



# Cybersecurity Maturity Model Certification Loan Program



## Business Information

Business Applicant Legal Name	Date Established
Business Address	Federal Tax ID
City, State, Zip	Email
Contact Name	Phone Number
	Certification Level

## Purpose of this Application

The purpose of this application is to collect information about the Business Applicant (“Applicant”) and its principals, the loan request, indebtedness, information about current or previous government financing, and certain other topics.

This form is to be completed by the Applicant and all individuals identified below and submitted to South Central Kansas Economic Development District (SCKEDD).

Submission of the requested information is required for SCKEDD to make a determination regarding eligibility for financial assistance. Failure to submit the information would affect that determination.

## Instructions for completing this Application:

This Application is divided into two sections.

**Section I** requests information about the Business Applicant and must be completed in its entirety, signed and dated by an authorized representative of the Business Applicant that is requesting a business loan.

A separate Section I is required to be completed and signed for each co-applicant (e.g. “Eligible Passive Company (EPC)” or “Operating Company (OC)”).

**Section II** of this form requests information about each of the Business Applicant’s principals. This section must be completed in its entirety, signed and dated by the following:

- For a sole proprietorship, the sole proprietor;
- For a partnership, all general partners, and all limited partners owning 20% or more of the equity of the firm; or any partner that is involved in management of the applicant business;
- For a corporation, all owners of 20% or more of the corporation, and each officer and director;
- For limited liability companies, all members owning 20% or more of the company, each officer, director, and managing member;
- Any Person hired by the business to manage day-to-day operations (“key employee”); and
- Any Trustor (if the Small Business Applicant is owned by a trust). All parties listed above are considered “Associates” of the Small Business Applicant as defined in 13 CFR § 120.10, as well as “principals.”

**A separate Section II** is required to be completed and signed by each principal of the Business Applicant. For clarification regarding any of the questions, please contact SCKEDD.

## SECTION I: Applicant Business Information

### Small Business Applicant Ownership

List all proprietors, partners, officers, directors, and holders of outstanding stock. 100% of ownership must be reflected. Attach a separate sheet if necessary. Based on this form's instructions not all owners will need to complete the Principal Information section of this form.

Owner Name	Title	Ownership %	Residential Address

### Required Documents

Please complete the application and send the items below. Your loan application will be reviewed once we receive the completed, signed application and requested documents below.

Business Plan/Management Summary

Business Tax Returns (Prior 3 years)

Cash Flow Projections for first 12 months

Current YTD Business Financial Statements

Personal Tax Returns

Copy of Personal Guarantor/Principal Driver's License

CMMC Plan/Design Strategy (draft or timeline for draft)

Insert total to fund the business start, expansion or purchase. Funds should be final and include the owner's portion of funds, total loan amount and any investor funding. Any changes need to be sent to our program immediately.

**Estimated Loan Need**

<b>Business Need</b>	<b>Amount</b>	<b>Notes</b>

<b>Summary of Business Applicant Injection</b>	<b>Amount</b>	<b>Notes</b>
Personal Cash		
Business Cash		
Other Cash		
<b>Total Business Applicant Injection</b>		
Loan Amount		

**Business Debt Schedule**

<b>Name of Creditor</b>	<b>Original Amount</b>	<b>Current Balance</b>	<b>Monthly Payment Amount</b>	<b>Current or Delinquent</b>	<b>Maturity Date</b>

**Unpaid Taxes** (Describe in detail as to type, to whom payable, when due, amount, and what property, if any, a tax lien

**SECTION II: Principal Information**

**This form needs to be filled out by all persons owning 20% or more of the operating company and borrowing entity.**

<b>Business Name:</b>			
<b>Principal Name</b>	<b>Social Security Number or Tax ID if an Entity</b>	<b>Date of Birth</b>	<b>Place of Birth (City &amp; State or Foreign Country)</b>
<b>Home Address</b>		<b>Home Phone</b>	<b>% of Ownership in the Small Business Applicant</b>

**Veteran/Gender/Race/Ethnicity data is collected for program reporting purposes only. Disclosure is voluntary and has no bearing on the credit decision.**

		<b>Enter Response Below</b>
<b>Veteran</b>	1=Non-Veteran; 2=Veteran; 3=Service-Disabled Veteran; 4=Spouse of Veteran; X=Not Disclosed	
<b>Gender</b>	M=Male; F=Female; X=Not Disclosed	
<b>Race (more than 1 may be selected)</b>	1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed	
<b>Ethnicity</b>	H=Hispanic or Latino; N=Not Hispanic or Latino; X=Not Disclosed	

*Unless stated otherwise, if any of the questions below are answered "Yes," please provide details on a separate sheet.*

#	Question	Yes	No
1	Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 1 →		_____	
2	Have you been arrested in the last 6 months for any criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 2 →		_____	
3	For any criminal offense – other than a minor vehicle violation – have you ever: 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)?	<input type="checkbox"/>	<input type="checkbox"/>
Initial here to confirm your response to question 3 →		_____	

If you answer "Yes" to questions 1 or 2, you must complete a "Statement of Personal History." You will need to furnish details, including dates, location, fines, sentences, level of charge (whether misdemeanor or felony), dates of parole/probation, unpaid fines or penalties, name(s) under which charged, and any other pertinent information.

