



MICRO LOAN PROGRAM LOAN APPLICATION 2023

Founded in 1989, the Black Economic Development Coalition, Inc. d/b/a Tools For Change has been committed to the economic development and empowerment of minority communities since its inception. Tools For Change is a non-profit organization dedicated to improving South Florida's urban community through economic development and entrepreneurial assistance.

From business development and financial assistance Tools For Change has been working for more than 15 years to provide future business men and women with the tools to create and maintain a prosperous business. Through various innovative business development programs Tools For Change aims to grow minority businesses and communities with South Florida.

APPLICATION PROCESS

If you are interested in a micro loan up to \$25,000.00 or less, please fill out the application form and return it to Tools For Change. Make sure that **"Other Application Items Required"** are included with your application package.

Loan applications submitted to Tools For Change are reviewed on a first come first serve basis. It is important that you submit all the requested information in order to expedite a decision on your loan request. Loan decisions are made on the basis of the following: *the businesses ability to create and/or provide a community service; the ability to hire/employ a low to moderate income person; the character and management ability of the principals; the cash flow available to repay the loan and collateral. Additionally, the owners of the business must also meet the low/moderate income requirements.* Please feel free to call Tools For Change with any questions.

Please submit a non-refundable application fee in the form of a money order of \$ 100.00 when you submit your loan application made payable to Tools For Change.

Please submit a \$30.00 non-refundable money order for the cost of the credit reports. Leave the made payable to blank.

*Tools For Change
5120 N.W. 24TH Avenue, Miami, Florida 33142 Telephone: (305) 200-5568*

Funded by: Miami-Dade County's Public Housing and Community Development



MICRO LOAN PROGRAM

UP TO \$25,000

LOAN APPLICATION CHECK LIST

Required Documentation	
	Loan Request Form/Application (Attached)
	Credit Report Service Request (Attached)
	Personal Financial Statement (Attached)
	Micro Loan Business Information (Attached)
	Cash Flow Projection (12 Months)
	Sources And Use Of Funds
	Personal Income Tax Documents (2 Years)
	Business Income Tax Documents (2 Years) & Financial Statements
	Business Bank Statements (Last 6 Months)
	Incorporation Documents
	Social Security Card
	Drivers License
	Proof Of Address (Current Utility Statement)
	Proof Of Citizenship (If Applicable)
	Resume (Sample Attached)
	Copy Of Contract
	Liability Insurance
	Basic Business Plan
	Occupational License
	Other: _____

Applicant's Name: _____



Loan Application

Date: _____ Loan Request Amount: \$ _____

Name of Principal: _____ Social Security Number: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cellular Phone: _____

E-Mail Address(es): _____

Drivers' License #: _____ U.S. Citizen Yes No

Type of Business: _____

Collateral: Yes No If yes type: _____

Name of Bank: _____ Checking Savings

Contact Name: _____ Contact Phone #: _____

Address: _____ City _____ State _____ Zip _____

REFERENCES: (Family members may not be used as references; References must be local Florida Residents)

Name				
Address		City	State	Zip
Telephone #				

Name				
Address		City	State	Zip
Telephone #				

Name				
Address		City	State	Zip
Telephone #				



<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership														
Borrower Information	Legal Name of Business:					DBA Name:								
	Mailing Address:					Location Address:								
	City			State		Zip		City			State		Zip	
	Business Phone ()			Fax Number ()			Length of Time in Business Yrs _____ mos _____			Average Monthly Sales \$ _____		Average Annual Sales Last 3 years \$ _____		
	Federal Tax ID Number			E-mail			Web Address WWW.			Contact Name				
	PRINCIPAL #1 Percentage of Ownership _____% Do you have ownership in any other companies/businesses? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, _____% owned.													
	Principal #1 Last Name			First Name				Middle Initial		Date of Birth				
Residence Address			City		State		Zip		<input type="checkbox"/> Rent Yrs _____ Mos _____ <input type="checkbox"/> Own Yrs _____ Mos _____					
Residence Telephone ()		Social Security Number - -			Drivers License Number		State/Expiration Date		Total Liquid Assets \$					
PRINCIPAL #2 Percentage of Ownership _____% Do you have ownership in any other companies/businesses? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, _____% owned.														
Principal #2 Last Name			First Name				Middle Initial		Date of Birth					
Residence Address			City		State		Zip		<input type="checkbox"/> Rent Yrs _____ Mos _____ <input type="checkbox"/> Own Yrs _____ Mos _____					
Residence Telephone ()		Social Security Number - -			Drivers License Number		State/Expiration Date		Total Liquid Assets \$					

