



CITRUS EMERGENCY LOAN PROGRAM

Disaster Event: Hurricane Irma 2017



Application Deadline: Nov. 30, 2017
Or Until Program Funding is Exhausted

LOAN AMOUNT REQUESTED*:
(maximum \$150,000)

APPLICATION DATE:

** The need for the loan and use of proceeds must be directly related to the physical damage and/or economic injury caused by the designated disaster.*

LOAN TYPE: (check all that apply)

Physical Damage -- *Indicate type of damage*

- Real Property
 Business Contents
 Citrus Crops

Attach photographs or images of damage to your business property, content or crops, and estimates for replacing or repairing property damaged as a result of declared disaster.

Economic Injury (Loss of Sales or Revenues directly attributed to the disaster)

Attach written justification of economic loss or injury caused as a result of declared disaster, e.g. sales or income compared to previous year or period compared to current period.

TERM REQUESTED:

(maximum one (1) year)

- One (1) Year (default)
 Less than One (1) Year (applicant elective) Term: _____

EXPECTED SOURCE OF REPAYMENT:

- SBA/USDA Disaster Loan(s)
 Insurance Proceeds Future Business Revenues
 Bank or Other Loan Other _____

ONLY ELIGIBLE, COMPLETED AND SIGNED APPLICATIONS WITH REQUIRED SUPPORT DOCUMENTATION WILL BE ACCEPTED PLEASE READ ENTIRE FORM BEFORE SUBMITTING

Submit Application and Required Documents to your local Florida Small Business Development Center. To locate your local Florida SBDC visit www.FloridaSBDC.org/locations OR send completed applications and required documents to:

Florida SBDC Network Headquarters
C/O Florida Citrus Emergency Loan Program
220 West Garden Street, Suite 301
Pensacola, Florida 32502

Emailed applications and required documents will not be accepted.

Note: A Credit Report of each owner on the application will be pulled by Florida First Capital Finance Corporation after the application is submitted.

For questions, contact Florida SBDC Network Headquarters, Disaster Information Hotline, Disaster@FloridaSBDC.org or (850) 898-3489

SECTION I. ELIGIBILITY

YOUR BUSINESS MUST BE: (check all that apply)

- A business that maintains a citrus grove in production in the state of Florida.
- A business established prior to Sept. 4, 2017, and located in a disaster designated county in Florida (Eligible Florida Counties: ALL).
- A citrus business or grower that has suffered physical damage and/or economic injury as a result of the designated disaster.



ALL THREE OF THE ABOVE STATEMENTS MUST BE TRUE TO BE ELIGIBLE FOR THIS PROGRAM.

YOUR BUSINESS MUST NOT BE: (check all that apply)

- A business deriving more than one-third of gross annual revenue from legal gambling activities.
- A business engaged in any illegal activity.
- A business that presents live performances of an indecent sexual nature or derive directly or indirectly more than 2.5 percent of gross revenues through the sales of products and services, or the presentation of any depictions or displays, of an indecent sexual nature, or the presentation of any depiction or displays, of an indecent sexual nature.
- A business that has a primary purpose of facilitating polyamorous relationships.
- A massage parlor.
- A hot tub facility.
- An escort service.



IF ANY OF THE ABOVE ARE CHECKED, YOUR BUSINESS IS INELIGIBLE AND DOES NOT QUALIFY FOR THIS LOAN PROGRAM.

SECTION II. REQUIRED APPLICANT DOCUMENTATION

REQUIRED LOAN APPLICATION DOCUMENTS:

