

**CITY OF OSAGE**

**APPLICATION FOR FINANCIAL ASSISTANCE  
MAIN STREET & COMMERCIAL DEVELOPMENT LOAN PROGRAM 2020 COVID 19 AMENDMENT**

**INSTRUCTIONS:**

1. Complete this application. Any information requested that is not provided on the application will render the application invalid for the current round of funding.

**APPLICATIONS DUE NO LATER THAN 4 P. M. ON JUNE 12, 2020 FOR 1<sup>st</sup> ROUND FUNDING.**

Applications will be accepted until funds are exhausted or December 18, 2020.

2. Submit One (1) Original and Four (4) Copies to:

Main Street/ Commercial Development Loan Program  
City of Osage  
PO Box 29  
806 Main Street  
Osage, IA 50461

3. Upon receipt of the application, the City of Osage Economic Development Committee will review it within two weeks to determine the suitability for funding. A recommendation will then be forwarded to the City Council for approval. If additional information or documentation is required, the Committee will notify the contact person.

4. The business may be asked to have a representative present at the review meeting to answer questions from the Committee. As soon as the meeting for the Committee is scheduled, City Hall will immediately notify the Applicant if attendance is needed to ensure attendance can be arranged.

COMPANY NAME: \_\_\_\_\_

DATE APPLICATION REVIEWED: \_\_\_\_\_

**For Reviewers Use Only** **APPLICANT DOES NOT COMPLETE ANY ITEMS BELOW THIS LINE!**

	<b>Points Awarded</b>	<b>Maximum Possible</b>
Degree of financial impact of required shut down	_____	50
Funds awarded in the SBA's Payroll Protection Plan.	_____	10
Funds from other COVID assistance programs	_____	10
Experience with previous City commercial loans	_____	5
Location – priority given to Main Street businesses.	_____	10
TOTAL Points	_____	85

Notes:

This award is approved  YES  NO

Award is from the \_\_\_\_\_ COMMERCIAL LOAN PROGRAM \_\_\_\_\_ MAIN STREET PROGRAM

Date loan is awarded \_\_\_\_\_ First payment due \_\_\_\_\_

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2020 COVID 19 AMENDMENT

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

Business Address \_\_\_\_\_

Owner/Operator \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Property Owner, accepting lien requirements \_\_\_\_\_

Property Owner Address & Signature \_\_\_\_\_

My business is within the Urban Renewal Area (ask City Hall)  YES  NO

Years Experience \_\_\_\_\_

Primary Financial Institution \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

Name of bank contact person \_\_\_\_\_

Number of employees: FT \_\_\_\_\_ PT \_\_\_\_\_ Maximum Limit of 25

The State of Iowa deemed our business as non-essential and required to close  YES  NO

Were funds received from SBA's Payroll Protection Plan?  YES  NO

Were funds received from IEDA for COVID19 relief?  YES  NO

Estimated dollar and percentage of lost business income during the COVID 19 crisis.

\$ \_\_\_\_\_ lost income \_\_\_\_\_% percentage of lost income

Indicate the amount of funding requested: \_\_\_\_\_ Request range is \$2,000 to \$5,000.

Note: Submittal does not guarantee receipt of a loan. The City has complete discretion to approve or not approve this application, based on criteria. In the event of approval, the City has the discretion to negotiate the amount of the loan.

Please give a description of the type of business, its history, how the business was negatively impacted by the health crisis and why the business needs the funding. Use separate sheet, if needed.

#### CERTIFICATIONS

The business owner or authorized representative must certify in good faith to all the items noted below by initialing next to each one:

\_\_\_\_\_ I have read the statements included in this form and I understand them.

\_\_\_\_\_ I hereby give my permission to the City of Osage and the Osage Economic Development Committee to research the company's history and perform other related activities necessary for the reasonable evaluation of this application. I understand that, should funds be awarded, a process is in place to monitor the project. I agree to follow the steps outline in the Loan Program 2020 amendment.

\_\_\_\_\_ My business is eligible to apply for this loan.

\_\_\_\_\_ My business was negatively impacted by the executive order by the Governor of Iowa due to the current health crisis.

\_\_\_\_\_ The funds will be used to maintain a viable business operation.

\_\_\_\_\_ I certify that all information in this application is true and accurate.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Print Name