Applicant authorizes Tools For Change to investigate and confirm the information herein and hereby certifies that all information provided including legal status, is true, correct and complete. Applicant authorizes Tools For Change to utilize credit bureau/reporting agencies and its own agents for purposes of verifying the accuracy of any information provided by Applicant and for purposes of assessing and monitoring applicants credit status. This application may only be modified as approved in writing by Tools For Change. By signing below I/We represent that the information presented on this application is complete and accurate, and that all loan proceeds will be used only for business related purposes. I also understand that should the loan payment become delinquent, Tools For Change reserves the right to assign this loan to the legal department to collect the amount in court as necessary.

Borrower Signature: _____ *Date:* _____

CO-Borrower Signature: _____ *Date:* _____



Business Information

1. Business Description: _____

2. Proposed service/product/industry (give a physical description): _____

3. Business Goals: _____

4. Brief Description of how funds will be used: _____

5. List of Management Team

NAME

TITLE

_____	_____
_____	_____
_____	_____
_____	_____

By signing below I represent that the information presented on this application is complete and accurate.

Witness:

_____	_____	_____	_____
Signature	Date	Signature	Date



Sources and Uses of Funds

OWNEREQUITY

Existing	\$
Cash in Bank	\$
IRA's	\$
CD's	\$
Other (stocks, bonds, etc.)	\$
	\$
Total	\$

TFC MICRO-LOAN

Existing	\$
New:	\$
Total	\$

USES OF FUNDS

Improvements	\$
Inventory	\$
Equipment	\$
Fixtures	\$
Remodeling	\$
Working Capital	\$
Total	\$



AFFIDAVIT OF FACT

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

Be it known that on this _____ day of _____, 20____, before me, _____, a notary public in and for the above-mentioned county and state, personally appeared _____, affiant, residing at _____, Miami, Florida _____; Miami-Dade County, Florida, and, being by me first duly sworn, on his oath declares, to the best of his knowledge the following to be true and correct:

1. That, for business purposes, I authorize Black Economic Development Coalition, Inc. or their authorized agents to request a copy of my current credit report from any of the credit reporting agencies.

IN WITNESS WHEREOF, I, _____, the undersigned has signed this **AFFIDAVIT OF FACT** on this _____ day of _____, 20____, and acknowledged the same to be my act.

Signature

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by____, who personally appeared before me at the time of notarization, and who is personally known to me or who produced a FLORIDA DRIVER'S LICENSE as identification.

NOTARY PUBLIC:

SIGN:

PRINT: _____

STATE OF FLORIDA AT LARGE



Personal Financial Statement

A Solid Foundation for Successful Minority-Owned Businesses

As of: _____, 20__

Complete this form for: (1) each proprietor (2) each partner (3) each stockholder that owns 10% or more interest or voting stock or (4) any person or entity providing a guaranty on the loan.

Name		Business Phone:
Residence Address:		Residence Phone
City	State	Zip Code:

Business Name of Applicant/Borrower: _____

ASSETS		LIABILITIES	
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks & Others (Describe in section 2 below)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto) Mo. Payments \$ _____	\$ _____
Accounts & Notes Receivable	\$ _____	Installment Account (other) Mo. Payments \$ _____	\$ _____
Life Insurance-Cash Surrender Value only (Describe in Section 8 below)	\$ _____	Loan on Life Insurance	\$ _____
Stocks & Bonds (Describe in section 3)	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Real Estate (Describe in Section 4)	\$ _____	Unpaid Taxes (Describe in section 6)	\$ _____
Automobile – Present Value	\$ _____	Other Liabilities (Describe in section 7)	\$ _____
Other Personal Property (Describe in Section 5)	\$ _____	Total Liabilities	\$ _____
Other Assets (Describe in Section 5)	\$ _____	Net Worth	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

Section 1. Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income (describe below)*	\$ _____	Other Special Debt	\$ _____
Description of Other Income in Section 1.			