4	Are you presently suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency?	<input type="checkbox"/>	<input type="checkbox"/>
5	If you are a 50% or more owner of the Small Business Applicant, are you more than 60 days delinquent on any obligation to pay child support arising under an administrative order, court order, repayment agreement between the holder and a custodial parent, or repayment agreement between the holder and a state agency providing child support enforcement services.	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> I am a U.S. Citizen <u>OR</u> <input type="checkbox"/> I have Lawful Permanent Resident status      Registration Number: _____ <input type="checkbox"/> I am not a U.S. Citizen or Lawful Permanent Resident      Country of Citizenship: _____	Initial here to confirm your responses to question 6 →	
7	Do you have any ownership in other businesses which would be defined as an Affiliate in the definition found on page 1? (If "Yes," attach a listing of all businesses and your ownership percentage or position in the business.)	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you, or any business you controlled, ever filed for bankruptcy protection?	<input type="checkbox"/>	<input type="checkbox"/>
9	Are you, or any business you control, presently involved in any legal action (including divorce)?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you or any business owned or controlled by you ever obtained a direct or guaranteed loan from EDA or any other Federal agency or been a guarantor on such a loan? (This includes student loans.)	<input type="checkbox"/>	<input type="checkbox"/>
	(a) If you answered "Yes" to Question 10, is any of the financing currently delinquent?	<input type="checkbox"/>	<input type="checkbox"/>
	(b) If you answered "Yes" to Question 10, did any of this financing ever default and cause a loss to the Government? (If Yes to (a) or (b) above, please provide Lender with a written explanation.)	<input type="checkbox"/>	<input type="checkbox"/>

## PERSONAL FINANCIAL STATEMENT

Date:

**The personal financial statement needs to be filled out by all persons owning 20% or more of the operating company and borrowing entity.**

Name

Business Name  
of Employer

Home Address

Phone Number

City, State, Zip

### Assets

### Liabilities

Cash on Hand

Accounts Payable

Savings Acct

Notes Payable

IRA/Retirement

Installment Account (Auto)

Accounts Receivable

(Auto) Monthly Payment

Life Insurance

Installment Account (Other)

Stocks & Bonds

(Other) Monthly Payment

Real Estate

Loans Against Life Insurance

Automobiles

Mortgages on Real Estate

Personal Property

Unpaid Taxes

Other Assets

Other Liabilities

Total Assets

Total Liabilities

Net Worth

### Sources of Income

### Contingent Liabilities

Salary

As Endorser or Co-Maker

Net Investment Income

Legal Claims & Judgments

Real Estate Income

Provision for Fed. Income Tax

Other Income

Other Special Debt

**AUTHORIZATION AND INDEMNIFICATION AGREEMENT**

I/we hereby authorize South Central Kansas Economic Development District, Inc., (hereafter referred to as "CDC" Certified Development Company) or any of its affiliates to make all inquiries it deems necessary to verify the accuracy of the information provided herein, and to determine my/our credit worthiness for any purpose related to our credit transaction with them. I/we hereby certify that the enclosed application information including attachments/exhibits are valid and correct to the best of my/our knowledge.

I/we hereby authorize the CDC to furnish relevant information to all necessary sources including various federal, state, county, and conventional funding opportunities to obtain the best sources for the project. I/we hereby authorize the CDC to furnish relevant information to CDC's Loan Review Committee(s) for decision; and, to furnish relevant information to the CDC's Board of Directors and various federal, state, and county agencies, officials and economic development representatives for CDC's reporting requirements regarding area economic development.

I/we authorize any company, partnership, corporation, organization or entity of whatever kind to provide the CDC with any credit, financial or personal information held by such entity and requested by the CDC.

I/we further agree that I shall indemnify and hold the CDC harmless from any claim or cause of action arising because of incorrect, inaccurate or incomplete information furnished by me, whether the furnishing of such incorrect, inaccurate or incomplete information was accidental or intentional and in consideration of the CDC's assistance, I waive all claims against the CDC, its personnel or counselors arising from this assistance.

The small business applicant and its principals as individuals, agree to indemnify and hold South Central Kansas Economic Development District, Inc. (CDC) and/or its agents and assigns harmless from and against, any damages, cost, liability or expense attributable to release, threatened release, discharge, manufacture, production, storage or disposal or the presence of hazardous toxic substances, on or under borrower's property or property in which borrower has an interest including adjoining real property and based upon claims assertible by local, state, and federal governmental authority or other third parties against CDC or its assigns.

This indemnification will specifically survive, and is entirely independent of the debtor's contractual obligation to repay the primary obligation held by CDC as amended, extended, or renewed by CDC, prepayment in full of the borrower's indebtedness to CDC; and release of CDC liens on borrower's real or personal property by payment, foreclosure, or other action including CDC's discretionary abandonment of lien.

Signature

Date

Print Name

Social Security No.

Signature

Date

Print Name

Social Security No.