



Non-Profit Organizations Supplemental Questionnaire
 (Attach to Business Loan Application)

Non-profit Organization Name: _____

State Incorporated: _____ When formed: _____

Governing Body or Organization: _____

National Affiliation: Yes No If yes, with whom? _____

Statement of Purpose: _____

Board of Directors			
Director Name	Affiliation	Position on Board	# of years on Board

Staff			
Name of Key Leaders/Staff	Position/Title	Years with organization	Years total experience

Sources of Organization Funding				
List funding sources:	Budgeted Annual Funding	% of Total Budget	Actual Funding at last FYE	% of Total
Government Funding	\$ _____	_____ %	\$ _____	_____ %
Corporate Contributions	\$ _____	_____ %	\$ _____	_____ %
Private sector donations	\$ _____	_____ %	\$ _____	_____ %
	\$ _____	_____ %	\$ _____	_____ %
	\$ _____	_____ %	\$ _____	_____ %
Total budget :	\$ _____	100%	\$ _____	100%

Additional Documentation Required

1. Copy of your organization's records (minutes from trustee, board or congregational meeting) for the approval authorizing this credit request.
2. Organization's Tax Returns and Audit (if available) for most recent 2 years.
3. Internal financial statements for most recent 2 years.
4. Current year internal financial statements within the last 60 days.
5. Projected monthly cash flow for 12 months.
6. Business debt schedule.
7. Project Budget form w/ plans and cost estimates if available.
8. Briefly describe plans for capital expenditures, and additional equipment purchases over the next three years, including estimated costs beyond this project.

Proposed Project Funding

Cash already contributed to the project: \$ _____

Other cash available: \$ _____

List Cash to be collected by project completion date:

Sale of Real Estate (describe) _____ \$ _____

Bequests, gifts (describe) _____ \$ _____

Other (describe) _____ \$ _____

Total equity provided by borrower: \$ _____

Proceeds from proposed loan: \$ _____

Total project cost: \$ _____

New Construction Only

Will construction be at the present location or new location? _____

Describe the project: _____

New construction address: _____

Name of the architect: _____

Name of the general contractor: _____

(Please provide a copy of the proposal/contract)

Contact Information

Please provide the following contact information to allow us to better serve you in the event additional information is required for this request.

	Name	Phone Number	Best Time to Contact
Executive Director			
Treasurer			
Board Chairperson			

For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement of our financial condition on the date indicated.

Name: _____

By: _____ Title: _____

Date: _____ Phone: () _____