

PROVIDENCE BUSINESS LOAN FUND (PBLF)

APPLICATION: MICROENTERPRISE LOAN

Thank you for your interest in the PBLF Loan Program. Before completing the application, we encourage you to review the eligibility requirements and standards for this federally* funded program, as set by PBLF. Please read the following requirements carefully before proceeding. If you have any questions, feel free to contact us at 401-680-8412 or email thoagland@providenceri.gov

Collateral

- Your business assets will be used to collateralize your loan.
- If real property, such as real estate, is available, PBLF may choose to use it to further collateralize the loan; however, this is not a requirement for a microenterprise loan.

Credit

- Your credit history may be a determining factor when reviewing your application. All persons owning a 10% or greater interest in the business will be required to personally guarantee the loan.

Reimbursement based loan

- Since these are federal funds, loan proceeds are provided on a reimbursement basis rather than as a lump sum, ensuring they are spent on eligible expenses. This means your business must first cover eligible costs, then request reimbursement from PBLF. Alternatively, PBLF can pay vendors and suppliers directly instead of reimbursing your business. If your business lacks the cash flow to cover expenses upfront, this loan may not be suitable for your needs.

Owner(s) household income and residency requirements

- All owner(s) must meet low to moderate income requirements as defined by HUD, and must be Providence residents. If you do not meet these requirements you may apply for a PBLF small business loan instead.

Business size requirements

- Business must be for-profit and meet the HUD definition of a microenterprise, which is five (5) or fewer employees including the owner(s). Sole proprietorships meet this definition and are eligible for this loan. If you do not meet these requirements you may apply for a PBLF small business loan instead.

Back-up materials

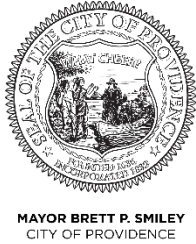
- IRS Tax Returns – 2 most recent personal & business tax returns
- Business plan / Experience
 - **Existing business** – statement of your experience/ bios and resumes of principles
 - **Start-up companies** – We do *not* generally fund start-up businesses

UEID Number – You will need to have a Unique Entity ID (UEID) Number. It is free to obtain at www.SAM.gov

First Source Compliance

While the microenterprise loan program does not require any job creation, if you do hire any employees, you must also agree to reach out to Providence residents first in hiring employees, and to conform to all federal and city compliance and monitoring requirements.

*PBLF Programs are funded by the US Economic Development Administration (EDA) and the US Department of Housing and Urban Development (HUD)



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LOAN TERMS

MICROENTERPRISE LOANS

LOAN SIZE

\$5,000 to \$50,000

Loans are not forgivable.

USE OF FUNDS AND LOAN TERM

Purpose	Acquisition of machinery, equipment, furniture, and fixtures, or working capital
Term	5 to 10-year loan term

INTEREST RATES

2% - 5%

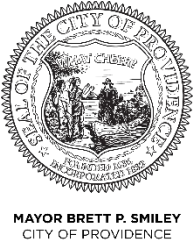
Depends on use of funds and credit of the borrower

FEES

Origination Fee	0.5% of loan amount
Closing Costs - Legal Fee	Paid by Borrower, Capped at \$500

LOAN REQUIREMENTS

Must be secured by business assets	Personal assets of owners / principals may be required as additional security
Must be guaranteed by all persons with 10% or more ownership	Must be in business for at least 2 years. (No Startups)
Subject to conditions of U.S. Federal Code Section 570 Title 24	Business must be based in Providence
Owner(s) must qualify as a member of a low/moderate income household and be a Providence resident	Business must have 5 or fewer employees including the owner(s).



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APPLICATION:

MICROENTERPRISE LOAN

I. APPLICANT/PRINCIPAL(S) PERSONAL INFORMATION

1. Last Name	First Name	Middle Initial	Social Security No.	
2. Last Name	First Name	Middle Initial	Social Security No.	
Home Telephone	Mobile Telephone		Email Address	
Home Address	City		State	Zip
Racial Background (Optional) <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Do not wish to disclose				

II. PROPOSED PROJECT

Business Name		Business Telephone		Type of Business Zone <input type="checkbox"/> Commercial <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail
Business Street Address	City	State	Zip	
Time in business: Years: _____ Months: _____	Describe your business:			

III. Loan Request

What will loan proceeds be used for?

