



NORTH DAKOTA DEVELOPMENT FUND, INC. CHILD CARE LOAN PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE
SFN 59178 (03-2023)

Applicant Information

Applicant Name		Social Security Number/Federal Tax ID Number			
Primary Contact		Title		Telephone Number	
Address		City		State	ZIP Code
Email Address		Date of Application		Date Business Established	
Legal Structure <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Sub Chapter S Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other				<input type="checkbox"/> New Business <input type="checkbox"/> Existing Business <input type="checkbox"/> Purchase Existing Business	
Purpose of Request		Current Number of Child Enrollment		Projected/Maximum Number of Child Enrollment	
Current Number of Employees	Projected Number of Employees within 24 Months		Current Average Wage		Projected Average Wage within 24 Months
Financial Institution/Development Agency		Primary Contact		Telephone Number	
Address		City		State	ZIP Code

Sources of Funds		Amount		Sources of Funds		Amount
A. Owner Equity		\$		D. Other		\$
B. ND Child Care Loan Program Funds		\$		E. Other		\$
C. Other		\$		TOTAL		\$
Use of Funds	Source A	Source B	Source C	Source D	Source E	Total Cost
Land Acquisition	\$	\$	\$	\$	\$	\$
Building Construction	\$	\$	\$	\$	\$	\$
Building Purchase	\$	\$	\$	\$	\$	\$
Site Improvement	\$	\$	\$	\$	\$	\$
Machinery/Equipment	\$	\$	\$	\$	\$	\$
Inventory	\$	\$	\$	\$	\$	\$
Working Capital	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$

Note: Attach a complete description of the use of the North Dakota Development Fund, Inc. (NDDF) funds (i.e. list of Machinery & Equipment to be purchased, description of building to be purchased or erected and inventory purchased).

Key Advisors

	Name	Firm/Company	Address
Attorney			
Accountant			
Insurance Agent			

Summary of Collateral	Present Market Value	Present Mortgage Balance	NDDF Collateral Position
A. Land and Building	\$	\$	
B. Machinery & Equipment	\$	\$	
C. Furniture & Fixtures	\$	\$	
D. Accounts Receivable	\$	\$	
E. Inventory	\$	\$	
F. Other	\$	\$	
TOTAL COLLATERAL	\$	\$	
Primary Source of Repayment (Describe)			

Present Indebtedness: Business Debts, Contracts, Notes and Mortgages Payable

Owed To	Original Amount	Original Date (MM/DD/YYYY)	Present Balance	Rate of Interest	Maturity Date (MM/DD/YYYY)	Monthly Payment	Security	Status (Current/ Delinquent)
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		
	\$		\$			\$		

Note: Please retain copies for yourself and for your financial institution/development agency.

Present Banking References

Financial Institution	City/State	Type of Account	Account Number(s)	Contact Person	Telephone Number

Trade References

Trade Supplier	Address	Materials and Products Supplied

Management (Officers, Directors, Owners/Investors, etc.)

Name and Title	Address	Percentage Ownership

Program Criteria

The following criteria have been addressed in the application and are for you information:

1. The maximum award is \$100,000.
2. The business must be a Licensed Child Care Business. Provide copies of the following:
 - a. License(s) to operate in the State of North Dakota;
 - b. Other documentation to support approval;
 - c. History of Licensed Child Care.
3. Approved use of funds as a Child Care Provider are:
 - a. Equipment
 - b. Real Estate
 - c. Working Capital
4. Larger funding requests may require additional information.

**NOTE: THE FOLLOWING EXHIBITS MUST BE COMPLETED WHERE APPLICABLE.
ALL QUESTIONS ANSWERED BECOME PART OF THE APPLICATION**