Section 2. Notes Payable to Banks & Others (use attachments if necessary. Each attachment must be labeled Section 2 and signed)

Name & Address (of Note holder(s))	Original Balance	Current Balance	Payment Amount	Frequency (Month etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks & Bonds

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



A Small Foundation for Successful Minority-Owned Businesses

Section 4. Real Estate Owned.		
	Property A	Property B Property C
Type of Property		
Address		
Date Purchased		
Original Cost		
Present Market Value		
Name & Address of Mortgage Holder		
Mortgage Account Number		
Mortgage Balance		
Amount of Payment 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 Tools For Change to make inquiries as necessary to verify the accuracy of the statements made to and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as to the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the US Attorney General (Reference 18 U. s. c. 1001).		
Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

Name: _____

Street Address _____

City: _____ State: _____ Zip: _____



AGREEMENT FOR FINANCIAL/TECHNICAL ASSISTANCE SERVICES FOR THE CREATION OF JOBS

In order to receive the various forms of Financial/Technical Assistance available through **Tools For Change**, businesses have to enter into an agreement to make available and to document the job creation for the benefit of low and moderate income residents resulting from the technical assistance and/or financial assistance provided to your business.

Through this Agreement you are committing your business operating under the name of _____
_____ to:

1. Make available 51% of the resulting jobs to low and moderate income individuals;
2. Provide a list of jobs titles of the permanent jobs expected to be created which will be available to low/moderate income, which jobs require special skills or education and which jobs are part-time, if any;
3. Provide a description of steps to be taken by your business and our agency to make sure low and moderate income individuals receive first consideration in the jobs created;
4. A list of titles of permanent jobs filled, which were available to low and moderate income individuals and a brief description of the hiring process.

The applicant signing below understands the information in this Agreement, understands that **Tools For Change** will not provide all the assistance requested by your business until action is taken to put in place the requirement of this Agreement and lastly, the applicant also understands that failing to comply with this Agreement may result in being charged a fee for the service provided.

Signature of Applicant Agreed by

Date

Intake Officer Name

Date



**MIAMI-DADE
PUBLIC HOUSING AND COMMUNITY DEVELOPMENT (PHCD)**

INFORMATION FOR ENVIRONMENTAL REVIEW FORM

INSTRUCTIONS: Per 24 CFR Part 58, the purpose of the environmental review procedures is to foster the implementation of environmentally compatible activities. As a grant or loan recipient, Miami-Dade County will not fund projects that will negatively impact clients, communities, or the environment.

Part I. AGENCY AND PROJECT DETAIL

1. Indicate Funding Source:

- | | | | |
|---|-------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> CDBG | <input type="checkbox"/> HOME | <input type="checkbox"/> HOPE VI | <input type="checkbox"/> NSP |
| <input type="checkbox"/> HOMELESS (SRO/SHP) | <input type="checkbox"/> EDI | <input type="checkbox"/> BEDI | <input type="checkbox"/> EZ |

2. Indicate Fiscal Year: FY 20____

3. Name of Sub-recipient/Agency: _____
(Business Name)

4. Name of Proposed Activity: _____

5. Location (Address with City, ST and Zip) of Activity or Project:

6. Site Folio Number(s):

7. Commission District(s): _____

8. Direct Contact Information of loan /grant recipient:

Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		



9. Detailed description of activity or project:

10. What is the purpose of the activity or project? For example, Public Service, Economic Development, Historic Preservation, Capital Improvement, Housing, etc.

11. What is the status of activity or project? For example, Pre-Development Phase, Rehab/Construction Underway, Rehab/Construction Completed, etc.

Part II. PROJECT OUTCOME

Will the activity or project result in the following?

YES	NO	
		1. Change in use
		2. Sub-surface alteration (i.e. excavations)
		3. New construction
		4. Renovation or demolition
		5. Site improvements (utilities, sidewalk, landscaping, storm drainage, parking areas, drives, etc.)
		6. Building improvements (windows, doors, etc.)
		7. Displacement of persons, households or business
		8. Increase in population working or living on site
		9. Land acquisition
		10. Activity in 100-year floodplain
		11. A new nonresidential use generating at least 1,375,000 gallons of water or 687,500 gallons of sewage per day.
		12. Use requiring operating permit (i.e. for hazardous waste, pretreatment of sewage, etc.)
		13. A sanitary landfill or hazardous waste disposal site
		14. Tree removal or relocation
		15. Street improvements
		16. The impounding of more than 10 acre feet of water (e.g. digging a lake or diverting or deepening of a body of water).



