Northwest Minnesota FOUNDATION

FOR OFFICE USE ONLY
Log #_____
Date Rec'd _____
Lead Staff _____

CHILD CARE LOAN PROGRAM

Applicant Name: _____

Name of your Child care Business: _____

Phone:_____ Email: _____

Home Address: _____
(Include street or post office box number, city, state, zip)

Mailing address (if different from home address): _____

If already licensed, how long have you had your license? _____ months/years License Capacity: _____

Current Slots on License: _____ Infants _____ Toddlers _____ Preschool _____ School Age _____ Other

Licensor Name and phone or email: _____

If not licensed yet, what will be your capacity? _____ Infants _____ Toddlers _____ Preschool _____ School Age_____ Other

If you are not currently licensed, have you had your inspection? _____ Yes _____ No
Comments: _____

If you are already in business, what is the legal form? _____ Sole Proprietorship _____(s) Corporation
_____General or Limited Partnership _____ LLC or LLP

Proposed Loan Uses:
Remodeling: $_____* Equipment/Furniture: $_____
Supplies: $_____ Working Capital: $_____

*Required to obtain or maintain license
Note: Depending on needs, more than one loan is possible.

Please email the following to Tabi (tabis@nwmf.org):

1. Copy of last year's complete tax return (include all subsections and worksheets)
2. Complete Loan Application form
3. Copy of Fire Marshal Report (if required by your county)
4. Screenshots, copies of estimates, or receipts for desired loan uses

(Additional information may be needed, depending on financing needs)

To comply with our Small Business Administration funding requirements, applicants must self-certify the following:

_____ I am a U.S. Citizen _____ I am a U.S. National
_____ I am a U.S. Lawful Permanent Resident _____ None of the above

APPLICANT CERTIFICATION AND SIGNATURE

Everything I have stated in this application is true and correct to the best of my knowledge. I authorize the Northwest Minnesota Foundation to make inquiries regarding my credit history and information contained in this application and attachments.

_____ _____
Authorized Signature **Date**

The Northwest Minnesota Foundation is an equal opportunity provider and employer.

For questions, contact Tabis@nwmf.org
201 3rd St NW, Bemidji, MN 56601
218.759.2057 | 800.659.7859

CHILD CARE LOAN PROGRAM

PROJECT & FUNDING INFORMATION — PAGE 2

1. Loan Program Requested — select one

☐ Forgivable Start-Up Loan	☐ Forgivable Retention Loan
☐ Low-Interest Loan	☐ Unsure — please help determine the best option
Amount Requested: _____	

2. Intended Use of Funds — check all that apply

☐ Licensing requirements	☐ Facility improvements/remodeling	☐ Equipment or furniture	☐ Supplies
☐ Outdoor play equipment	☐ Health and safety improvements	☐ Working capital	☐ Other: _____

3. Project Description — briefly describe your project and how funds will be used

_____

_____

4. Project Impact — How will this project affect your program or child care services in your community? Check all that apply.

☐ Open a new child care program	☐ Reopen a previously closed program	☐ Add child care slots (increase number of children served)
☐ Retain an existing child care program	☐ Improve quality of care	☐ Improve health and safety
☐ Support licensing compliance	☐ Other: _____	

5. Child Care Capacity and Outcomes — complete only if applicable to your project

Expected licensed capacity after project completion: _____	Estimated NEW child care slots created: _____	Estimated EXISTING child care slots retained: _____

Age groups expected to be served or supported:

☐ Infants	☐ Toddlers	☐ Preschool	☐ School Age	☐ Other: _____

6. Project Timeline

When do you expect this project to be completed?

☐ Within 3 months	☐ Within 6 months	☐ Within 12 months	☐ More than 12 months
Anticipated licensing, opening, reopening, or project completion date: _____			

FOR FORGIVABLE LOAN REQUESTS ONLY

7. Need for Forgivable Loan Support

Would your child care program have opened, expanded, reopened, or remained in operation without this forgivable loan?

☐ Definitely yes	☐ Probably yes	☐ Probably not	☐ Definitely not	☐ Unsure
Optional explanation: _____				

8. Future Plans

How long do you anticipate operating your child care program?

☐ Less than 3 years	☐ 3–5 years	☐ More than 5 years	☐ No plans to close or retire	☐ Unsure

9. Current Challenges (Optional) — What are the biggest challenges facing your child care program? Select up to 3.

☐ Staffing/workforce shortages	☐ Lack of funding or capital	☐ Facility limitations
☐ Licensing requirements	☐ Enrollment fluctuations	☐ Business sustainability
☐ Recruiting families	☐ Retiring/transition planning	☐ Other: _____

10. Follow-Up Information

NMF may follow up after funding to confirm project completion, slots created or retained, and whether the program remains in operation.

Follow-up contact name, if different from applicant: _____
Phone number: _____
Email address: _____