



### Supplemental Information for Gulf Opportunity Pilot Loan Program (to be completed by lender and submitted to SBA through E-tran)

Small Business Borrower Name: _____					
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Other	

Trade Name (dba): \_\_\_\_\_ (if no trade name, enter "NA")

Borrower Contact:  Mr  Ms First \_\_\_\_\_ MI  Last \_\_\_\_\_

Borrower Street: \_\_\_\_\_

Borrower City: \_\_\_\_\_ Borrower County: \_\_\_\_\_

Borrower State : \_\_\_\_\_ (2 letter abbrev.) Borrower Zip Code: \_\_\_\_\_

Borrower Phone # \_\_\_\_\_

Borrower Tax ID #: \_\_\_\_\_ (if available)

#

Owners SS #: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Lender Name: \_\_\_\_\_ Lender ID #: \_\_\_\_\_

Loan Amount: \$ _____	SBA Guaranty % _____	Loan Term in # of Months: _____
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Interest Rate: <input type="checkbox"/> Variable <input type="checkbox"/> Fixed	<input type="checkbox"/> Prime rate* = _____ + Spread _____ = Variable Interest Rate: _____
	<input type="checkbox"/> LIBOR (1 month) + 3.0% * = _____ + Spread _____ = Variable Interest Rate: _____
	<input type="checkbox"/> SBA Peg Rate * = _____ + Spread _____ = Variable Interest Rate: _____
	<input type="checkbox"/> Fixed Base Rate* = _____ + Spread _____ = Fixed Interest Rate: _____
*in effect on the first business day of the month as identified in a national financial newspaper or SBA publication	

Exporter? Yes  No  If yes, amount in export sales applicant has projected loan will support \$ \_\_\_\_\_

<input type="checkbox"/> New Business (2 years or less)	<input type="checkbox"/> Existing Business (more than 2 years old)	<input type="checkbox"/> Change of Ownership***
<input type="checkbox"/> All Outstanding SBA Loans: _____		
<input type="checkbox"/> Loan is Collateralized		
<input type="checkbox"/> Rural <input type="checkbox"/> Urban (business location)		

NAICS Code: \_\_\_\_\_  New Construction? If checked, amount: \$ \_\_\_\_\_

# of employees prior to loan \_\_\_\_\_ # of jobs created because of loan \_\_\_\_\_ # of jobs retained because of loan \_\_\_\_\_

Franchise Franchise Name: \_\_\_\_\_

Veteran**	1=Non-Veteran; 2=Veteran-Other; 3=Service-Disabled Veteran; 4=Not Disclosed.						
Patriot Express*	Codes on next page. Each eligible owner must be identified with one of these codes.						
Gender**	M=Male; F=Female; N=Not Disclosed						
Race**	1=American Indian or Alaska Native; 2=Asian; 3=Black or African-American; 4=Native Hawaiian or Pacific Islander; 5=White; X=Not Disclosed						
Ethnicity**	H=Hispanic or Latino; N=Not Hispanic or Latino; Y=Not Disclosed						
Owner #	% Owned *	Veteran	Patriot Exp.*	Gender	Race	Ethnicity	Please reference the above codes to complete this table for each 20% or greater owner of the applicant business. More than one race may be selected.

**\*\* The gender/race/ethnicity/veteran data is collected for statistical purposes only. Disclosure is voluntary and has no bearing on the credit decision.**

Were any other SBA loans with maturities of more than 12 months made to the borrower in the last 90 days? If so, please complete for each loan	SBA Loan #	SBA Approval Date	Loan Amount	SBA Guaranty %	Term (in months)

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Borrower Name:

Use of Loan Proceeds	Amount (Total Dollars)
Purchase Land only	\$
Purchase Land and Improvements	\$
Purchase Improvements only	\$
Construct a Building	\$
Add an Addition to an Existing Building	\$
Make Renovations to an Existing Building	\$
Pay Off Interim Construction Loan	\$
Pay Off Lender's Interim Loan	\$
Leasehold Improvements	\$
Purchase Equipment	\$
Purchase Furniture and Fixtures	\$
Purchase Inventory	\$
Pay Trade or Accounts Payable	\$
Pay Notes Payable – not Same Institution Debt	\$
Pay Notes Payable – Same Institution Debt	\$
Purchase Business (Change of Ownership) – ***Complete Page 3	\$
Refinance SBA Loan	\$
Working Capital	\$
SBA Guaranty Fee	\$
Other – Explain _____	\$
<b>Total</b>	<b>\$</b>

Revolving Line of Credit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Eligible Permanent Business Address: (Complete if different from current business address.)	(Street number and name)	(City)
	(County/Parish)	(State/Zip Code)

Lender Contact:     Mr     Ms    First  MI  Last

Lender Contact Phone #:     Lender Contact Fax #:

**\*\*\*Complete the following for a Change of Ownership of the Business**

	<u>Total Dollar Amount</u>
Total Amount Paid to Seller	\$
Sources:	
7(a) Loan	\$
Seller Financing – Amt. on full standby for at least 2 yr.	\$
– Amount <u>not</u> on full standby	\$
Buyer's Equity Contribution:	
<input type="checkbox"/> Cash Describe source: _____	\$
<input type="checkbox"/> Borrowed	\$
<input type="checkbox"/> Other Describe: _____	\$
Assets Purchased: ( <u>Net Book Value</u> except where indicated)	
Accounts Receivable	\$
Inventory	\$
Real Estate	\$
	Check one: <input type="checkbox"/> Book Value <input type="checkbox"/> Appraised Value
Machinery and Equipment	\$
	Check one: <input type="checkbox"/> Book Value <input type="checkbox"/> Appraised Value
Furniture and Fixtures	\$
Intangible Assets**	\$
Other: Describe _____	\$
<b>**Breakdown of Intangible Assets (if available):</b>	
Covenant not to compete	\$
Customer/client list	\$
License (liquor, FCC, etc)	\$
Franchise rights, patents, trademarks, etc.	\$
Goodwill	\$
Other: Describe _____	\$

Complete the following when an Independent Business Valuation is required by SOP 50 10 5:

Appraiser's Conclusion or Summary of Value: \$ \_\_\_\_\_

Name of Business Appraiser (person): \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Check qualification(s) of the Appraiser:

- Accredited Senior Appraiser (ASA)
- Certified Business Appraiser (CBA)
- Accredited in Business Valuation (ABV)
- Certified Valuation Analyst (CVA)
- Accredited Valuation Analyst (AVA)
- Certified Public Accountant (CPA) that performs the business valuation in accordance with the "Statement on Standards for Valuation Services"

Will a business broker receive a commission from the sale of the business?  Yes  No

If yes: Name of Business Broker (person): \_\_\_\_\_ Commission: \$ \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 15 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington DC 20416. **PLEASE DO NOT SEND FORMS TO THIS ADDRESS.**