Part III. SITE SPECIFIC INFORMATION

1. Land Use:

Describe the existing and proposed land use:

- Existing?

- Proposed?

2. Site Plan:

Does the proposed activity include a new structure(s) or site improvements on a site of one (1) acre or more? YES NO

If yes, a site plan must be provided. Project(s) will not be environmentally reviewed without a site plan.

3. Photographs:

Does the activity include new construction, renovation or rehabilitation?

YES NO

If yes, photographs must be provided of each side (front, rear and sides) of the structure(s) proposed for assistance and the buildings on the adjacent lots. The photographs shall be identified by address. In addition, provide for each existing structure on the site, the following information:

- Existing structure(s) on site?
 YES NO

- Estimated age of structure(s)? _____

4. Value of Improvements:

Does the proposed activity include rehabilitation or renovation of structure(s)?

YES NO



Part V. CERTIFICATION

I certify to the accuracy of the information provided. I understand that all funded activities must have an approved environmental review clearance prior to the commencement of projects. I clearly understand that any omitted and/or incorrect information will delay the initiation of the environmental review process by the DHCD staff. As such, I am aware that omitted information could delay the commencement of my organization's project. I understand all approved environmental reviews are valid for one (1) year maximum.

Print Name	Signature	Title
Name of Organization or Corporation		Date

Unless otherwise indicated, return completed form and attachments to:

Community and Economic Development Division Director
Public Housing and Community Development
701 NW 1st Court - 14th Floor
Miami, Florida 33136

TYPES OF ACTIVITIES AND ENVIRONMENTAL GUIDELINES TRIGGERED:

<u>Type of Activity</u>	EXEMPT*	CENST**	CEST***	EA****
Economic Development				
New Construction				X
Rehab			X ¹	X ²
Non-Construction/Expansion		X		
Housing				
Single Family Rehab			X	
Multi-Family Rehab			X ¹	X ²
New Construction				X
Homeownership Assistance		X		
Affordable Housing Pre-Dev.		X		
Capital Improvement				
Handicapped Access			X	
Public Facilities			X ¹	X ²
Infrastructure			X ¹	X ²
Public Services				
Employment	X			
Crime Prevention	X			
Child Care	X			
Youth or Senior Services	X			
Supportive Services		X		



Type of Publication	No Public Notice/No RROF	No Public Notice/No RROF	No Public Notice/No RROF (<i>No Statutory Requirement Triggered</i>) <i>Or</i> Publish NOI/RROF (<i>Statutory Requirement Triggered</i>)	Publish FONSI and NOI/RROF
Estimated Time Frame (<i>Excluding Triggered Statutes</i>)	30-45 Days	30-45 Days	45-90 Days	90 Days Minimum

X¹ If for continued use and change in density (or size) of less than 20%

X² Change in density (or size) of more than 20%

- * Exempt Exempt Activities
- ** CENST Categorically Excluded and Not Subject to 58.5
- *** CEST Categorically Excluded Subject to 58.5
- **** EA Environmental Assessment (Format II)



Compliance Documentation Checklist 24 CFR Part 58.6 "Other Requirements"

Agency: Miami-Dade Department of Housing and Community Development – DHCD
Activity: Micro-Enterprise Assistance & Peer Lending Program – TUA and Countywide

Grant recipient remain responsible for addressing and carrying out any applicable compliance measures for the requirement of 24 CFR Part 58.6. These requirements include:

- (1) The Flood Disaster Protection Act of 1973-Federal financial assistance for acquisition or construction purposes (including rehab) may not be in a special flood hazard area’s identified by FEMA unless;
 - (i) The community in which the area is situated is participating in the National Flood Insurance program and
 - (ii) Flood Insurance protection is obtained as a condition of the approval of financial assistance to the property owner.

Is the property located within a special flood hazard area as designed on a current FEMA flood map?
 yes no

Identify FEMA map used to make your finding. _____

If so, has the flood insurance been obtained? **Documentation indicating required agency compliance attached when triggered by applicable activities.**

- (2) The Coastal Barrier Resources Act –HUD assistance may not be used for most activities proposed in the Coastal Barrier Resources System.

Is the project located in a coastal barrier designated on a FEMA flood map?
 yes no

Identify FEMA map used to make your finding. _____

Note: If Yes, the law prohibits Federal funding of projects in designated coastal barriers unless it is a functionally dependent use.

