



# S.A.F.E.

Southern Association for Financial Empowerment

## BRIDGE LOAN APPLICATION

- For advances against slow-paying contracts or grants*
- Secured by invoices, contracts, grants or endowment*
- This application applies to 501(c)3 organizations only*
- \$100 non-refundable application fee. This fee will apply towards the origination fee if the loan is approved.*

APPLICANT INFORMATION		
Legal Name of Applicant (Borrower):		
Street Address		
City	State	Zip
Phone	Fax	Email
Federal Tax Identification Number:		
1 <sup>st</sup> Contact Person Name & Title		Phone
2 <sup>nd</sup> Contact Person Name & Title		Phone
Organization Type:    Nonprofit            Government Entity		

BRIDGE LOAN REQUEST	
Requested Loan Amount (\$10,000 maximum):	\$
Requested Loan Term (6 months maximum):	

BRIDGE LOAN USE OF PROCEEDS		
<u>Type of Expense</u>	<u>Payee</u>	<u>Amount (\$)</u>

**Describe why a Bridge Loan is Needed:**

**BRIDGE LOAN REPAYMENT ANALYSIS**

**Source of Committed Contract/Grant: #1:**

**Amount of Contract/Grant:**

**Anticipated Award Date:**

**Contact Person at Contracting/Granting Agency:**

**Phone:**

**Source of Committed Contract/Grant: #2:**

**Amount of Contract/Grant:**

**Anticipated Award Date:**

**Contact Person at Contracting/Granting Agency:**

**Phone:**

***NOTE: If there are other Committed Contracts/Grants, please attach additional details to the application that includes the data fields above.***

**Describe how loan will be repaid from grant/contract proceeds:**

**Identify and describe your secondary source of repayment:**



<b>APPLICANT TRACK RECORD</b>		
Does your organization have a track record in executing projects similar to the proposed project? YES NO		
If not, have you secured resources (training, external expertise, etc.) to ensure your success in this new are of expertise? YES NO		
<b>CREDIT HISTORY</b>		
Name of Creditor/Grantor #1:		
Creditor Address:		
Amount Borrowed/Granted: Date Borrowed/Granted:	Amount Outstanding:	Loan Purpose:
Name of Creditor/Grantor #2:		
Creditor Address:		
Amount Borrowed/Granted: Date Borrowed/Granted:	Amount Outstanding:	Loan Purpose:
Name of Creditor/Grantor #3:		
Creditor Address:		
Amount Borrowed/Granted: Date Borrowed/Granted:	Amount Outstanding:	Loan Purpose:
<b>APPLICANT SIGNATURE AND AUTHORIZATION</b>		
Name of Authorized Applicant Representative: Title”		
Signature of Authorized Representative:	Date:	

Please mail your application and hard copy attachments to the following address:

**Southern Association for Financial Empowerment  
P.O. Box 5597 Columbia, South Carolina 29250-5597**

Where possible, please email attachments (as opposed to hard copies) to the following email address: [tammy@SAFECDFL.org](mailto:tammy@SAFECDFL.org)

**Please direct inquiries to: Tammy Stevens Wilson 803-324-0679**

# BRIDGE LOAN APPLICATION CHECKLIST

Please attach the following information:

## APPLICANT INFORMATION

A brief narrative outlining the mission of the organization (include brochures, annual reports, newsletters and other marketing materials).

Year-to-date financial statement (unaudited) with comparison to year-to-date budget.

Organizational budget for the current and next (if available) fiscal years.

Projected monthly cash flow statement (for the requested bridge term) showing, as applicable, anticipated loan and grant draws and repayments.

Income tax returns (Form 990) for the last 3 fiscal years.

Financial audits for the last 3 fiscal years.

Copy of 501(c)3 tax status determination letter.

Copy of Articles of Incorporation and Corporate Bylaws.

## BRIDGE LOAN REPAYMENT ANALYSIS

Copy of executed contract/grant award/commitment letter for each proposed primary repayment source that clearly outlines the amount awarded, the reimbursement process and the date of funding award.

## PROJECT INFORMATION AND IMPACT SUMMARY

Complete the attached Projected Project Impact Analysis

Document. Copy of Project Budget.

Please provide pictures or other visual representations of your project.

