**Microlending and Community Development Capital Program**

**Application and Narrative**

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| Organizational Information |
| Organization Name |  |
| EIN Number |  |
| Contact Name & Title |  |
| Email Address |  |
| Phone |  |
| Fax |  |
| Web Address |  |
| Mailing Address | Physical Address (if different) |
| Are you a registered CDFI or CDC? (Yes/ No) |  |
| Amount of grant funds requested |  |
| Amount of non-state matching funds to be leveraged  |  |

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| Application Narrative |
| *Please provide a narrative overview of the proposed use of Commonwealth grant funds.**.* |
| *Project Goals and Intended Outcomes* |
| *Budget Narrative*  |
| *Describe your organization’s experience supporting small businesses.* |
| *What is your organization’s annual small business financing volume?* |
| *Please describe the region the applicant intends to work in, and briefly detail how this grant application responds to the region’s specific economic needs.* |
| *Briefly demonstrate impactful and responsible lending policies, strong internal financial controls, and the financial health and soundness of the applicant. Applicants may attach an independent auditor’s review of an annual report and financial statements, in lieu of a narrative response to this question.*  |
| *Describe the types of small business finance activity your organization typically engages in.*  |
| *If applicant has received funding previously from either line item, please attach most recent report describing the outcomes of that grant.* |
| **If applying for $125,000 in matching grants, please answer questions below.** |
| *Please detail the match the applicant proposes to apply to the Commonwealth’s funds. A minimum match of one-to-one is required; applications that significantly exceed a factor of one-to-one will be more competitive. For each source of matching funds, including competitive federal programs, please indicate whether the match has been secured, or is pending.* |
| *Please detail the proposed use of the combined Commonwealth and matching funds, in small business financial products.*  |
| *Please detail how the proposed use of funds will address barriers to capital access for small business.*  |

**Please email this completed application, and any supplemental information, including the applicant’s most recent annual report and audited financial statement, to** **michael.spicer@state.ma.us****.**