



Program Guidelines

The Virginia Small Business Financing Authority's (VSBFA) SWaM Business Microloan Fund is designed to assist Virginia's existing small businesses. Short-term loans are provided to help established businesses create jobs, retain existing "at risk" jobs and promote investment and long-term economic development in Virginia.

Eligible Borrowers:

- Businesses currently operating in Virginia;
- In good standing with the State Corporation Commission;
- Businesses in continuous operation for at least two (2) years.

Businesses must also meet at least one of the following criteria to be an eligible borrower:

- Have \$10 million or less in annual revenue over each of the last three years; or
- Have a net worth of \$2 million or less; or
- Have fewer than 250 employees.

Eligible Loan Purposes:

- Financing accounts receivable & inventory, contract financing, permanent working capital, leasehold improvements
- The purchase and installation of furniture, fixtures, equipment, or technology infrastructure

Ineligible Loan Purposes: Loan funds may not be used to:

- Refinance or restructure existing debt
- Finance construction
- Finance non-owner occupied real estate investment

Program Loan Amounts and Terms:

- Loan Amount: For loan amounts in excess of \$10,000 and up to \$25,000 Applicant <u>must</u> receive technical assistance from the Virginia Small Business Development Center (SBDC) network or other acceptable counseling agency. The SBDC or counseling agency must complete a referral form in support of the request.
- Maximum term is 48 months
- Monthly payments must be made by automatic withdrawal from the Borrower's checking account
- Interest rates are fixed at the time of the loan. The interest rate is tied to the Wall Street Journal Prime rate with spread based on the credit risk as determined by VSBFA. The rate will not exceed the Prime rate plus 2%

Personal Guarantees: The program requires all individuals and business entities owning 20% or more of the applicant business (including a spouse owning 5% or more when the combined ownership of both spouses is 20% or more) to provide a personal guaranty of the loan.

Program Fees: No application fee.

Application Help

Below are descriptions to help you complete the *SWaM Business Microloan Application*. If you have additional questions or need information, please contact the VSBFA at 804-371-8254 or email us at VSBFA@sbsd.virginia.gov. Additional information about this program and the other services offered by the Department of Small Business and Supplier Diversity can be found at www.sbsd.virginia.gov.

Business Legal Type: Provide the legal business structure of the business as registered with the State Corporation Commission (SCC). Examples are sole proprietorship, partnerships, LLC, LLP, C Corp, S Corp, Non Profit Corp. etc. State Corporation Commission can be found at scc.virginia.gov.

Annual Revenue: Supply the last full year's revenue figure.

NAICS: The applicant's North American Industry Classification System code can be determined at https://www.census.gov/cgi-bin/sssd/naics/naicsrch.

Business Owners: List all owners, officers, directors, and general partners of business and stockholders or limited partners owning 20% or more of business. Include any spouses owning 5% or more when the combined ownership of both spouses is 20% or more.

Loan Purpose and Collateral: Describe specifically how the loan funds will be used. The uses must meet program guidelines above. Collateral can be a lien on business or personal assets.

Projected Job Creation: If loan will create or save full-time jobs enter data based on your best evaluation. This is not a requirement of the program.

Government Monitoring Data: This data is used to determine the usage of VSBFA programs within the small business community. You are not required to provide this information, but are encouraged to do so. <u>VSBFA does not discriminate on the basis of this information and this information will have no bearing on VSBFA's credit decision for this application.</u> If you do not wish to provide the information a selection is provided.

Woman-Owned, Minority-Owned, or Veteran-Owned Business: Select yes if at least 51% of business is owned by one or more applicable categories. **Where and How to Submit an Application:**

Email: <u>VSBFA@sbsd.virginia.gov</u>

USPS Mail: P.O. Box 446, Richmond, VA 23218-0446

Express Mail or Hand delivery: 101 North 14th Street, 11th Floor Richmond, VA 23219

Application Process: What to Expect from the VSBFA

Completed applications will be reviewed and the Applicant will be contacted if additional information is required. Initial review of the application will generally be made within a few business days. Applicants will be notified of VSBFA's credit decision and if approved, the Applicant will be informed of the next steps in the process.

Freedom of Information Act

Unless prohibited by law and to the extent required under the Freedom of Information Act (FOIA), contents of the application and other information submitted by the Applicant may be released in response to a FOIA request. Applicant should be aware that EDA may make certain application and other submitted information publicly available. Accordingly, as set forth in 15 CFR § 4.9, Applicant should identify any "business information" it believes to be protected from disclosure pursuant to 5 U.S.C. § 552(b) (4).





