

Green River Area Development District COVID-19 Business Relief Working Capital Loan Program

Applicant Information								
Check One: ☐ Sole Proprietor ☐ Partner	-		· ·					
Business Name			DBA					
Address		C	ity	State	Zip			
Phone # Business Ta	x ID #_							
Owner			Title					
Co-Owner (if applicable)			Title					
Primary Contact		Em	ail					
Loan Request Information								
GRADD COVID-19 Business Relief Loans will payroll; rent; utilities; supplies; inventory m			_		n working capital	such	n as	
Amount of Loan Request: \$			Number of Employees					
Purpose of Loan (check all that apply): Other (explain) NOTE: Loan proceeds will be audited. Bank						tures	s.	
	Υ	N				Υ	N	
Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?			Has the Applicant, any business owne every obtained a d any Federal agenc has defaulted in th loss to the governi	ed or controlled lirect or guara y that is curren ne last 7 years	d by any of them, nteed loan from ntly delinquent or			
If the Applicant or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole?			The Applicant is no is illegal under fed		, ,			

Documents Required

- 2019 Financial Statement signed and dated by a company officer
- Latest Federal Income Tax Statement
- Copy of photo identification

As applicable:

- Payroll receipts
- Copy of lease agreement/mortgage statement
- Last two months utility statements
- Supplies/inventory purchase agreements/receipts/statements



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Certification of Application

Certification: I hereby represent and certify that the foregoing information, to the best of my knowledge, is (a) true, complete and accurately and fairly describes the proposed project for which financial assistance is sought; and (b) does not contain any information for which an entity competing with the applicant may claim a proprietary interest. I further certify that to the best of my knowledge and based upon due inquiry, neither I, nor any of the proposed guarantors or officers, directors or principals associated with the applicant are or were at the time of this application, directors or officers of, or otherwise have a fiduciary duty toward, an entity that is or may be in competition with the applicant. As used herein, applicant shall include any person or entity which is guarantying any proposed financing.

Conflict of Interest: I hereby represent and certify that neither I, nor any of the proposed guarantors or officers, directors, principals or employees associated with the applicant are, at the time of this application, related by blood, marriage, law or business arrangement to the GRADD Board of Directors and/or other such GRADD advisory Boards.

Name of Business	
Ву	Title
Date	
Signature	