1.	If your collateral consists of (A) Land and Building, (B) Machinery and Equipment, (C) Furniture and Fixtures, (D) Accounts Receivable, (E) Inventory, (F) Other, please provide and itemized list labeled Exhibit A that contains serial and identification numbers of all articles that have a value greater than \$500. Include a legal description of Real Estate offered as collateral.	
2.	Furnish a signed current personal balance sheet and three years of tax returns for each stockholder (with 20% or greater ownership), partner, officer and owner. Social Security number should be included on personal financial statement. It should be as of the same date as the most recent business financial statements. Label as Exhibit B .	
3.	Do you have any co-signers and/or guarantors for this loan? If yes, please submit their names, addresses, tax ID numbers, three years of tax returns and a current personal balance sheet(s). Label as Exhibit C .	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you buying machinery or equipment with the proceeds? If yes, you must include a list of equipment and cost as quoted by the seller and a purchase invoice. Label as Exhibit D .	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you, or has any officer of your company ever been involved in bankruptcy or insolvency proceedings? If yes, please provide details. Label as Exhibit E .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you or your company been involved in any lawsuits or are you or your company involved in any pending lawsuits? If yes, please provide details. Label as Exhibit F .	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Does your business, its owners or majority stockholders own or have a controlling interest in other businesses? If yes, please provide their names and the relationship with your company along with a current balance sheet and operating statement for each. Label as Exhibit G .	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you buy from, sell to or use the services of any concern in which someone in your company has a significant financial interest? If yes, provide details on a separate page. Label as Exhibit H .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Attach a copy of funding commitments from each source of funding, including matching funds and any state funds received. Label as Exhibit I.	
10.	Are any current business loans delinquent? If yes, describe on separate page. Label as Exhibit J .	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are any of the company's principals related to or doing business with any North Dakota Development Fund, Inc. staff or Board member? If yes, describe on separate page. Label as Exhibit K .	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are there any judgments against you? If yes, list separately. Label as Exhibit L .	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Attach a full business plan. Label as Exhibit M .	
14.	Are you a licensed child care business? If yes, provide copies of the license(s) to operate, other support documentation, and history of Licensed Child Care. Label as Exhibit N .	<input type="checkbox"/> Yes <input type="checkbox"/> No

The undersigned specifically acknowledge(s) that: (1) A misrepresentation, false statement, or omission in connection with this application could result in a violation of applicable law, which may subject an Applicant to civil and criminal penalties including imprisonment, fines, and/or other consequences. The information provided in this application, along with any other information provided to the North Dakota Development Fund, Inc. (NDDF) in connection with the application, whether now or in the future, and whether submitted on any document, financial statement, schedule, or otherwise (the application and other information may be collectively referred to as the "Application"), is provided to NDDF for the purpose of obtaining credit or other benefits. I/We acknowledge that representations, information, and documents provided to NDDF will be relied on in its decision to grant credit or other benefits. I/We represent and warrant that each and every aspect of the Application is true and correct in every detail and accurately represents the financial condition as of the statement date. I/We agree to promptly notify NDDF and fully disclose each and every event, circumstance, or occurrence after the date of the Application that may make any aspect of the Application false, inaccurate, incomplete, and/or misleading. I/We authorize NDDF to obtain a credit report, make all inquiries deemed necessary by NDDF to make efforts to verify the accuracy of the information contained in the Application, and to otherwise determine the creditworthiness of the/an Applicant. I/We acknowledge that any misrepresentation, false statement, or omission in connection with the Application can be a violation of applicable law and may result in a fine, imprisonment, and/or other civil or criminal consequences; (2) NDDF, its agents, successors and assigns will rely on the information contained in the application and I/We have a continuing obligation to amend and/or supplement the information provided in this application, if any of the material facts which I/We have represented herein should change prior to closing; (3) in the event my/our payments indicated in this application become delinquent, NDDF, its agents and assigns may, in addition to all their other right and remedies, report my/our name(s) and account information to a credit reporting agency.

PRIVACY ACT INFORMATION

Your social security number is requested to enable the North Dakota Development Fund, Inc. (NDDF) to conduct a proper credit check pursuant to N.D.C.C 10-30.5-13 for determining whether the applicant is eligible for NDDF funding. Disclosure of your social security number is voluntary. However, if you do not provide your social security number, the NDDF may be unable to conduct a credit check and may decline to process the NDDF application.

I/We authorize the North Dakota Development Fund, Inc. to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the credit worthiness of the undersigned.

I/We certify that the information provided in this application is true and correct as of this date and understand the conditions set forth in this application.

Applicant (please print)	Financial Institution/Developer (please print)
Authorized Signature	Authorized Signature
Date	Date

Instructions for Applicant:

Submit the supporting documentation and the completed application by email to smattson@nd.gov

For more information on the North Dakota Child Care Loan Program, including additional requirements, please visit: <http://www.legis.nd.gov/cencode/t10c30-5.pdf> (see § 10-30.5-02).

If you have any questions...

Call: 701-328-7252

Email: smattson@nd.gov

Visit: belegendary.link/North-Dakota-Development-Fund