- Section III of this application form completed and signed by individual(s) who, individually or collectively, own fifty-one percent (51%) or more of the equity of the business, as evidenced by the business' tax statements.
- Business Tax Returns – at a minimum, copy of the 2015 and 2016 Federal income tax returns for the applicant business, including all schedules, or a written explanation if the tax return(s) are not available.
One of the following:
- Sole Proprietorship – Form 1040, US Individual Income Tax Return, Sch. C, Profit or Loss from Business
 - Partnerships – Form 1065, U.S. Return of Partnership Income, Schedule K-1, Partners Share of Income, Deductions and Credits
 - Corporations – Form 1120, U.S. Corporation Income Tax Return
 - S Corporations – Form 1120S, U.S. S-Corporation Income Tax Return
- Note: Limited Liability Company (LLC) – IRS will treat an LLC as either a corporation, partnership, or as part of the LLC's owner's tax return (a "disregarded entity"). Specifically, a domestic LLC with at least two members is classified as a partnership (Form 1065) for federal income tax purposes unless it files Form 8832 and affirmatively elects to be treated as a corporation (Form 1120 or 1120S). And an LLC with only one member is treated as an entity disregarded as separate from its owner for income tax purposes (Form 1040, Schedule C).*
- Individual Tax Returns – at a minimum, copies of the 2015 and 2016 Federal income tax returns, IRS Form 1040 and all schedules, for each individual business owner who completed and signed this application. If an extension for 2016 has been filed and not completed, include a copy of 2014 tax returns.
- Business Employer Tax Documentation, If Applicable One of the following:
- 2016 Employer's Annual Federal Tax Return (IRS Form 940)
 - 2017 Employer's Quarterly Federal Tax Returns (IRS Form 941)
 - 2016 W-3s or W-2s for minimum of two employees
- Evidence of Property Ownership or Lease - Copy of one of the following:
- For Property Owners: Property ownership title, deed, tax assessment, FDA filing, screen shot from the property appraiser's website or property insurance policy
 - For Property Leasee: Copy of the property lease, FDA filing or insurance documentation



COLLECT ALL REQUIRED SUPPORT DOCUMENTS BEFORE COMPLETING APPLICATION.

APPLICANT MAY VOLUNTARILY PROVIDE ADDITIONAL INFORMATION THAT, WHEN PROVIDED, WILL PROVIDE ADDITIONAL CONTEXT AND ASSIST THE LOAN COMMITTEE IN MAKING AN INFORMED LOAN DECISION. ADDITIONAL INFORMATION MAY INCLUDE:

- Year-End Financial Statements for the past two tax years.
- Interim Financial Statements (profit & loss) for the current year-to-date.
- Additional filing requirements providing monthly sales figures.
- Explanation of credit report concerns and issues.

ADDITIONAL INFORMATION MAY BE REQUESTED BY THE LOAN COMMITTEE TO DETERMINE A LOAN DECISION. IF REQUESTED, PLEASE PROVIDE ADDITIONAL INFORMATION WITHIN 7 DAYS OF THE REQUEST.

SPECIAL NOTE, THE DECISION CONCERNING THE APPROVAL OR DENIAL OF A BRIDGE LOAN IS SOLELY THAT OF THE INDEPENDENT BRIDGE LOAN REVIEW COMMITTEE. While SBDCs may attend meetings with lenders to assist clients in preparing financial packages, the SBDCs may not take a direct role in representing clients in loan negotiations. The Florida SBDC Network, or any of our employees, are strictly prohibited from making loans, servicing loans or making credit decisions regarding the award of loans, including bridge loans.

SECTION III. APPLICATION FORM

1. ORGANIZATION TYPE:

Sole Proprietorship
 Partnership
 Corporation
 S-Corporation
 Limited Liability Company
 Other: _____ (NOTE: Non-Profit Organizations Do NOT Qualify)

2. BUSINESS' LEGAL NAME: (verified by Sunbiz.org)

3. TRADE or DBA NAME: (if different than legal name)

4. EIN (EMPLOYER IDENTIFICATION NUMBER):

5. STATE TAX IDENTIFICATION NUMBER:

6. MAILING ADDRESS:

Business
 Home
 Temp
 Other _____

Number, Street, and/or Post Office Box:

City	County	State	Zip + 4
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7. DAMAGED PROPERTY ADDRESS(ES)

BUSINESS PROPERTY: (if you need more space, attach additional sheets)

Same as mailing address
 Do you:
 Own the land
 Lease the land

Number and Street

City	County	State	Zip + 4
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8. BUSINESS EMAIL AND WEBSITE

Business Email

Business Website

9. PRIMARY BUSINESS ACTIVITY (NAICS CODE): (check one)

(111310) Orange Groves

(111320) Citrus (except Orange) Groves

Other _____

10. NUMBER OF EMPLOYEES: (pre-disaster, if any)

11. DATE BUSINESS ESTABLISHED: (MM/YYYY)

12. BUSINESS FINANCIAL SUMMARY

	2015	2016	2017 (YTD, Projected)
Boxes Harvested (# of units)			
Price Sold Per Unit			
Gross Revenues			
Total Employment/Payroll Expense			
Pre-Tax Profit			