- (3) Runway Clear Zones and Clear Zones – In all cases involving HUD assistance, subsidy, or insurance for the purchase or sale of an existing property in a Runway Clear Zone or Clear Zone, the responsible entity shall advise the buyer that the property is in a runway clear zone or clear zone, what the implications of such a location are, and that there is a possibility tha6t he property may, at a later date, be acquired by the airport. The buyer must sign a statement acknowledging receipt of this information.

Is the project located in a Runway Clear Zone/Clear Zone: yes no

If so, has the buyer signed a statement of acknowledgment yes no

Company or Applicant Name: _____



SAMPLE RESUME

OBJECTIVE: Service-oriented sales representative with five years of specialized experience in the wireless communications industry. Dedicated to achieving sales targets while providing excellent customer service. Superior record of surpassing expectations, including net activations and subscriber revenue. Keep up-to-date with changes in technology to best serve wireless customers

EXPERIENCE: 9/1999 - Present ABC Rockland, IL
Telecommunications
Retail Sales Specialist

Sell products and services to prospective customers and meet monthly sales quotas. Evaluate wireless telecom needs and recommend products and services based on customer requirements. Deliver sales presentations and demonstrations to maximize sales performance. Selected contributions:

* Met or surpassed sales expectations each month for five consecutive years. Averaged 120% of quota in 2000.

* Ranked #1 in the location (out of 15 reps) based on sales achievements.

* Sold to 3,000+ customers throughout tenure with company.

EDUCATION: 12/1998 ABC Sales Training US-II-Rockland
Certification

Two-week intensive sales training. Topics include cold calling, developing leads, solution selling and closing the deal.

5/1998 University of Illinois US-II-Chicago
Bachelor's Degree
BS in Business Administration (magna cum laude)
Minor in Accounting

AFFILIATIONS: 5/2000 - Present Personal Member
Communications
Industry Association

SKILLS:	Skill Name	Skill Level	Last Used/Experience
	Telecommunications Sales	Expert	Currently used/5 years
	Customer Relationship Management (CRM)	Expert	Currently used/5 years
	MS Office (Word, PowerPoint, Excel, Access)	Intermediate	Currently used/8 years

LANGUAGES: **Languages** **Proficiency Level**
English Fluent - Full Knowledge

ADDITIONAL INFORMATION: High-energy sales professional with a proven track record of sales achievement. Known as one of the top sales producers districtwide. Knowledge of the telecommunications industry, including wireless, local, long distance, CLEC, Internet, broadband and cable. Continue to develop knowledge of products, promotions, competitors, sales support tools and market trends.



BUSINESS PLAN OUTLINE

Provide a one to two page outline in response to the sections below:

1. BUSINESS DESCRIPTION

- A one or two paragraph that describes your business
- What are your short term goals? (i.e., increase clients by how much..., increase products or services by adding...etc)
- What are your long term goals? (i.e., add products or services, target new markets, increase revenue by how much and strategy, etc.)

2. PRODUCT/SERVICE

Spell out what you're selling or providing, to whom, how, and explain any unique strategies.

3. MARKETING PLAN

Discuss who your clients are, how you advertise, how you would like to advertise if you had additional funds, any unique strategies that you use to reach your clients, what you feel works best for your type of business, and discuss any plans of adding new ways of reaching clients or expanding to reach a different type of client, etc..

4. COMPETITION

The key is to be realistic. A statement of "no one else offers" is not acceptable. While no one in your immediate surrounding area may offer your type of business, there may be other locations within Miami that offer you type of products or services. Compare your product or service to these locations and emphasize your reason for opening in the area that you have chosen. Site verifiable references for the need of your product or service.

5. PRICING AND SALES

Discuss in detail how you arrived at your fees and what you charge for each product or service.

6. FINANCIAL STATEMENT

If you are the owner of an existing business, attach your business financial statements prepared by your CPA. If you do not have a CPA, attach your accountant's statements to include: Balance Sheet, Cash Flow Statement and Profit & Loss Statement. If you are a newly formed business, attach your projected monthly profit & loss statement for one year.



