



VHCDP Community Loan Program Application

Instructions

The following information is needed for VHCDP to process a loan application. The application form should take about 20 minutes to complete once you have collected all required information and materials. This completed application form, along with required support documents (in pdf format) should be emailed to info@vhcdp.org, or mailed to VHCDP, PO Box 96, Vinalhaven, ME 04863.

A representative from VHCDP will contact you within two weeks to confirm receipt of your application. If additional information is needed to evaluate your application, we will contact you. All personal, financial, and business plan information you provide to VHCDP is kept confidential and will be not shared with outside parties without your consent.

If you need assistance with the application process, or have questions about the loan program, please contact us at info@vhcdp.org.

Section 1: Business Information

Company name

Company website

Mailing Address

Contact last name

Contact first name

Contact Email

Phone

Loan amount requested

Purpose of loan



Section 2: Business Description

Briefly describe your business (attach a business plan in section 3):

Please describe the challenges your business faces.

VHCDP's mission is to support community cohesion, resiliency, and economic growth. How does your business provide a community benefit?



Section ' : Additional Information

We ask for the following information to better understand the needs of island businesses. Do you or your business have...

Yes No

Bookkeeping software?

Health insurance for yourself?

Health Insurance for employees?

Business Liability Insurance?

Workers Comp insurance?

Does you pay Sales tax?

Section 5: Signature

By signing this loan application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

The undersigned applicant hereby authorizes the Vinalhaven Community Development Partnership ("VHCDP") or any of its affiliates or representatives to:

- make all inquiries it deems necessary, including business counselors, consultants and partnering agencies, to verify the accuracy of the information provided herein and to determine its correctness
- publicly share information regarding the name of your business and the timing and amounts of any loans made by VHCDP.

Signature

Date:

(mm/dd/yyyy)

(Click to create a digital signature, or print out and sign)



New Business Plan Worksheet

Expected Annual Revenue: \$ _____

How much income do you expect to make once the business is underway:

Per month: \$ _____ Per job/contract (if applicable): \$ _____

What is your anticipated number of employees? _____

Is your business seasonal? _____ Yes _____ No

If yes, how many months a year will you operate? _____

How do you expect your revenue to vary in the winter versus summer months?

Do you have a list of potential customers? _____ Yes _____ No

What other businesses on the island offer the same service(s) or products?

Have you already leased or bought a location for your business? _____ Yes _____ No

Estimated monthly expenses:

Loan payments:	
Insurance:	
Rent:	
Utilities:	
Operating expenses:	
Employees:	
Contract workers:	
Other:	
Total:	