative

Other (please describe):

Please note: Certain types of 501 c(3) nonprofit organizations are eligible to apply under the small business loan program. Religious-affiliated nonprofits, such as churches, may utilize the funding only for the renovation or new construction of portions of a physical structure with non-sectarian uses.

Eligible nonprofits must either:

- Operate a commercial or industrial activity, such as the fisheries cooperative noted above, a farmer's market, a business incubator, a restaurant or a retail establishment;

OR

- Operate a facility that provides a public service that furthers economic development. This would include locations such as job training or social services centers or community centers.

Only these two types of nonprofits are eligible to apply for CDBG-DR assistance from NJEDA. Per the federal regulations, these nonprofits are only eligible to receive assistance for physical repairs or reconstruction and not for working capital assistance or assistance to pay for the delivery of services.

2) Holding Company Name, if different than Applicant:

3) Project Address (if different than above):

Address Line 1 (physical address)

Address Line 2

City, State

Zip Code

County

4) Contact Information:

Name

Title

Telephone

Email

5) Did the business have at least \$5,000 in physical damage? Yes No

Please note that Projects located outside of the nine most impacted counties (Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean and Union counties) must have sustained a minimum of \$5,000 of physical damage to the entity's real property, equipment and/or loss or damage of non-perishable and non-consumable inventory.

6) If the business did not have at least \$5,000 in physical damage, the project must be able to demonstrate that it will positively impact the economy of the community.

- a. A positive community impact may be defined by factors such as but not limited to: significant job creation or retention; revitalization of dilapidated structures; substantial capital investment by the business; and provision of goods and services that are new or expanded for the community.
- b. If eligible because of physical damage, the cause of damage to the entity must be Superstorm-related, and may include wind, water, mold, flood, mitigation and includes basements as well as first and upper floors, loss of physical items and inventory.

7) Please provide a narrative description of the project.

8) Provide a description of the benefits of the project in terms of employment creation, including low and moderate income opportunities, positive impacts to one or more surrounding neighborhoods such as increasing the “quality of life” through improvements that benefit the health and safety of residents or otherwise contribute to neighborhood stability and preservation (include a description of the area), elimination of a blighted area, increase in tax revenues for the municipality or contribution to other income streams for the municipality, whether the project will provide needed goods and services, and other economic activity and positive results expected from the development.

9) What is the total project cost?

\$

10) List all anticipated sources (funding) and uses (costs) for the proposed project.

Sources:

Uses:

Verification and Acknowledgement

I verify that I am authorized to commit my organization and to submit this Intake Form on behalf of the organization. I certify that the above information is correct and that the statements made herein are true and correct to the best of my knowledge. I understand that this Intake Form may be disqualified if it does not contain all required information. I understand that all materials submitted as part of the Intake Form and, if a later Application is filed, the Applications are subject to disclosure. I acknowledge and agree that the EDA has no obligation, and retains the discretion to fund or not to fund the project described herein, and that the EDA's receipt of the Intake Form, and Application does not imply any promise of funding at any time.

Signature

Name (print)

Title

Date