CERTIFICATE OF LOW/MODERATE INCOME STATUS

Name of Employer _____
Street Address _____
City _____ **State:** _____ **Zip:** _____
Phone Number _____ **Federal I.D. Number:** _____
Name of Employee _____
Street Address _____
City _____ **State:** _____ **Zip:** _____
Phone Number _____
Date of Employment _____ **Salary:** _____

DEMOGRAPHIC INFORMATION

Number of persons in the household: _____ Number of Dependent Children _____

Marital Status: M S Head of Household Female head of household

Ethnicity

White Black Hispanic Asian American Indian Other

Are you receiving any public assistance? yes no

If yes, please indicate the source:

LOW AND MODERATE INCOME LIMITS BY FAMILY SIZE

Please designate by placing an "X" by the income level that applies to your household by family size.

VERY LOW		LOW - MODERATE	
Family Size	Salary Up To	Family Size	Salary
<input type="checkbox"/> 1	\$34,150	1	\$54,600 <input type="checkbox"/>
<input type="checkbox"/> 2	\$39,000	2	\$62,400 <input type="checkbox"/>
<input type="checkbox"/> 3	\$43,900	3	\$70,200 <input type="checkbox"/>
<input type="checkbox"/> 4	\$48,750	4	\$78,000 <input type="checkbox"/>
<input type="checkbox"/> 5	\$52,650	5	\$84,250 <input type="checkbox"/>
<input type="checkbox"/> 6	\$56,550	6	\$90,500 <input type="checkbox"/>
<input type="checkbox"/> 7	\$60,450	7	\$96,750 <input type="checkbox"/>
<input type="checkbox"/> 8	\$64,350	8	\$103,000 <input type="checkbox"/>

I certify that my family income is below the income levels indicated in the tables above for my family size and that the information provided is true and factual. I further acknowledge that the information is subject to verification by authorized government officials.

Signature: _____

Date: _____



January 1, 2023

TO: LOAN PROGRAM PARTICIPANTS

FROM: LEROY JONES, EXECUTIVE DIRECTOR

Subject:—Amendment to Micro Loan and Small Business Assistance Loan Programs
To provide for debt forgiveness

National Objective: Job creation for low to moderate income individuals

Proposed Program: Provide Debt forgiveness to Borrowers that employ a low to moderate income Person for at least 12 months.

Eligibility:

- Loan status must be current
- Loan payments must have been on time for at least 12 months
- Must create a job for a documented low to moderate income person
- Must keep that job filled for at least 12 months
- Must complete all of the job creation forms and other documents completely
- Must provide proof that the individual is continuing in your employment (i.e. copies of paychecks and payroll tax deductions on a monthly basis)
- Must provide copies of the State of Florida UCT-6 and IRS form 941 on a quarterly basis

Benefits:

For the first 12 months after funds have been disbursed the full-time low to moderate income person is employed, 12 months of the loan payments can be forgiven, if the individual is part-time then 6 months of the loan payments can be forgiven.

After the person is employed for 6 months and the individual is full-time the loan payments received from the borrower will be refunded to the borrower. If the person employed is part-time then half of the loan payments received from the borrower will be refunded. This will be done twice within the first 12 month period.



Black Economic Development Coalition, Inc.
TOOLS FOR CHANGE

5120 N.W. 24th Avenue
Miami, Florida 33142
Phone: (305) 200-5568

MICRO LOAN PROGRAM – 2023

LOAN AMOUNTS FROM \$10,000.00 TO 25,000.00

THE LEVELS FOR LOAN ELIGIBILITY BASED ON CREDIT SCORES ARE AS FOLLOWS:

- **LEVEL 1.** **\$10,000.00 THROUGH \$25,000.00**
QUALIFYING CREDIT SCORE: 620 AND UP

- **LEVEL 2.** **\$5,000.00 THROUGH \$9,999.99**
QUALIFYING CREDIT SCORE: 580 AND UP

ADDITIONAL REQUIREMENTS:

- 1) ALL LEVELS WILL REQUIRE A PERSONAL GUARANTY AND A LIEN ON ANY EQUIPMENT THAT YOU MAY PURCHASE OR OWN AND ANY CURRENT AND FUTURE ACCOUNTS RECEIVABLES**

- 2) MUST BE WILLING TO HAVE BUSINESS HIGHLIGHTED IN THE MEDIA**

- 3) MUST PROVIDE TFC WITH DOCUMENTED PROOF OF THE NUMBER OF HOURS WORKED BY EMPLOYEES ON A MONTHLY OR AS NEEDED BASIS IF APPLICABLE FOR JOB CREATION**

