



**COASTAL
ENTERPRISES
INC.**

INSTRUCTIONS

Please complete this application and provide the information requested on the business plan checklist. Financing needs are reviewed by CEI staff and/or Board of Directors' Investment Committee. Initial response to a request is made within 10 days; closing may take up to 90 days.

All materials submitted to CEI in connection with your loan application shall become the property of CEI, unless otherwise requested and shall be retained or destroyed in accordance with CEI's file retention policy.

**CHILD CARE SERVICES
APPLICATION FOR FINANCING**

I. INFORMATION ABOUT YOU

Name: _____ Telephone: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

If less than three years, please provide prior address(s): _____

Please check if you: Own ___ Lease ___ Rent ___ Soc. Sec. #: _____ Date of Birth: _____

E-mail: _____ How did you hear about CEI? _____

II. INFORMATION ABOUT YOUR BUSINESS

Name of Business: _____ County: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Website: _____ E-mail: _____

Manager: _____ Telephone: _____ FAX: _____

Secondary Contact Person: _____ Telephone: _____

Type of Entity (check one): Sole Proprietorship ___ Partnership ___ S Corp ___ C Corp ___ Nonprofit ___

Date Established: _____ IRS Employer I.D. #: _____

III. BUSINESS OWNERSHIP List the names of all owners (having 20% or greater interest), officers, and/or partners. Provide the percent of ownership and annual compensation. (Attach additional pages if necessary.)

Name and Title: _____ % of Ownership: _____

Address: _____ Annual Compensation: _____

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Address: _____ Annual Compensation: _____

IV. EXISTING BUSINESS LOCATIONS

Address: _____

Square Feet: _____ Monthly Payment: _____ Replaced by new facility? _____

Address: _____

Square Feet: _____ Monthly Payment: _____ Replaced by new facility? _____

V. REFERENCES

Bank name: _____ Acct.#: _____ Acct. Officer: _____ Phone: _____

Attorney: _____ Firm Name: _____ Phone: _____

Accountant: _____ Firm Name: _____ Phone: _____

Trade Reference: _____ Contact Person: _____ Phone: _____

VI. PROPOSED SOURCES AND USES OF FINANCING (Please be specific)

<u>Sources</u>	<u>Uses</u>
Bank _____	Land _____
CEI _____	Buildings _____
Equity _____	Equipment _____
Owner Cash Contribution _____	Working Capital _____
Other _____	Other _____
Total Project \$ _____	Total Project \$ _____

VII. SUMMARY OF COLLATERAL

Please list for each asset.

Present Market Value _____ Outstanding Debt or Leases _____

Land & Bldgs _____

Inventory _____

Accts. Receivable _____

Machinery/Equipment _____

Furniture & Fixtures _____

Other _____

VIII. BUSINESS EMPLOYMENT AND BENEFITS

Current Employment: # Full-Time _____ # Part-Time _____
(Full-time= 35 or more hrs/week) (Part-time= less than 35 hrs/week)

Minimum Starting Wage: Full-Time \$ _____ Part-Time \$ _____

Projected Employment Increases Over Next 12 Months:
Full-Time _____ # Part-Time _____

F/T Worker Benefits: (check if applicable)

Paid Holidays _____ Paid Vacation _____ Paid Sick Days _____

S/T Disability _____ L/T Disability _____ Life Insurance _____

Health Insur. _____ Dental Insur. _____ Child Care _____

Education _____ Pension/Profit-Sharing _____

Health Insurance for Employees: % of Employee Benefits _____% % of Dependent Benefits _____%

The Federal Equal Credit Opportunity Act Prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); and because all or parts of the applicant's income is derived from any public assistance program; or because the applicant has, in good faith, exercised any rights under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes that he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, DC 20580.

I/We understand that by signing this application I/we authorize CEI to make inquiries as needed to verify the accuracy of the information and to determine creditworthiness. I/We certify the information is true and accurate and is provided for the purpose of obtaining a loan. CEI will maintain the confidentiality of this information and it will not be released without authorization.

If Applicant is proprietor or general partner, sign here.

_____ Date

If Applicant is a corporation, sign here.

_____ Corporate Name

_____ Signature of President or duly authorized officer Date

Personal Information of Business Owner					
<i>(This information is not required but is requested for statistical purposes. It will not affect your ability to receive a loan from CEI.)</i>					
___ N/A		___ I do not wish to complete			
Marital Status		Your Gender		Number in Household	
Single	___	Female	___	Children	___
Married	___	Male	___	Adults	___
Race/Ethnicity				Education	
Black	___	American Indian	___	Some H.S.	___
Hispanic	___	Eskimo/Aleut	___	2-yr. college	___
White	___	Multi-Group	___	HS/GED	___
Puerto Rican	___	Asian/Pacific Is.	___	Vocational	___
degree	___			Some college	___
				Grad.	___
Veteran Status					
Non-Veteran	___				
Vietnam Veteran	___				

Send all information to:

Coastal Enterprises, Inc.
36 Water Street, POB 268, Wiscasset, ME 04578-0268
Or FAX: 207/882-5047
Or e-mail to Tyrell Russell, Loan Administrator, tar@ceimaine.org
www.ceimaine.org

Section 3. Stock and Bonds Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.

