

# CAPITAL CONSORTIUM: Financing Request Form



The Capital Consortium is a group of nonprofit lenders, for-profit lenders, and other funders, who work together with Philadelphia's Department of Commerce to improve access to capital for small businesses throughout Philadelphia. Member organizations provide loans, grants, and technical assistance to small businesses in order to help them start and grow.

This form helps Capital Consortium members learn about your business and your capital needs. Complete the form below and email it to [loan.info@phila.gov](mailto:loan.info@phila.gov) or fax it to 215-683-2150 Attention: Capital Consortium. Your information will be shared with the Consortium members and if your project and capital needs match available resources, members of the consortium will contact you directly within ten (10) business days.

This form is not a loan or grant application and there is no guarantee of approval from any of the members. If one of the members is interested in working with you, they will contact you for more information.

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

What is the best way to reach you?  Phone  Email  No Preference

Are you the  Business Owner  Property Owner  Both Business and Property Owner

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Commercial Activities License # (if business owner): \_\_\_\_\_ EIN: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number of Full Time Employees: \_\_\_\_\_

What is your business structure?  Sole proprietorship  LLC  Corporation  Partnership  Other

**Describe your business. What products and services do you offer? What makes you and your business unique? (If you have a business plan or executive summary, please attach it.)**

Is there more than one owner of the business?  Yes  No **If yes, list their name/s and percentage of ownership:**

Owner 1: \_\_\_\_\_ % \_\_\_\_\_ Owner 3: \_\_\_\_\_ % \_\_\_\_\_

Owner 2: \_\_\_\_\_ % \_\_\_\_\_ Owner 4: \_\_\_\_\_ % \_\_\_\_\_

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## CAPITAL NEEDS AND PROJECT INFORMATION

How much funding do you seek? \$ \_\_\_\_\_

What do you plan to use the funds for? (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Renovate or fit-out the interior | <input type="checkbox"/> Purchase Inventory |
| <input type="checkbox"/> Renovate the exterior            | <input type="checkbox"/> Marketing          |
| <input type="checkbox"/> Purchase Equipment               | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Working Capital                  |   |

**Describe the improvement you plan to make, equipment you plan to purchase, or how the money will be used:**

## FINANCIAL INFORMATION

Is your business a pre-revenue startup?  Yes  No

How many years has your business been open? \_\_\_\_ If incorporated, what is your date of incorporation? \_\_\_\_\_

What is your Annual Revenue (average over last three years): \$ \_\_\_\_\_

How much existing debt do you have? (Include personal and business debt)? \$ \_\_\_\_\_

Do you have collateral that you could pledge on a loan?  Yes  No If Yes, what is the approximate value? \$ \_\_\_\_\_

Do you have any of the following:

|                               |                              |                             |                            |                              |                             |
|-------------------------------|------------------------------|-----------------------------|----------------------------|------------------------------|-----------------------------|
| Accountant or bookkeeper      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Accounting software        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bank account for the business | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Insurance for the business | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you have any serious credit issues including accounts in collection or do you owe the IRS, Commonwealth of Pennsylvania or City of Philadelphia any back taxes?  Yes  No

If yes, are you on an approved installment plan?  Yes  No

Have you ever filed for bankruptcy (personal and/or business)?  Yes  No If Yes, is it still active? Yes  No

Are you involved in any lawsuits?  Yes  No

How did you hear about the Capital Consortium? (optional) \_\_\_\_\_

## NEXT STEPS

For more information or to submit this form, please email [loan.info@phila.gov](mailto:loan.info@phila.gov) or call Jonathan Snyder at 215-683-2153. Once a completed form is received, it will be forwarded to members of the Capital Consortium. If they are interested in working with you, they will contact you directly within ten (10) business days.