MAINSTREET BUSINESS ASSISTANCE PROGRAM

DEVELOPED IN COLLABORATION WITH









Main Street Business Assistance Program

To support Pagosa Springs downtown businesses impacted by the CDOT US Highway 160 Reconstruction Project, the **Main Street Business Assistance Program** offers low-cost loans ranging from \$1,000 to \$10,000 to help cover operating expenses, retain employees, and manage financial disruptions.

This collaborative effort between the Pagosa Springs Community Development Corporation (PSCDC), Region 9 Economic Development District, First Southwest Community Fund, and the Pagosa Springs Main Street Program provides flexible, reimbursement-based financial support during construction. Applications are reviewed on a first-come, first-served basis until funds are exhausted

LOAN DETAILS

Region 9 Economic Development District, Inc. (Region 9 EDD), through its revolving loan fund, has opened an application window for small, low interest loans to businesses located in the construction zone in downtown Pagosa Springs. The loans will range from \$1,000 to \$10,000 and can be used for payroll, rent, and other working capital needs to help the sustainability of the business. Due to limited funding, the decision to provide a loan will be at the sole discretion of the Region 9 EDD Loan Committee and will be based on the number of jobs in the business, ability to obtain funding from other sources, and the likelihood of success during and following the construction project. It is anticipated that there will be a second round of funding available in 2026.

Applications and all required documents can be emailed to brian@region9edd.org or jenny@region9edd.org until June 15.

Items needed to apply:

- 1. Region 9 Business loan fund application (https://www.region9edd.org/business-loan-fund
- 2. Job Development statement
- 3. Personal financial statement
- 4. 2024 Profit/Loss statement for the business
- 5. A one-page narrative to explain the history of the business, the impacts being felt by the construction, and the likelihood of staying in business through the construction period.

If approved, loans will have a 0% interest rate for the first six months after funding.

The interest will be increased to 1% for months 6-12, with interest only payments due monthly.

After 1 year, the interest rate will adjust to the Wall Street Journal Prime Rate and principal and interest payments will begin.

For loans \$5,000 and less, the repayment term will be 2 years. For loans \$5,001 - \$10,000 the term will be 4 years. All loans will be required to be on an automatic ACH payment.

There is a \$100 fee for loans \$5,000 and less and \$150 fee for loans \$5,001 - \$10,000.

All loans will require a personal guaranty of the business owner and a lien against the business assets (even if previously pledged to other lenders).

There is no prepayment penalty.

Businesses must be a Colorado based entity and in good standing with Colorado Secretary of State.



BUSINESS LOAN FUND APPLICATION

1.	PRELIMINARY INFORMATION	DATE:
	Business Name (specify dba)	
	Contact Person / Title	
	Mailing Address – include city and zip code	
	Physical Address – include city and zip code	
	Phone	
	Email Address	
	County (business location)	
	Employer ID #	
	UEI# - if applicable	
	Type of Business (manufacturing, retail, etc.)	
	Bank of Business Account	
	Bank Contact Person	
	Bank Account #	
	Amount of BLF Request	
	Repayment Schedule	
2.	BUSINESS OWNERSHIP	
	Business Structure (sole proprietor, partnership, corporation, LTD, LLC, etc.)	
	Date of Established	
	Name of Insurance Company/Agent	
	Type of Insurance / Liability	
	Type of Insurance / Hazard	
	usiness Ownership List – include information b tle/position, SS #, gender	elow for proprietor(s), all partners, stockholders (owning 5% or more),

Names of Corporate Officers – list name, % own	ed, title/position, and SS #
B. EMPLOYMENT – number of employees at times.BUSINESS DEBT – indicate any loans to be personal control of the personal control of the	aid by proposed RLF funding with an asterisk (*).
List current business debts – include origination payment, maturity date, collateral	date, amount, current outstanding balance, interest rate, monthly
5. USES OF FUNDS – total project cost from all uses of the RLF loan request with RLF writter	sources of funding including borrower fund. Please note the exact use on to the side.
Purchase of Real Estate	\$
New construction or building fixed assets	\$
Building Expansion or Repair	\$
Acquisition of Existing Business	\$

\$

\$

\$

\$

\$

\$

Purchase of Machinery / Equipment

Working Capital / Operating expense

Purchase of Furniture / Fixtures

Purchase of Inventory

Debt Payment

Other – explain

Total Project Amount

Borrower Equity – Non-Cash		
	\$	
Other - specify	\$	
Region 9 Request	\$	
Total Sources (should equal total from #5)	\$	
OVERALL BORROWER EQUITY – what amour equipment, real estate, etc.	nt will borrov	ver have invested in business? Note if investment is cash,
	\$	
	\$	
	\$	
	\$	
	\$	
Does your business have any licensing agre yes, please provide their name and the rela		
yes, please provide their name and the rela		n your company.
yes, please provide their name and the rela Yes Name/Relationship	itionship with	No
yes, please provide their name and the rela Yes Name/Relationship Have you or any officers of your company e	itionship with	No
Yes Name/Relationship Have you or any officers of your company e provide details in an attached letter. Yes	ever been invo	No blved in bankruptcy or insolvency proceedings? If yes, pleas
Yes Name/Relationship Have you or any officers of your company e provide details in an attached letter. Yes Are you or your business involved in any portains and the relationship	ever been invo	No No Dived in bankruptcy or insolvency proceedings? If yes, plea

6. SOURCE OF FUNDS – show all sources of financing for the project.

Bank Loan (SBA Guarantee)

Mortgage (other than Bank)

Bank Loan (non-SBA)

Equipment Finance

\$

\$

\$

\$

•	Have you or a principal associated with this business is or has been incarcerated, on probation, on parole, or has been indicted for a felony or a crime of moral turpitude? If yes, please provide an explanation. This is not a decid factor, and all applications are considered regardless of status.				
An SBA <u>regulation</u> could make some applicants ineligible for some of Region 9's funding program(s) –					
	businesses with an associate who is incarcerated, on probation, on parole, or has been indicted for a felony or a crime of moral turpitude." SBA's policy statement is applicable to certain programs and imposes additional blanket estrictions, also making ineligible businesses with an associate currently under specified forms of diversionary or conditional dispositions, an order of protection, registered with a sex offense registry, or facing any criminal charges in any jurisdiction.				
SBA regulation - 13 CFR § 120.110 - What businesses are ineligible for SBA business loans? Electronic Code of Fed Regulations (e-CFR) US Law LII / Legal Information Institute (cornell.edu)					
	Yes	No			
	The Loan Application form should be attached to other su checklist. I certify that the information included in this application is signature, I acknowledge that I agree to comply with the i	pporting documents as described in the loan documentation is true and complete to the best of my knowledge. By my requirements that the Region 9 Economic Development with the approval of my loan request. I also grant permission est Colorado, Inc. to obtain information from my bank,			

Date

Authorized Official / Title

REGION 9 ECONOMIC DEVELOPMENT DISTRICT OF SOUTHWEST COLORADO, INC.

BUSINESS LOAN FUND JOB DEVELOPMENT STATEMENT

A National Objective for BLF funding is to provide employment opportunities for low and moderate income persons. Job creation is not a requirement to qualify for Region 9 funding, but we do require this form for our files. If there is not any job creation expected, please fill in with "0".

	nt Description: (List all the job positions loyed by your business.) *FTE = Full Times.		in those
JOB TITLE	BRIEF DESCRIPTION OF DUTIES AND TASKS	AVG. HR. WAGE	# OF *FTE
	nt Retention and Creation: (Please descus a result of this loan.)	ribe all of the new Empl	oyment
		ribe all of the new Empl AVG. HR. WAGE	oyment # OF *FTE
ositions to be created a	as a result of this loan.) BRIEF DESCRIPTION OF	AVG. HR.	# OF

these jobs.)			
JOB TITLE	ESTIMATED # OF MONTHS TO FILL JOB	AVG. HR. WAGE	# OF *FTE
6. Education and Train future employees.)	ning: (Briefly describe training method	ds and programs for	current and
employer's efforts and princome persons.)	tunities for Low and Moderate Incomprograms to provide employment opportunity of the Low-Moderate Households	ortunities for low ar	nd moderate
employer's efforts and princome persons.) *HUD CDBG Maximum Would you like further interpretation for hiring and training low	programs to provide employment oppo	ortunities for low and assistant No	nd moderate n Region 9.
employer's efforts and princome persons.) *HUD CDBG Maximum Would you like further interpretation for hiring and training low	Incomes for Low-Moderate Households formation about the State of Colorado's part to moderate income persons? Yes	ortunities for low and assistant No	nd moderate n Region 9.

5. Projected Schedule for Job Creation: (Please describe the estimated time frame for creating

Race/Ethnicity/Citizenship Reporting Form

We are requesting the following information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether or not you choose to provide it.

US Citizen	
()	Yes
()	No
Ethnic Categ	gory:
()	Hispanic or Latino
()	Not of Hispanic or Latino Origin
Race Catego	ory: Select One:
()	American Indian or Alaska Native
()	Asian
()	Black or African American
()	White
()	Native Hawaiian or Other Pacific Islander
Signature	Date

PERSONAL FINANCIAL STATEMENT

Region 9 Economic Development District of Southwest Colorado, Inc.

			As of		, 20
Complete this form for: (1) each proprietor, or (2) ea	ch limited partner who o	wns 20% or more interes	t and each general pa	artner, or (3) each	stockholder
owing 20% or more of voting stock and each corpora	ate officer and director, o	or (4) any other person or	entity providing a gu	arantee on the loa	n.
Name			Business P	hone	
Residence Address			Residence	Phone	
City, State & Zip Code					
Business Name of Applicant/Borrower					
ASSETS	(Omit Cents)		Liabilities		(Omit Cents)
Cash on hand and in Banks	\$	Accounts Payab	le		\$
Savings Acccounts	\$	Notes Payable to	o Banks and Other	'S	\$
IRA or Other Retirement Account	\$	(Describe in S	Section 2)		
Accounts & Notes Receivable	\$	Installment Acco	ount (Auto)		\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments	s \$		
(Complete Section 8)		Installment Acco	ount (other)		\$
Stocks and Bonds	\$	Mo. Payments	s \$		
(Describe in Section 3)		Loans on Life In	surance		\$
Real Estate	\$	Mortgages on R	eal Estate		\$
(Describe in Section 4)		(Describe in S	Section 4)		
Automobile - Present Value	\$	Unpaid Taxes			\$
Other Personal Property	\$	(Describe in S	Section 6)		
Other Assets	\$	Other Liabilities			\$
(Describe in Section 5)		(Describe in S	Section 7)		
		Total Liabilities			\$ -
		Net Worth (Tota	l Assets-Total Liab	ilities)	\$ -
Tota	al \$	-		Total	\$
Section 1. Source of Income		Contingent Liabi	lities		
Salary	\$	As Endorser or 0	Co-Maker		\$
Net Investment Income	\$	Legal Claims & .	Judgments		\$
Real Estate Income	\$	Provisions for Fe	ederal Income Tax		\$
Other Income (Describe Below)*	\$	Other Special De	ebt		\$
Description of Other Income in Section 1.					
Name and Address of closest relative not living	ng with you:				
Alimony or child support payments need not be disc	losed in "Other Income"	unless it is desired to have	ve such payments co	unted toward total	income.
Section 2. Notes Payable to Banks and Oth	ers. (Use attachmer	nts if necessary. Each	n attachment must	be identified as	a part of this
statement and signed).					
Name and Address of Noteholder(s)	Original Balanc	e Current Balance	Payment Amount	Frequency	How Secured or Endorsed
				(monthly, etc.)	Type of Collateral

Section 3. Stock and B	Bonds. (Use attach	nments if necessary	y. Each attachment must	be identified as a part of this	statement and signed).	
Number of Shares	Name of		Cost	Market Value	Date of	Total Value
				Quotation/Exchange	Quotation/Exchange	
Section 4. Real Estate	Owned. (List eac	h parcel separately	. Use attachments if nece	essary. Each attachment mus	st be identified as a part of th	is statement and signed).
		Pr	roperty A	Prope	erty B	Property C
Type of Property						
Name & Address						
of Property						
Date Purchased						
Original Cost						
Present Market Valu	е			_		
Name & Address						
of Mortgage Holder				_		
Mortgage Account N	lumber					
Mortgage Balance						
Amount of Payment						
per Month/Year						
Status of Mortgage						
Section 5. Other Perso	onal Property and	Other Assets. (Des	scribe, and if any is pledge	ed as security, state name and	d address of lien holder, amo	ount of lien,
terms of payment, and	if delinquent, desc	ribe delinquency.)				
Section 6. Unpaid Taxe	es. (Describe in d	etail, as to type, to	whom payable, when due	e, amount, and to what proper	ty, if any, a tax lien attaches)	
Section 7. Other Liabili	ities. (Describe in	detail).				
Section 8. Life Insuran	ce Held. (Give fac	ce amount and cash	n surrender value of polici	ies - name of Insurance comp	any and beneficiaries.	
			-	nents made and to determine r		
			•	s). These statements are made		•
guaranteeing a loan. I	understand FALSI	E statements may r	esult in forfeiture of benef	fits and possible prosecution b	by the U.S. Attorney General	(Reference 18 U.S.C. 1001).
Cit			Data		Casial Casumitus Number	
Signature:			Date:		Social Security Number:	
Cianoturo			Data		Cooled Coought, Number	
Signature:			Date:		Social Security Number:	