- 4) NON-REFUNDABLE APPLICATION FEE OF \$100.00 IS DUE AT TIME OF SUBMISSION OF LOAN APPLICATION**

LOAN PROGRAM DESIGNATED AREA

THIS PROGRAM'S AIM IS TO ASSIST BUSINESSES IN MIAMI-DADE COUNTY'S:

- **ELIGIBLE BLOCK GROUPS IN MIAMI DADE COUNTY.**



Request for Opinion from Commission on Ethics Acquiring Financial Interest

I, _____, the owner or president of

(Owner or PresidentName)

_____, whose business address is

(Business Name-please include DBA if applicable)

(Business Address, City, State, Zip)

(Phone #)

(Email)

Include a short description of the type of business operating:

Are you currently employed or a board member of any Miami Dade County Department?

Yes No

If yes, what department or board? _____

If yes, are you seeking to contract Miami Dade County? Yes ____ No ____

I am considered for funding through the Black Economic Development Coalition Inc D/B/A Tools For Change loan program and request the clearance from the Commission on Ethics. Please review my request and forward to Black Economic Development Coalition, Inc D/B/A Tools For Change to the attention of Mr. Leroy Jones, Executive Director, 5120 NW 24th Ave, Miami FL 33142.

Thank you in advance for your attention to this very important matter.

This page must be completed



TWELVE MONTH PROJECTION (ON A MONTHLY BASIS)

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
INCOME												
Total Income												
Operating Expenses												
Salary & Wages (incl. fringe benefits)												
Owner's Draw/Compensation												
Insurance												
Bank & Credit Card Chg.												
Postage												
Professional Fees (legal, accounting, etc.)												
Office Supplies												
Equipment												
Copying												
Rent (incl. electric, water, sewer)												
Maintenance & Repairs												
Advertising												
Licenses (occupational, and others)												
Labor (if applicable)												
Telephone (incl. internet)												
Bank Loan												
Misc. Expenses												
Total Expenses												
Net Profit/Loss*												

* Total Incomes minus Total Expenses

Funded by: Miami-Dade County's Public Housing and Community Development

Short Form Request for Individual Tax Return Transcript

Department of the Treasury
Internal Revenue Service

- ▶ Request may not be processed if the form is incomplete or illegible.
- ▶ For more information about Form 4506T-EZ, visit www.irs.gov/form4506ez.

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

<p>1a Name shown on tax return. If a joint return, enter the name shown first.</p>	<p>1b First social security number or individual taxpayer identification number on tax return</p>
<p>2a If a joint return, enter spouse's name shown on tax return.</p>	<p>2b Second social security number or individual taxpayer identification number if joint tax return</p>
<p>3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</p>	
<p>4 Previous address shown on the last return filed if different from line 3 (see instructions)</p>	
<p>5 Customer file number (if applicable) (see instructions)</p>	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New under Future Developments** on Page 2 for additional information.

<p>6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.</p>	<p>2022 2021 2020</p>	<p>2019</p>
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Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** spouse must sign. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506T-EZ. See instructions.

<p>Sign Here _____</p>	<p>Phone number of taxpayer on line 1a or 2a</p>
<p>N Signature (see instructions)</p>	<p>Date</p>
<p>_____</p>	<p>_____</p>
<p>N Spouse's signature</p>	<p>Date</p>

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form 4506T-EZ, such as legislation enacted after it was published, go to www.irs.gov/form4506tez.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Customer File Number. The transcripts provided by the IRS have been modified to

protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAVS Team
Stop 6716 AUSC
Austin, TX 73301
855-587-9604

