

# DC Certified Business Enterprise Revolving Micro Loan Fund – DSLBD Intake Form

The following information is requested in compliance with local, state, federal and/or private funding requirements.

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

How did you hear about the DSLBD Micro Loan Program? \_\_\_\_\_ DSLBD (direct or Website) \_\_\_\_\_ DC Council/ANC (Specify \_\_\_\_\_)  
\_\_\_\_\_ Flyer \_\_\_\_\_ Newspaper \_\_\_\_\_ Other Government Agency (Specify \_\_\_\_\_) \_\_\_\_\_ WACIF \_\_\_\_\_ Other (Specify \_\_\_\_\_)

## I. BUSINESS INFORMATION

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

Date Formed: Mo \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Filing State: \_\_\_\_\_

Organized: \_\_Sole Prop. \_\_Partnership \_\_C-Corp \_\_S-Corp \_\_LLC \_\_Other IRS Status: \_\_For-Profit \_\_Non-Profit

DUNS #: \_\_\_\_\_ NIGP Code: \_\_\_\_\_ NAICS: \_\_\_\_\_ EIN: \_\_\_\_\_

Business/Organization Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

1) Is your business a CBE (Certified Business Enterprise)? \_\_\_\_ Yes \_\_\_\_ No  
If yes, CBE Approval Date as determined by DC DSLBD \_\_\_\_\_ (attach copy of determination letter)

2) Is your business located on or does your business primarily serve:  
DC Main Street Corridor – \_\_\_\_ Yes (Specify \_\_\_\_\_) \_\_\_\_ No  
Neighborhood Investment Program Target Area – \_\_\_\_ Yes (Specify \_\_\_\_\_) \_\_\_\_ No  
Another area identified by the Mayor for priority economic development/commercial revitalization –  
\_\_\_\_ Yes (Specify \_\_\_\_\_) \_\_\_\_ No

3) Is your business located in DC Economic Development Zone \_\_Yes\_\_No

4) Please provide a brief description of your business and its products and/or services:  
\_\_\_\_\_  
\_\_\_\_\_

5) Is any of your business conducted on-line? \_\_\_\_Yes \_\_\_\_No

6) Is this a home-based business? \_\_\_\_Yes \_\_\_\_No

7) Describe clientele serviced by CBE. What is your target market?  
\_\_\_\_\_  
\_\_\_\_\_

8) Are you an owner of the business? \_\_\_\_Yes \_\_\_\_No

9) List All Co-Owners/Partners (add pages if more lines are needed):  
(Please complete for each owner with at least 10% share in business)

Co-Owner/Partner Name	Race/Ethnicity (Optional)	Male or Female?	% of ownership
_____	_____	_____	_____
_____	_____	_____	_____

10) Please indicate the businesses gross revenues for the following years (please omit cents):

2005(actual) \_\_\_\_\_ 2006(actual) \_\_\_\_\_ 2007(actual) \_\_\_\_\_  
 2008 (actual) \_\_\_\_\_ 2009 (proj) \_\_\_\_\_ 2010 (proj.) \_\_\_\_\_

11) Employee Information:

Employees upon business inception: Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_  
 Current employee roster: Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_  
 Projected Employees after loan/technical assistance: Full-time employees: \_\_\_\_\_ Part-time employees: \_\_\_\_\_

**II. INDIVIDUAL INFORMATION – (EITHER PRIMARY OWNER OR APPLICANT)**

Home Address: Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DC Ward #: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

What is your credit score? \_\_\_<550\_\_\_ 551-600\_\_\_ 601-625\_\_\_ 626-650\_\_\_ 651-675\_\_\_ 676-700\_\_\_ 700-750\_\_\_ 751+\_\_\_

Estimated Net Worth: \$ \_\_\_\_\_

What difficulties have you had getting access to credit?

\_\_\_\_\_

\_\_\_\_\_

Gender: \_\_\_Female \_\_\_Male Are you Female Head of Household?: \_\_\_Yes \_\_\_No

# Persons in Your Household (all related/unrelated persons living with you): \_\_\_\_\_ Annual Household Income: \$ \_\_\_\_\_

# People in Your Family (all related persons living with you): \_\_\_\_\_ Annual Family Income: \$ \_\_\_\_\_

Please check race/ethnicity categories that apply (Optional): \_\_\_Black/African American \_\_\_American Indian/Alaska Native  
 \_\_\_White \_\_\_Asian \_\_\_Native Hawaiian/Other Pacific Islander \_\_\_Hispanic/Latino

Is English your primary language? \_\_\_Yes \_\_\_No If no, what is your primary language? \_\_\_\_\_

**III. LICENSING, CERTIFICATION & OTHER INFORMATION**

1) As a registered CBE, are you designated by DSLBD as the following:

Small Business Enterprise) \_\_\_ Yes \_\_\_ No  
Disadvantaged Business Enterprise) \_\_\_ Yes \_\_\_ No  
Resident-owned Business Enterprise) \_\_\_ Yes \_\_\_ No

2) Do you currently receive any DC Government contracts or subcontracts? \_\_\_Yes \_\_\_No  
 If yes, how many? \_\_\_\_\_ Specify agencies: \_\_\_\_\_

3) Do you currently receive any Federal Government contracts or subcontracts? \_\_\_Yes \_\_\_No  
 If yes, how many? \_\_\_\_\_ Specify agencies: \_\_\_\_\_

4) Please provide a brief description of your business and its products and/or services:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