Number of Shares	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/ Exchange	Total Value

Section 4. Real Estate Owned List each parcel separately. Use attachments, if necessary. Each attachment must be identified as a part of this statement and signed.

	Property A	Property B	Property C
Type of property			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
Address of mortgage holder			
Mortgage account number			
Mortgage balance			
Payment amt. per month/yr.			
Status of mortgage			

Section 5. Other Personal Property and Other Assets Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.

Section 6. Unpaid Taxes Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.

Section 7. Other Liabilities Describe in detail.

Section 8. Life Insurance Held Give face amount and cash surrender value of policies, name of insurance company, and beneficiaries.

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the statements contained herein and in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand that falsifying statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 10001).

Signature Date Social Security Number

Signature Date Social Security Number

BUSINESS PLAN CHECKLIST

Please provide the following information. Please note in the space next to each item whether the information requested is either included in the business plan (BP), or not applicable (N/A).

- 1. A history of your company and description of your business, including the products and/or services offered. List of key management, title, and years with business.

- 2. A paragraph describing the amount of financing you seek, the specific uses of the money and its expected benefits.

- 3. A marketing plan and a description of your market(s), including geographic and key customers.

- 4. An analysis of present and future competition in the market.

- 5. Financial information:
 - a. Current Balance Sheet
 - b. Year-to-date Profit and Loss Statement
 - c. Tax returns for the past three years
 - d. Cash flow projections (one year) by month
 - e. Aging of accounts receivable and accounts payable

- 6. Resumes of all management.

- 7. If you are buying machinery or equipment with the money from this financing, include a list of the equipment and its cost.

- 8. A personal financial statement (see enclosed form), and the previous three years' personal tax returns for each stockholder, partner, or officer with 20% or greater ownership.

- 9. If you have any cosigners and/or guarantors for this financing application, please submit their names, addresses, personal financial statements, and the previous three years' personal tax returns.

- 10. If your business is:
 - ◆ a partnership, please provide a copy of your partnership agreement.
 - ◆ a limited marketing company, please provide a copy of the operating agreement.
 - ◆ a corporation, please provide a copy of the articles of incorporation.

- 11. If your business has any subsidiaries or affiliates, please provide their names and the relationship to your company, along with a current balance sheet and income statement for each.

- 12. Have you or any officers of your company ever been involved in bankruptcy or insolvency proceedings? (Check one) Yes No
If yes, please attach a description of the situation.

- 13. Are you or is your business involved in any pending lawsuits?
(Check one) Yes No If yes, attach the details.

- ____ 15. If you are buying a business, please include a purchase and sale agreement.
- ____ 16. If you had professional assistance in preparing this application, list the names, addresses and telephone numbers of those who helped you.
- ____ 17. Please provide a list of trade, bank and/or customer references. Include contact person and the account and telephone numbers.
- ____ 18. Other items requested by loan officer.

Construction or Renovation loans only:

- ____ 19. If you are doing a construction or renovation project, please include project bids and quotes and construction plans and specifications. An independent appraisal may be required during the application process.

Failure to include an item may result in a delay in processing your application.

Child Care Program Monthly Cash Budget Analysis

Name: _____

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Beginning Cash Balance													
Revenue Statistics:													
Number of Children													
	<u>Fees per child</u>												
Infants - F/T													
Infants - P/T													
Toddlers - F/T													
Toddlers - P/T													
Pre-K - F/T													
Pre-K - P/T													
Kindergarten													
School Age - F/T													
School Age - P/T													
Total # of Children													
Revenues:													
A) Infants - F/T													
B) Infants - P/T													
C) Toddlers - F/T													
D) Toddlers - P/T													
E) Pre-K - F/T													
F) Pre-K - P/T													
G) Kindergarten													
H) School Age - F/T													
I) School Age - P/T													
J) Other Income													
TOTAL REVENUES													

Child Care Program Monthly Cash Budget Analysis

Name:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NET PROFIT (LOSS)												
Cash Flow Summary:												
Net Profit (Loss)												
Other #1												
Other #2												
Gross Cash Flow												
Debt Service:												
CEI Loan												
Other Loan #1												
Other Loan #2												
Total Debt Service												
Net Cash Flow												
Ending Cash Balance												