## **APPLICANT TRACK RECORD**

**Please attach a brief narrative regarding your track record in executing projects similar to the proposed project. Be sure to include the names of the previous projects, dates completed and the impact generated. If you do not have a track record in the proposed project area, describe what particular efforts have been taken (training, procuring external expertise, etc.) to ensure the success of your proposed project.**

**List of Board of Directors including their occupations and addresses. Also please indicate minority and low/moderate income community representatives. Attach Résumés for key staff members.**

## **APPLICANT SIGNATURE AND AUTHORIZATION**

**Please complete the attached resolution authorizing your application. Please enclose a check for the \$100 application fee.**

## **Project Impact Analysis\***

*Please complete the fields below as applicable for your proposed project.*

Applicant Name:

Contact Name:

Contact Title:

Contact Phone:

Email:

Fax:

Project Name:

Project Address:

City:

State:

Zip:

### **Affordable Single Family Housing Development**

- # Units Created (Total)
- # Units Targeted to Persons at 80% Area Median Income (AMI) or Below
- Average Annual Home Buyer Income for buyers at 80% AMI or Below
- “Green” or Environmentally Sensitive Design - YES or NO
- # First Time Home Buyers
- Average Size of Units
- Average Construction Cost Per Unit
- Average Sales Price Per Unit
- Down Payment Assistance Provided by Grantee? YES or NO
  - If yes, Average Amount of Down Payment Assistance Provided Per Buyer:

### **Affordable Rental Development**

- # Units Created (Total)
- # Units Targeted to Persons at 80% AMI or Below
- Average Construction Cost Per Unit
- Average Monthly Rent Per Unit for 1BR \_\_\_\_\_  
Average Monthly Rent Per Unit for 2BR \_\_\_\_\_  
Average Monthly Rent Per Unit for 3BR \_\_\_\_\_
- Average Annual Renter Income for Renters at 80% AMI or Below
- Green” or Environmentally Sensitive Design? YES or NO

### **Housing Rehabilitation**

- # Single Family Units Rehabilitated for Persons 80% AMI or Below
- # Rental Units Rehabilitated for Persons 80% AMI or Below
- Green” or Environmentally Sensitive Design? YES or NO
- Average Cost of Rehabilitation Per Unit
- Amount of Grant Proceeds (from us) Invested in Rehabilitation Per Unit

### **Commercial or Retail Development**

- Total Square Footage of Development
- Total Tenants (Actual or Planned)
- # Small or Minority Businesses Tenants
- Total Development Cost Per Square Foot
- Projected Annual Rents Per Square Foot

### **Individual Development Accounts (IDA)**

- # IDA Accounts Established
- \$ Amount of IDA Accounts Established
- Distribution (#) of IDA Accounts for Automobile Purchases
- Distribution (#) of IDA Accounts for Small Business Investments
- Distribution (#) of IDA Accounts for Home Purchases
- Distribution (#) of IDA Accounts for Secondary Education

### **Small Business Development**

- # Small Business Incubators Established
- # Small Business Owners Trained/Assisted
- # Small or Minority- Owned Business Trained/Assisted
- \$ Loans Provided to Small Business Owners
- # of New Small Businesses Established
- Estimated Number of Jobs Created/Maintained

### **Workforce Development**

- # Workers Trained
- Average Cost of Workforce Development Training
- # of Jobs Attained by Workforce Development Training Participants

### **Job Creation**

# Jobs Created/Retained (include narrative regarding the basis for projections)

### **Other Impacts (Please quantify and describe below):**

**Resolution Authorizing Application**

**SECTION 7: RESOLUTION  
(To Apply For and Accept SAFE Funds)**

**WHEREAS,** \_\_\_\_\_ (the applicant) desires to apply for and obtain a \_\_\_\_\_ loan from the Southern Association for Financial Empowerment (SAFE) in the amount of \$ \_\_\_\_\_ for the purpose of \_\_\_\_\_ (project activity) in the \_\_\_\_\_ (project name) ;

**BE IT THEREFORE RESOLVED,** that \_\_\_\_\_ (the applicant) does hereby authorize the application for and the execution of a contract for the receipt of such a loan, grant and does further, upon the execution of such a contract, authorize the expenditure of such funds pursuant to the terms of said contract between the applicant and SAFE.

**BE IT FURTHER RESOLVED** that the persons whose names, titles and signatures appear below are authorized to sign the application and that they or their successors in said titles are authorized to sign the contract and any other documents necessary in connection therewith:

**SIGNED:** \_\_\_\_\_

**NAME**

\_\_\_\_\_

**TITLE**

**SIGNED:** \_\_\_\_\_

**NAME**

\_\_\_\_\_

**TITLE**

I, \_\_\_\_\_ (Name of Secretary, CFO), hereby certify that at a meeting of the \_\_\_\_\_ (Governing Body) held on \_\_\_\_\_ (Date) the above resolution was duly adopted.

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**SEAL OR NOTARY**