**APPLICATION**

This application is the first step in requesting a loan under the Energize Microloan Fund for the Arts Microloan Fund, a cooperative program offered by ArtsBuild Ontario and Community Forward Fund.

The information you provide will assist us in the evaluation of your needs so we can tailor the loan to your organization. Please answer all questions as completely and accurately as possible.

You can send this completed application, any requested attachments and your $250 non-refundable application fee (payable to Community Forward Fund) to ArtsBuild Ontario.

You can contact **Lindsay MacDonald 519.880.3670 x102** with questions. We look forward to hearing from you.

1. **ORGANIZATION INFORMATION**
   1. Legal Name of Organization: Click here to enter text.
   2. CRA Business #: Click here to enter text.
   3. Charity / Not for Profit: Click here to enter text.
   4. Address: Click here to enter text.

City: Click here to enter text. Province: Click here to enter text.

Postal Code: Click here to enter text.

* 1. Date organization was founded: Click here to enter text.
  2. Website: Click here to enter text.
  3. Contact Name: Click here to enter text.

Title: Click here to enter text. Phone: Click here to enter text.

Fax: Click here to enter text. Email:Click here to enter text.

* 1. Executive / Managing Director:Click here to enter text.

Title: Click here to enter text. Phone: Click here to enter text.

Email: Click here to enter text.

* 1. Number of staff employed by the organization: Click here to enter text.

Full-time: Click here to enter text. Part-time: Click here to enter text.

Full Time Equivalent: Click here to enter text.

1. **BRIEF OVERVIEW OF YOUR ORGANIZATION**
   1. Please describe your organization and its core programs.
   2. Number of clients/patrons served last fiscal year: Click here to enter text.
   3. Annual revenue projected in operating budget: Click here to enter text.
2. **LOAN** **REQUEST**
3. How much do you wish to borrow (maximum $5,000)? Click here to enter text.
4. Why are the funds needed?Click here to enter text.

Energy Savings Upgrades

Undertake Energy Audits or related studies

Develop a Business Case for Energy Retrofits of Facilities

Other

1. When will the funds be needed?Click here to enter text.
2. Requested time period for loan repayment (maximum 24 months) Click here to enter text.
3. What are the sources of funding for repayment of this loan? (check all that apply)Click here to enter text.

Cash from operations

Fundraising

Grant

Contract

Community Development

Other

1. **FINANCIAL INFORMATION**

P

1. Please provide copies of your last three (3) years financial statements as well as your most recent internally prepared operating statement.
2. Please provide a copy of your operating budget (income and expense projection) for the current fiscal year. If your organization is in the final quarter of its current fiscal year, please include the budget for next year. This will include a cash flow projection of operating revenues and expenses by month.
3. Does your organization have outstanding debt or a line of credit? Yes  No

If yes, please complete **Attachment A: Outstanding Debt**

1. Has your organization borrowed funds, received funding from foundations, or been awarded contracts from government agencies at any time in the past? Yes  No

If yes, please complete **Attachment C: Bank and Funder Reference**

1. **DOCUMENTATION**

The requested documents allow us to better assess your application. Please check the box next to all documents that are available to your organization and submit them with your application. Documents that are not available at this time may be requested during the underwriting process. We request that all materials that are available in electronic form be submitted via email.

1. General Information

Organization’s mission statement and By-laws

List of board of directors, including board member professional affiliations, officers, length of service, and committee assignment

Resumes or bios for key management

List of outstanding debt, facilities owned, references (Attachment A,B,C)

Government contracts

Grant award letters and pledges

Strategic Plan

In addition to the information requested above, please provide the information detailed below as appropriate:

1. Use of Energize Microloan Fund Proceeds:

Description of the program (what is the money being spent on?)

Information on demonstrated need for the program

Budget for proposed program with narrative detail

Benefits of program

1. Will you be taking advantage of any saveONenergy incentives? If so, please indicate which ones you will be accessing.

Retrofit Program

Lighting Incentive

Audit Funding

Other

Please return your completed form, attachments listed below and $250 application fee(made payable to Community Forward Fund) to: **lindsay@artsbuildontario.ca**

1. **CERTIFICATION**

Your board of directors has authorized this application: Yes  No

The information provided on this application and the accompanying documents are, to the best of my knowledge and belief, true, correct and complete.

Click here to enter text. Click here to enter text.

Name of Authorized Official (please print) Signature

Title: Click here to enter text. Date: Click here to enter text.

**ATTACHMENT A**

**Outstanding Debt**

1. **OUTSTANDING DEBT**

(Please make additional copies of this page if necessary)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Lender Name | Type of Debt | Date of Loan | Original Amount | Interest Rate | Amount Outstanding | Collateral | Maturity Date |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Do any of the loans listed above have any prohibitions, conditions or limitations on debt? If yes, please explain.

Click here to enter text.

**ATTACHMENT B**

**Facilities Owned**

1. **CURRENT FACILITIES INFORMATION**

Please complete the following chart as it relates to all facilities owned or leased.

(Please copy and attach additional sheets if necessary)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Address of Facility | Use of facility  i.e. office, program, residential, public | Total Sq. Ft. | Annual energy consumption  i.e. yearly cost of utilities | Name of lender (if owned) | Annual rent  (If leased) | Security for a loan? (refer to above chart to identify loan) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**ATTACHMENT C**

**References**

1. **BANK AND FUNDER REFERENCES**

Please provide names and contact information for banks and funders whom CFF may contact for references. Funders may include foundations and government agencies as appropriate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bank or Funder Name | Address | Contact name | Contact telephone number | Relationship | Length of relationship | Current Funder or Lender (Y/N) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |