



APPLICATION FOR NETWORK KANSAS LOAN FUNDS

GROWKS Loan Programs
Kansas Community Investment Fund
Kansas Healthy Food Initiative

E-Community Loan
EDA Loan Fund

This application can be used to apply to one or more NetWork Kansas loan funding programs, including an E-Community loan, one GROWKS loan program, the Kansas Community Investment Fund (KCIF), the Kansas Healthy Food Initiative, and/or the EDA Loan Fund. If you have any questions about which program(s) will be the best fit for you project please contact our loan team at funding@networkkansas.com.

Instructions:

- This application is to be submitted to NetWork Kansas by a Funding Partner. A Funding Partner is an organization that has an Agreement with NetWork Kansas to support small businesses with completing and submitting Applications for NetWork Kansas loan programs. If you are a business owner and need help connecting with a Funding Partner please contact the NetWork Kansas Impact Center at (877)521-8600 or info@networkkansas.com.
- Partners, please email the completed application to funding@networkkansas.com. You will receive a response indicating your application was received.
- All Applicants and Partners should read and initial **Section II** to ensure the project is eligible for the relevant NetWork Kansas loan program(s).
- After selecting a NetWork Kansas Program(s) complete answers for **ALL** questions in **Section III**. For applicable questions it is acceptable to choose "prefer not to respond" and this will be considered a complete answer.
- *TIP:* Some of the questions are required to answer before moving on to the next. It is recommended that the individual completing the Application have materials or information available to help complete answers.

Eligibility Certification

I. Eligibility for NetWork Kansas Loan Funds - *Required for All

Eligible Businesses

- For-profit small businesses. A small business is an organization with 500 or fewer employees.
- New and existing small businesses.
- Non-profits are eligible for KCIF and GROWKS Loan programs.

Eligible Business Purposes

- Eligible businesses include, but are not limited to the following: Startup costs, working capital, franchise fees, acquisition of equipment, inventory, or services used in the production, manufacturing, or delivery of a business's goods or services, or in the purchase, construction, renovation, or tenant improvements of an eligible place of business that is not for passive real estate investment purposes.

- NetWork Kansas funds may be used to purchase any tangible or intangible assets *except goodwill or blue sky*.
- Loans providing the matching capital to a GROWKS loan must also be for an eligible business purpose.

Ineligibility Criteria

The following outlines business types, activities, uses of funds, and business relationships that are ineligible. The ineligibility criteria are applicable to all NetWork Kansas funding programs, unless otherwise stated. Please review the ineligibility criteria to ensure the business applying is eligible for NetWork Kansas loan programs.

The applying business is NOT an:

- Entity whose main activity is speculative, deriving profits from fluctuations in price (such as oil wildcatting and commodities futures trading)
- Entity that earns more than 50% of its annual net revenues from lending activities
- Entity engaged in pyramid sales
- Entity engaged in illegal activities according to federal or other applicable law (including production, servicing, or distribution of legal products used for illegal purposes)
- Gambling enterprise or an entity that earns revenue from lottery sales

Ineligible Uses of Funds:

The applying business is NOT using the funds for:

- Acquisition of or holding passive investments such as commercial real estate or purchasing securities passive real estate investment includes most real estate development in which the developer does not intend to occupy or actively use the resulting real property. Construction or renovation of a newly purchased building *is permissible* if the following are met:
 - *Construction of a new building.* The borrower will occupy and use at least 60% of the total rentable property.
 - *Renovations of an existing building.* The borrower will occupy and use at least 51% of the total rentable property.
 - *Passive company leasing to operating company.* A passive company such as a holding company (EPC) that acquires real property is eligible if 100% of the rentable property is leased to the affiliated operating company(s) (OC) that are actively involved in conducting business operations. For EPCs/OCs the following will need to be met:
 - The EPC must be an eligible small business.
 - The OC must be subject to the same sublease restrictions as the owner affiliate.
 - The EPC and OC must be guarantors or co-borrowers on the NetWork Kansas loan.
 - Each individual with at least 20% ownership in the EPC and OC must provide a personal guaranty for the NetWork Kansas loan.
 - For GROWKS, the EPC and OC have a written lease with a term at least equal to the term of the GROWKS loan.
- Building/storefront renovation not tied to a specific business.
 - This may be eligible for E-Community and KCIF if an agreement with a business for rent/lease/purchase based on renovations is documented in the loan application.
- Refinancing or paying off existing debt.
 - Refinancing is permitted in some instances through GROWKS. This should be discussed with NetWork Kansas prior to submitting an Application.
- Purchase of stock
- Goodwill/blue sky
- Tearing down or renovating a building solely to create apartments.

- Housing resulting from the loan.
 - This may be eligible for E-Community and KCIF. See the Loan Program Guidebook and/or discuss with NetWork Kansas before submitting an Application for the exceptions.
- Lobbying activities
- Repayment of delinquent federal or state income taxes, federal withholding taxes, or other funds that should be held in trust or escrow (e.g. payroll or sales tax)
- Repayment of taxes held in trust or escrow, e.g., payroll or sales taxes
- Reimbursement of funds owed to any owner, including any equity injection or injection of capital for the business' continuance
- Purchase of any portion of ownership interest in any owner of the business, except for the purchase of an interest in an employee stock ownership plan qualifying under section 401 of Internal Revenue Code, worker cooperative, or related vehicle, provided that the transaction results in the employee stock ownership plan or other employee-owned entity holding a majority interest (on a fully diluted basis) in the business
- Increasing a pool of funds that generates tax credits
- Directly enrolling any portion of SBA-guaranteed loans
- The total project cost is \$20 million or more
- Financing non-business purposes, and / or financing costs other than what is described in this Application
- For GROWKS loans, an eligible business whose operating company has written lease with a term less than the term of the GROWKS Loan-supported financing
- Or for GROWKS loans, any other use deemed ineligible based on interpretation of Federal guidelines

Ineligible Business Entity Relationships:

- Business owner is an executive officer, director, or principal shareholder of any financial institution involved in funding the project, the Applying Partner, or the Administrative Support Organization (ASO).
- Business owner is a member of the immediate family of an executive officer, director, or principal shareholder of any financial institution involved in funding the project, the Applying Partner, or the ASO.
- Business owner is a related interest of any executive officer, director, principal shareholder or member of the immediate family of financial institution involved in funding the project, the Applying Partner, or the ASO.

The Applying Funding Partner and Applying Business Owner certify that they have read the eligibility criteria listed in Section I and to the best of their knowledge the Applying Business is eligible for the applicable NetWork Kansas Loan Program(s).

By typing their initials the Applying Business and Applying Partner certify the eligibility of the Applying Business.

Applying Business: _____

Applying Partner: _____

II. NetWork Kansas Loan Programs - *Required for All*

- Applicants can apply to one statewide loan program – EDA, KCIF, KHFI, or GROWKS OR for an E-Community loan.
If the applicant is in an E-Community and their need is equal to or less than \$50,000 they should utilize the E-Community loan fund.
- If the applicant is in an E-Community and has a capital gap greater than \$100,000, they can apply for an E-Community loan and one Statewide loan program.
- **Terms.** All programs offer 4% fixed for loans from 1 to 5 years (12 to 60 months), and 6% fixed from 6 to 10 years (72 to 120 months).
For E-Community loans these are considered floor rates. Each community has the discretion to have higher rates.
- If the Applicant is applying to the **Kansas Healthy Food Initiative** they will also need to complete **Section IV** of this application.
- **EDA RLF.** The EDA RLF is limited to businesses located in the following counties: Clay, Douglas, Franklin, Jackson, Jefferson, Leavenworth, Lyon, Marshall, Miami, Morris, Nemaha, Osage, Pottawatomie, Shawnee, or Wabaunsee

Please indicate the NetWork Kansas loan program(s) the business is applying to:

NetWork Kansas Loan Program	Loan Request	Loan Term (mo)	Loan Rate (%)
Choose an item.	\$		
Choose an item.	\$		

III. General Information - *Required for All*

A. Applying Funding Partner

Name of Applying Funding Partner or Entrepreneurship (E-) Community:			
Primary Contact Name:	Title:		
Telephone:	Email:		
Partner Organization Address			
Street Address/PO Box:	City:	Zip:	County:

If the Applying Partner listed above is not administering the loan, please list the name and contact information for the Administrative Support Organization (ASO) that is administering the loan:
The ASO will be required to have a Servicing Agreement on file with NetWork Kansas before they are permitted to service any NetWork Kansas statewide program loans.

Name of ASO:
Primary Contact Name:
Telephone: Email:
OR
Check here if NetWork Kansas will be the ASO for this project: <input type="checkbox"/>

B. Applying Business - General Information

Legal Business Name(s):
Doing Business As (DBA) Name:

Mailing Address of Business		
Street:		
City:	Zip:	County:
Physical Address of the Business <input type="checkbox"/> Same as mailing address		
Street:		
City:	Zip:	County:

Will the business be relocating as part of this project? Choose an Item		
If Yes, does the physical address above represent the new location? Choose an Item		
If no, please identify the address of the new location.		
Street:		
City:	Zip:	County:

Business website and/or social media page:
What is the population of the city where the business is/will be located? Choose an Item

C. Primary Business Owner

The primary owner is the person with majority ownership in the business and/or the main point of contact for this Application.

Primary Owner's Name:	Title:	
Primary Owner's Home Address		
Street:		
City:	Zip:	County:
Email:	Phone:	

Data collected on gender, veteran status, race, ethnicity and sexual orientation are used for internal purposes only

Identified Gender: Choose an Item	If self-described:
Identify as transgender or another non-cisgender identity? Choose an Item	
Sexual Orientation: Choose an Item	If self-described:

Ethnicity: Choose an Item
Middle Eastern or North African Ancestry: Choose an Item

<p>Race, please indicate which <u>one</u> or <u>more</u> of the following the primary owner identifies:</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian (<input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian (other))</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (<input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Pacific Islander (Other))</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Prefer not to respond</p>

Country primary owner was born in:	Veteran: Choose an Item
By checking this box the Applying Partner verifies that the applying business is at least 51% woman- and/or minority-owned or controlled. <input type="checkbox"/> Not applicable to this Application. <input type="checkbox"/>	
Is the business certified as a woman or minority-owned business with the State of Kansas? -----	
<i>Certification through the Kansas Department of Commerce as a Women, Minority, or Disadvantaged Business Enterprise (WBE/MBE/DBE) is not required to receive funds but is preferred for certain business types (ex: contractors, some service providers, etc.).</i>	

Individuals or Entities with at least 20% Ownership in the Applying Business		
Name	Email	Percent Ownership
		%
		%
		%
		%
		%

Please describe the relevant experience of the owner(s) and key employees (work previously involved in, management skills/knowledge, leadership, etc):

D. Business Details

Business Entity Type: Choose an Item	Business Industry: Choose an Item
Business Stage: Choose an Item	Business EIN:
Month/Year business was established:	NAICS Code:
Census Tract:	
CDFI Investment Area? Choose an Item	

Please provide a detailed description of the business (*services provided, products produced, business's mission, goals, etc.*):

Does the applying business have a related operating or holding company? Choose an Item		
If YES , please provide the name of the related entity and provide the name of the parties with at least 20% ownership of the holding company.		
Legal Name of Holding Company:		
Individuals or Entities with at least 20% Ownership in the Holding Company		
Name	Email	Percent Ownership

E. General Project Information

- 1) Please describe the project in detail, including the use of funds and how the NetWork Kansas loan(s) moves the project forward: _____

- 2) Please identify the business' competition, where they are located and how the business will set itself apart: _____

Please indicate if business supports climate-aligned investments through the business's activities (including production processes and use of energy, inputs, supply chain services, and/or actions to increase resiliency) or by supplying products and services that contribute to lower emissions. *These may include investments to reduce greenhouse gas emissions; promote adaptation to climate change or energy transitions; support weatherization; energy-efficient prefabrications or manufacturing; supply chain use, processes or production resulting in lower emissions; energy site transitions; sustainable and/or climate-smart agriculture and forestry; renewable energy development or implementation (e.g. wind, solar, hydroelectric, biomass, geothermal); electrical vehicle innovations; and other investments that aim to build climate resilience, support adaptation to extreme weather and climate events, and/or mitigate climate change.* **Choose an Item**

Please indicate if the business is in a community facing local job losses or business revenue declines due to physical or transition impacts from climate change, including shifts in energy production. *Examples include job loss or revenue declines due to changes in the economics of producing certain agriculture or foods, other natural resources goods, chemical inputs, manufactured products, or service sector outputs due to acute or chronic climate impacts, costs, regulations, or shifts in demand (e.g. shifts in production and/or transition away from fossil fuel extraction, refining, or fossil-based energy generation in oil, gas, and/or coal sector).* **Choose an Item**

F. Project Loan Funds

- 1) Has the business sought traditional means of banking on this project? Choose an Item
 If so, were they approved or denied? Choose an Item If bank loan was denied, please explain why. _____

Sources of Loan Funds Table

- Use the table below to outline the sources of loans that will be part of this project. This includes but is not limited to financial institutions, local revolving loan funds, seller carryback, or other private loan.
- *Regulatory ID* is the number associated with a financial institution (ex: [FDIC](#), [NCUA](#), CDFI, etc.), include if applicable to the source.
- *Lender EIN* is the financial institution’s employee identification number (EIN), include if applicable to the source.

Sources of Loan Funds								
Name of Funding Source	Regulatory ID	Lender EIN	Institution or Loan Type	Total Expected Loan Amount	Loan Term (months)	Loan Rate	Actual or Expected Disbursement Date	Loan supported by a Federal Program? (ex: USDA, SBA, etc)
			Choose an item.	\$				Choose an item.
			Choose an item.	\$				Choose an item.
			Choose an item.	\$				Choose an item.
			Choose an item.	\$				Choose an item.
			Choose an item.	\$				Choose an item.
TOTAL Loan Funding				\$				
Federal Program Support. If “Yes” was select, please list the Federal program(s) supporting the loan(s):								

If applicable, please provide the down payment amount(s) required to get the loan(s) listed in the table: _____

Sources and Uses Table

- Use this table to show the breakdown of how the different sources of funding will be used. A funding source may be listed multiple times in order to reflect the various uses of its funds.
- The amount should reflect the amount of the funding source dedicated to the specific use on the same line.
For example, if Bank ABC is providing a \$100,000 loan that will be used for equipment, renovations, and furniture and fixtures (FFE) then there should be three lines completed for Bank ABC: 1- Bank ABC, \$50,000, loan, Equipment; 2 - Bank ABC, \$30,000, loan, Renovations; and 3 – Bank ABC, \$20,000, loan, FFE.
- The table should include **all** sources of funding involved in the project, including but not limited to the loans identified in the previous table, the NetWork Kansas loan(s), and any other grants or personal or private investments in the project.

Source and Uses			
Funding Source	Amount	Funding Type	Use of Funds
	\$	Choose an item.	Choose an item.
	\$	Choose an item.	Choose an item.
	\$	Choose an item.	Choose an item.
	\$	Choose an item.	Choose an item.
	\$	Choose an item.	Choose an item.
	\$	Choose an item.	Choose an item.
	\$	Choose an item.	Choose an item.
	\$	Choose an item.	Choose an item.
	\$	Choose an item.	Choose an item.
	\$	Choose an item.	Choose an item.
TOTAL	\$		
If applicable, please describe each "Other" that was selected Funding Type :			
If applicable, please describe if "Other" that was selected Use of Funds :			

Please describe any additional sources and uses that could not be reflected in the table:

Note: All funds identified as match as part of this project must be verified before execution of the related NetWork Kansas loan documents.

G. Financial Information

If this Application is for an existing business please provide <u>actual</u> revenue and net income for the most recent complete calendar year.	
Actual Annual revenue:	Corresponding Year:
Actual Annual net income/(loss):	Corresponding Year:
If this Application is for a startup, please provide projections for a 12 month period.	
Projected Annual revenue:	Corresponding Year:
Projected Annual net income/(loss):	Corresponding Year:

Expected Revenue and Growth Strategy
Please describe the project’s financials including projected sales, sales growth, and/or cash flow analysis.
Describe the milestone(s) for success that are planned to track the business project goals (<i>ex: increased sales over time, expansion timeline, introducing new product/service, hiring new employees, etc.</i>).

H. Employees

Number of current Full-Time (FT) employees (including owners on the payroll):	
Number of current Part-Time (PT) employees (including owners on the payroll):	
Number of FT jobs expected to be retained (losses averted) as a result of the funding:	
Number of PT jobs expected to be retained (losses averted) as a result of the funding:	
Number of FT jobs expected to be created within the next two years as a result of the funding:	
Number of PT jobs expected to be created within the next two years as a result of the funding:	
Payroll	Average wage of FT jobs:
	Average wage of FT jobs:
Estimated annual payroll investment in dollars (\$):	

I. Collateral

Please describe the collateral positions for **ALL** funding partners (i.e. financial institution(s), local loan funds, NetWork Kansas Loan(s), other secondary sources, etc.).

Collateral Positions			
Funding Source	Collateral Type	Lien Position	Notes (if needed)
	Choose an Item	Choose an Item	
	Choose an Item	Choose an Item	
	Choose an Item	Choose an Item	
	Choose an Item	Choose an Item	
	Choose an Item	Choose an Item	
	Choose an Item	Choose an Item	

Please describe any additional funding sources and collateral positions not provided in the table: _____

- 1) A personal guaranty is required on all loans, and for all owners with 20% or more ownership in the business. Are all owners listed in Section C and D (if applicable) agreeable to signing a personal guaranty? Choose an Item If not, please explain: _____

J. Community

- 1) Please describe any government programs the business participates in that assists low-to-moderate income (LMI) earners or underserved populations. Examples include Medicaid/Medicare for healthcare organizations, WIC/SNAP for grocery. Any other government programs the applying business utilizes to assist underserved populations would also be relevant. Please list the government programs, and/or other potential ways the business assists LMI populations. _____
- 2) Please list other NetWork Kansas resource partners or community organizations who are involved in this project (ex: Kansas SBDC, economic development office, community foundation, industry or trade services) and the role of the organization(s) in supporting the project: _____
- 3) Describe the benefits of the project to the community and the State of Kansas: _____

K. Certifications

- 1) Is the Applicant or any owner or officer of the business involved in any pending lawsuits?
Choose an Item
- 2) Is the Applicant or any owner or officer of the business/organization involved in bankruptcy or insolvency proceedings? Choose an Item
- 3) Does the Applicant or any owner or officer of the business have a tax liability in arrears with the Kansas Department of Revenue or the IRS*? Choose an Item

If Yes, please provide details and any authorized payment details. _____

*****The Partner must verify answer to #40 before they are eligible to apply for NetWork Kansas funding*****

- 4) Has the business or business owner(s) previously received funding from NetWork Kansas?
Choose an Item
This may include a loan through one or more of the following programs: StartUp Kansas, E-Community Loan Fund, EDA RLF, GROWKS Program, Kansas Capital Multiplier Loan, Kansas Community Investment Fund (KCIF), Kansas Healthy Food Initiative (KHFI) and/or Empower Loan Fund.
- 5) NetWork Kansas Partner has verified business' ability to service all existing debt and the debt being requested in this Application. Repayment of all proposed debt is based on: Choose an Item
Additional notes: _____

L. Annual Reporting

If the business is approved for funding, annual progress reports will be conducted by NetWork Kansas. The purpose of the annual surveys is to track company revenues, number of full and part-time employees, and details that reflect the progress the company is making since the funds were awarded. The company's information is kept confidential. The partner will also introduce NetWork Kansas and the business if requested by NetWork Kansas.

The applying partner and the entrepreneur or business have read and agree to the terms described in the Release of Information Declaration.

M. Impact Center

In addition to funding programs, NetWork Kansas offers a state-wide resource referral service that connects entrepreneurs with expertise, education, and economic resources throughout the state. Please check the box if the applying business is interested in being contacted by an Impact Center Coordinator to learn more about business resources that could potentially assist with helping the applicant start and grow their business.

