**Microlending Program**

**Application and Narrative**

|  |  |  |
| --- | --- | --- |
| 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 CDCP grant funds requested | |  |
| Amount of non-state matching funds to be leveraged by CDCP grant | |  |

|  |
| --- |
| Application Narrative |
| *Please provide a brief narrative overview of the proposed use of Commonwealth grant funds, in addressing barriers to small business capital, and promoting regional community development****.***  *.* |
| *Describe your organization’s experience supporting small businesses.* |
| *What is your organization’s annual small business financing volume?* |
| *Describe the types of small business finance activity your organization typically engages in.* |
| *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 capital pool, including Commonwealth and matching funds, in small business financial products.* |
| *Please detail how the proposed use of the capital pool addresses barriers to capital access, small business growth, and community development in the applicant’s region.* |
| *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 describe the anticipated impact, on small business capital access and community development, of the capital pool that the Commonwealth’s grant funds would support.* |
| *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.* |

**Please email this completed application, and any supplemental information, including the applicant’s most recent annual report and audited financial statement, to** [**michael.spicer@mass.gov**](mailto:michael.spicer@mass.gov) **by September 21, 2018 at 4PM.**

Thank you for your interest in the Microlending Program.