IV. FINANCIAL INFORMATION

Loan Amount Requested:	\$ _____	Have you received any other assistance from the City of Providence or any Federal Programs for the above presented project or any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Source of Financing:	\$ _____	
Funds Being Invested by Owner:	\$ _____	
Total:	\$ _____	

V. PROJECT INFORMATION

1. Number of current employees, including the owner: _____
2. Will there be other financing in addition to PBLF Funds? Yes No
3. If there will be other financing, please list source(s) and amount(s)?

_____ \$ _____

_____ \$ _____

4. Is your business a for-profit entity? Yes No
12. Applicant attests that all taxes due to the State of Rhode Island and to the City of Providence are current.
13. Applicant hereby authorizes PBLF to obtain information on the Applicant and related parties for its use in evaluating this request.

The undersigned certifies that the above information inserted herein and submitted as exhibits are true and accurate and also agrees to authorize PBLF to obtain a credit report on the Applicant.

Applicant Signature

Date



MAYOR BRETT P. SMILEY
CITY OF PROVIDENCE

PROVIDENCE BUSINESS LOAN FUND (PBLF) CDBG ELIGIBILITY FORM MICROENTERPRISE LOAN

Please submit one form for each owner of the business.

Owner Name: _____ Home Address: _____

Business Name: _____ Business Address: _____

Number of Employees, including the Owner(s): _____

Please indicate Tax Year 2023 income level for your household size: (REQUIRED)

To determine your household income, use the combined Adjusted Gross Income (AGI) from Line 11 on IRS Form 1040 for all wage earners in the household. Only check one income range.

1-person household:	<input type="checkbox"/> less than \$23,600	<input type="checkbox"/> \$23,601 - \$39,350	<input type="checkbox"/> \$39,351 - \$62,950	<input type="checkbox"/> greater than \$62,951
2-person household:	<input type="checkbox"/> less than \$27,000	<input type="checkbox"/> \$27,001 - \$45,000	<input type="checkbox"/> \$45,001 - \$71,950	<input type="checkbox"/> greater than \$71,951
3-person household:	<input type="checkbox"/> less than \$30,350	<input type="checkbox"/> \$30,351 - \$50,600	<input type="checkbox"/> \$50,601 - \$80,950	<input type="checkbox"/> greater than \$80,951
4-person household:	<input type="checkbox"/> less than \$33,700	<input type="checkbox"/> \$33,701 - \$56,200	<input type="checkbox"/> \$56,201 - \$89,900	<input type="checkbox"/> greater than \$89,901
5-person household:	<input type="checkbox"/> less than \$36,580	<input type="checkbox"/> \$36,581 - \$60,700	<input type="checkbox"/> \$60,701 - \$97,100	<input type="checkbox"/> greater than \$97,101
6-person household:	<input type="checkbox"/> less than \$41,960	<input type="checkbox"/> \$41,961 - \$65,200	<input type="checkbox"/> \$65,201 - \$104,300	<input type="checkbox"/> greater than \$104,301
7-person household:	<input type="checkbox"/> less than \$47,340	<input type="checkbox"/> \$47,341 - \$69,700	<input type="checkbox"/> \$69,701 - \$111,500	<input type="checkbox"/> greater than \$111,501
8-person household:	<input type="checkbox"/> less than \$52,720	<input type="checkbox"/> \$52,721 - \$74,200	<input type="checkbox"/> \$74,201 - \$118,700	<input type="checkbox"/> greater than \$118,701

ETHNICITY (requested by the Federal Government but not required):

Hispanic or Latino Not Hispanic or Latino

RACIAL BACKGROUND (requested by the Federal Government but not required):

White, Black/African American, Asian, American Indian/Alaska Native,
 Native Hawaiian/Other Pacific Islander, Do not wish to disclose.

Multi-Racial Categories:

American Indian/Alaska Native & White, Asian & White, Black/African American & White,
 American Indian or Alaska Native & Black/African American, Other Multi-Racial.

HEAD OF HOUSEHOLD: Female Head of Household Yes No

CERTIFICATION: I have reviewed the HUD Income eligibility requirements and I certify that the information given on household composition and income is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of assistance and participation. I hereby certify that my household size and income are as stated above. I consent to verification of this information by the service provider, the City of Providence, or other governmental officials as required.

OWNER SIGNATURE: _____ **DATE:** _____