Yes, please have a coordinator contact business owner

The selection (or not) of this box will not impact how the application is reviewed for potential funding.

Acknowledgment

The applying business’s primary contact and the applying partner certify that the information entered into this Application is true and accurate to the best of their knowledge. By typing their initials, the organization and applying Partner acknowledgment they agree with the contents of this Application.

Applying Business: _____

Applying Partner: _____

IV. Kansas Healthy Food Initiative



This section only needs to be completed for applicants seeking KHF I funding.

The Kansas Healthy Food Initiative (KHF I), a healthy food financing program aims to increase access to healthy food in low-resource and underserved areas of Kansas at the retail level.

Eligibility

All funding applications submitted to KHF I are reviewed to determine whether the project meets KHF I programmatic goals. **This eligibility determination is the first step of the application process.** If this project has not yet completed the first step, please complete an [Intake Form](#) to determine eligibility.

Eligible projects must expand healthy food offerings in low-resource, underserved areas at the retail level and fit local community needs. Potentially eligible projects may include grocery stores, co-ops, farmers' markets, production, and distribution operations. To learn more about eligibility, review the [KHF I Guidebook](#), also available in Spanish, [KHF I Guía](#).

Funding Information

KHF I offers funding in the form of loan/grant mixes, which are made up to 15% of the total KHF I funding package can be grant. The maximum grant amount is dependent on the total request.

A. Project Information

Please indicate the type of project (check all that apply):	
<input type="checkbox"/> Store <input type="checkbox"/> Production <input type="checkbox"/> Distribution <input type="checkbox"/> Farmers Market <input type="checkbox"/> Other	
If Other, please explain:	
Use of Funds (check all that apply):	
<input type="checkbox"/> Capital Improvements <input type="checkbox"/> Equipment/Fixtures <input type="checkbox"/> Expansion of Existing Facility	
<input type="checkbox"/> Inventory <input type="checkbox"/> New Construction <input type="checkbox"/> Predevelopment	
<input type="checkbox"/> Reopen Closed Facility <input type="checkbox"/> Renovate Existing Facility <input type="checkbox"/> Renovate New Facility	
<input type="checkbox"/> Working Capital <input type="checkbox"/> Other, please explain:	
Status of project site: ----- If Other, please explain:	
Existing square footage of food retail: _____	Existing square footage of food retail: _____
Total square footage of food retail after project completion: _____	
Estimate Project Start Date: _____	Estimate Project Completion Date: _____
Will the project offer SNAP benefits? -----	Will the project offer WIC benefits? -----
What healthy foods will be offered as a result of this project? <i>Healthy foods include whole fruits and vegetables, whole grains, fat-free or low-fat dairy, lean meats and poultry (fresh, refrigerated, frozen, or canned)</i>	
Who is the current, or expected supplier for this project?	

B. Community

Increased consideration will be given for meeting the following criteria: local hiring and living wages, local, sustainable sourcing, energy efficiency, sound land use & historic preservation, collaboration with other community initiatives, and geographic diversity.

Please explain how your project meets any of the above criteria:

If other community organizations or community leaders not previously mentioned in the Application are involved or have expressed support, please share:

C. Release of Information Declaration

*Upon approval of this proposal for funding, the organization agrees to supply information on an annual basis to one or more KHFI Partner Organization. *Data collected will include but is not limited to profit/loss, revenue, and jobs.*

I, _____, hereby certify that I am an authorized representative of the Applicant organization with full authority to cause the completion and submission of this application; that the information submitted in this application and/or its attachments is true and accurate representation of the project; and that the Applicant understands that it has a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts represented herein change prior to the closing and funding of any financing requested under. I also authorize KHFI Partner Organizations to obtain information related to this financing request, including but not limited to, relevant financial or historical information about the Applicant, its principals or affiliates.

The project leader has reviewed the completed proposal and agrees with response provided by themselves or the applying organization. By typing his/her initials, the business/organization's primary owner agrees with the contents of this proposal.

**KHFI partner organizations include The Kansas Health Foundation, Kansas State University, NetWork Kansas, The Food Trust, and IFF*