Checklist	of	Items	to	provide	with	this	Application	1:

	and signed copy of Good Standing				rtitious Nan	ne or equival	ent from the	SCC·		
	Certificate of Good Standing, Certificate of Fact, Certificate of Fictitious Name or equivalent from the SCC; Copy of valid driver's license for <u>each</u> guarantor and/or sole proprietor;									
	Most recent interim financial statement;									
	Most recent 2 years business tax returns or business financial statements of the Applicant; Most recent 2 years personal tax returns; current personal financial statements on all guarantors;									
☐ Loans in ex	cess of \$10,000 a	and up to \$25.	,000 must h	ave a comple	ted and exe			al Form v	vith Virginia	
	ness Developmen			_	_					
Applicant:										
Address:										
Address:										
City:					_					
Contact Name:										
Business Website:										
Business Legal Type:										
Annual Revenue:		1 en us	about your	Business: _						
Business Owners:										
Name	Δ	SS	N		Address		Office He	ld/Title	% of	
1 (41)	55	5514		11441 C55				Ownership		
									0.00%	
									0.00%	
									0.00%	
	4 1 6		C II 4	•						
Loan Amount Reques										
Loan Purpose:										
Guarantor Name:										
Address: State: Zip:										
•			• •	•	N•				-	
Phone:										
Detailed Summary of										
Creditor	Original	Current	Loan	Maturity	Payment	Payment	Current:	С	ollateral	
	Amount	Balance	Date	Date	M, Q, A	Amount	Y or N			





Certification	as a Sn	Small Business:						
		1 2						
2. \(\sum \) Yes	□ No	Does the business have less than \$10,000,000 in annual gross revenues over each of the last three fiscal years?						
3. T Yes	□ No							
4. □ Yes	■ No							
_		: Answer the following questions and provide comments on questions answered "yes"						
1. ■ Yes	■ No	Have any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the business ever been convicted of any criminal offense, other than minor motor vehicle violations?						
2. Yes	□ No	Has the business or any owners, officers, directors, guarantors, general partners, stockholders of lim more of the business file or been adjudicated as bankrupt?	ited partners owning 20% or					
3. T Yes	■ No	Is the business or any owners, officers, directors, guarantors, general partners, stockholders or limited partners owning 20% or more of the business involved in any pending lawsuits?						
4. 🗖 Yes	■ No	Does the business or any guarantors owe past due federal, state, or local taxes of any nature?						
5. Yes	■ No	Is the Applicant, if a sole proprietorship, and all guarantors U.S. citizens or legal permanent resident	ts?					
☐ Yes	□ No	o Are you a current or past VSBFA Customer?						
How did you	ı learn a	n about the VSBFA or this Loan Program? ☐ SBSD Website ☐ Bank Referral ☐ Economic Devel ☐ Marketing Event ☐ Other	•					
Current Em	ploymer	nent and Projected Job Creation and/or Retention:						
		Number of Full-Time Existing Jobs Located in Virginia						
	Number of Full-Time Existing Jobs Located Outside of Virginia							
	Number of Full-Time Existing Jobs Saved as a result of this Financing							
	Number of Full-Time Equivalent Jobs <u>Created</u> as a result of this Financing							
\$		Average Hourly Wage Rate						
Provide a bri	ef summ	nmary of how loan proceeds will save or create new jobs:						
G .	3.5							
Government	Monito	nitoring Data: ☐ I do not wish to provide this information						
Sex: ☐ Fem	ale □ N	☐ Male Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino						
Woman-Ow	ned Bus	Business: ☐ Yes ☐ No Minority-Owned Business: ☐ Yes ☐ No Veteran-Owned I	Business: □ Yes □ No					
Race: □ An	nerican I	n Indian or Alaska Native □ Asian □ White □ Black or African American □ Native Hawaiian	n or Other Pacific Islander					
Authoriza	tion ar	and Certification:						
to process thi	is applica	arantors authorize the VSBFA to investigate all credit history, obtain credit reports, bank references, and education and as it deems necessary. The undersigned hereby certifies that all information provided in supwledge, and is submitted for the purpose of obtaining financial assistance from the VSBFA.						
Because the Vof Information		A is a political subdivision of the Commonwealth of Virginia all information submitted with this application trequest.	on may be subject to a Freedom					
Applicant:		Date:						
Ву:		Title:						
Guarantor	:	Date:						
Guarantor	:	Date:						





Counseling Referral Form

For loan amounts in excess of \$10,000 and up to \$25,000 Applicant <u>must</u> receive technical assistance from the Virginia Small Business Development Center (SBDC) network <u>www.virginiasbdc.org</u> or other acceptable counseling agency. The SBDC or counseling agency must complete a referral form in support of the request. Applicant is to complete Section 1 and counseling agency will complete Section 2. Return complete form along with loan application.

Section 1 – Applicant	
Applicant:	
Business Name:	
Counseling agency used:	
List courses and training completed. List business documents reviewed by counselor:	
☐ Business Plan/Business Proposal	
☐ Financial Request	
☐ Financial Projections	
☐ Other:	
☐ Other:	
☐ Other:	
By signing below I request the counseling agency named above to certify completion of my completed. Applicant Signature:	Date:
Section 2 – Counseling Agency	
By signing below I certified that the above applicant has completed the necessary courses, tr	aining, and completed the designation business documents.
Signature:	Date:
Printed Name:	Title:
Email:	Telephone:
Comments:	