RAVS Team
Stop 37106
Fresno, CA 93888
(855) 800-8105

RAVS Team
Stop 6705 S-2
Kansas City, MO 64999
855-821-0094

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

UEI Number Registration Instructions

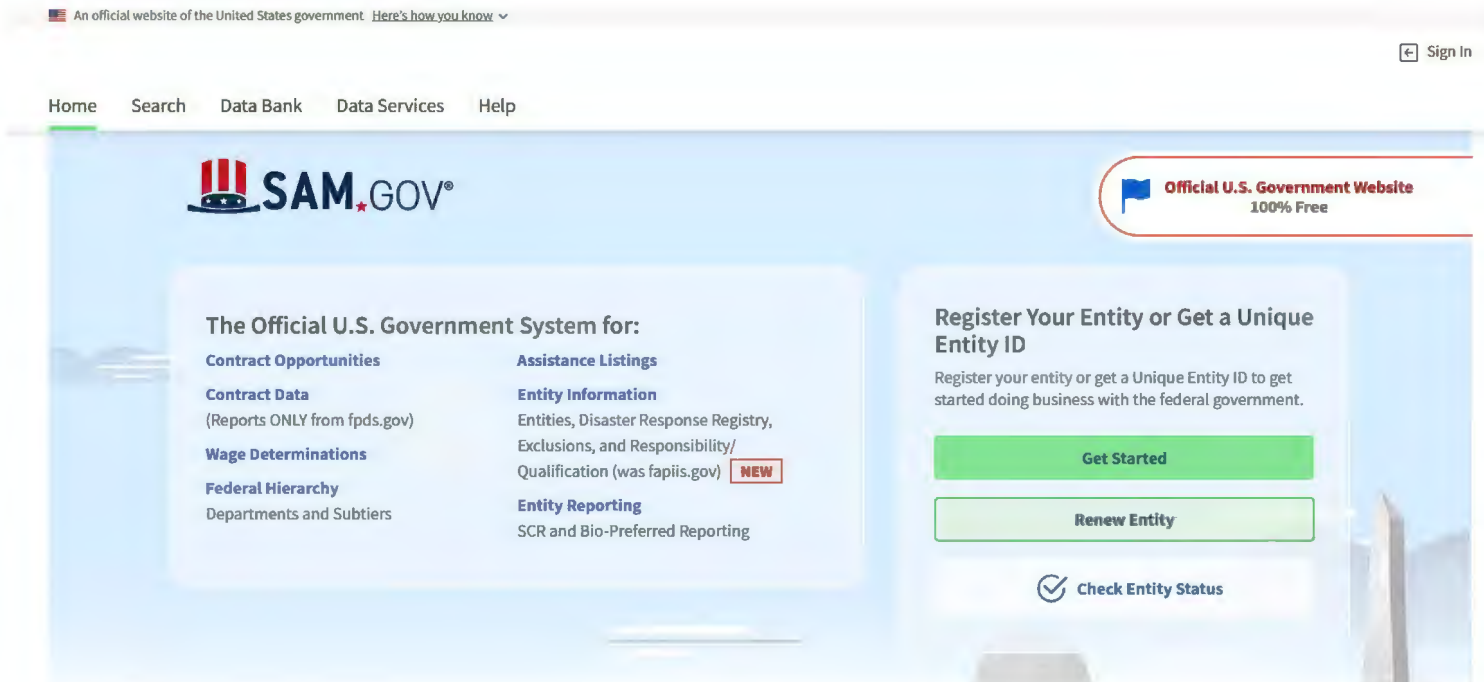
Miami Dade County have used the business DUNS number (Data Universal Numbering System) from Dun & Bradstreet since in the past to identify businesses as part of its business credit reporting system.

According to Miami Dade County the DUNS number has now been replaced with the UEI number (Unique Entity Identifier).

All businesses are now required to apply for a UEI number before doing business with the federal government. Below you will find a picture of Sam.gov's homepage. To the right you will find the tab that says **Register Your Entity**. Follow the instructions ahead and complete the registration. **Please attach a copy of the confirmation email once you finish your registration to your loan application.**

This link is used to apply for you UEI number.

<https://sam.gov/content/home>



The screenshot shows the SAM.GOV homepage. At the top left, it says "An official website of the United States government" with a link "Here's how you know". On the top right, there is a "Sign In" button. Below the navigation bar (Home, Search, Data Bank, Data Services, Help), the SAM.GOV logo is prominently displayed. To the right of the logo, a badge states "Official U.S. Government Website 100% Free". The main content area is divided into two columns. The left column, titled "The Official U.S. Government System for:", lists several services: Contract Opportunities, Contract Data (Reports ONLY from fpds.gov), Wage Determinations, and Federal Hierarchy (Departments and Subtiers). The right column, titled "Register Your Entity or Get a Unique Entity ID", includes a sub-header "Register your entity or get a Unique Entity ID to get started doing business with the federal government." Below this, there are three buttons: "Get Started" (green), "Renew Entity" (light green), and "Check Entity Status" (with a checkmark icon).