13. CREDIT INFORMATION	
Business Bank (primary)	Contact Name (if any)
Account Type (checking, savings, IRA, etc.)	Telephone Number
Key Creditor / Vendor	Contact Name (if any)
Account Type (credit card, accounts payable, open line, etc.)	Telephone Number
Key Creditor / Vendor	Contact Name (if any)
Account Type (credit card, accounts payable, open line, etc.)	Telephone Number
14. AMOUNT OF ESTIMATED LOSS: (if unknown, enter a question mark)	
<input type="checkbox"/> Real Estate:	<input type="checkbox"/> Leasehold Improvements:
<input type="checkbox"/> Machinery and Equipment:	<input type="checkbox"/> Loss of Sales:
<input type="checkbox"/> Inventory (crop):	<input type="checkbox"/> Other:
15. INSURANCE COVERAGE (IF ANY) (if you need more space, attach additional sheets)	Coverage Type: <input type="checkbox"/> Property and Equipment Insurance (check all that apply) <input type="checkbox"/> Crop Insurance
Name of Insurance Company and Agent:	
Phone Number of Insurance Agent:	
Policy Number:	
16. Describe the type and extent of physical damage and/or economic injury that your business or farm has experienced as a result of the declared disaster. Attach photographs or other evidence of the physical damage to real property, including crops.	

17. OWNERS: (must include all the following information)

Application must include the following information for the individual(s) who, individually or collectively, own at least fifty-one percent (51%) of the equity of the business, as evidenced by the business' tax statements.

(A) OWNER APPLICANT 1: (if less than 51% owner, additional owner applicant(s) are needed)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
SSN	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City		State Zip

(B) OWNER APPLICANT 2: (if applicant 1 is less than 51% owner)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
SSN	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City		State Zip

(C) OWNER APPLICANT 3: (if applicants 1 and 2 are less than 51% owner)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
SSN	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City		State Zip

(D) OWNER APPLICANT 4: (if applicants 1 - 3 are less than 51% owner)

Full Legal Name		Title/Office	% Owned*	E-mail Address	
SSN	Date of Birth	Driver's License Number		Telephone Number (area code)	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address			City		State Zip

* Total of all owners listed must be equal to or greater than 51% of total business ownership. Attach additional sheet if needed.

18. IF DIFFERENT THAN 17(A) and 17(B) ABOVE, PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR INFORMATION NECESSARY TO PROCESS THIS APPLICATION:

Name (primary)	Name (alternative)
Telephone Number	Telephone Number
Email	Email

19. Excluding the assistance received by the Florida SBDC, if anyone person assisted you to complete this application, whether you paid a fee for the service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

(Signature of Individual)

(Print Individual Name)

(Name of Company)

Phone Number (Include Area Code)

Street Address

City, State, Zip

Unless the NO box is checked, you give permission to discuss any portion of this application with the representative listed above.

NO, I DO NOT GIVE PERMISSION TO DISCUSS MY APPLICATION WITH THE ABOVE.

SECTION IV. APPLICATION SIGNATURE

The undersigned, by signature on this document, verifies that information contained herein and in all attachments and all supporting documents and materials are true and complete, that I/we have authority to apply for this loan on behalf of the business, and intend to repay the loan using funds available to myself/us or the business that will be used to repay the loan.

The undersigned understands that Florida First Capital Finance Corporation, and/or other financial institutions assisting the Corporation in its administration of this loan program for the state of Florida, may investigate the credit of the applicant or co-applicants for purposes limited to this application, and hereby authorizes such investigation.

The information in this application, and/or additional information obtained in connection with its processing, as authorized above, is confidential, and shall not be released to any party without the written permission of the applicant(s) except for audit review by State or Federal agencies and upon request by financial institutions or agencies considering an extension of credit to the applicant(s). Misrepresentation of the above information could result in prosecution for fraud.

APPLICANT(S) SIGNATURE(S)

APPLICANT 1 (17A)		APPLICANT 2 (17B)	
Print Name		Print Name	
Signature		Signature	
Date		Date	
APPLICANT 3 (17C)		APPLICANT 4 (17D)	
Print Name		Print Name	
Signature		Signature	
Date		Date	

SECTION V. BORROWER CERTIFICATION AND ACKNOWLEDGMENT

I/We understand that the state of Florida Citrus Emergency Loan Program is designed to provide a short term loan to “bridge the gap” between the time a major catastrophe occurs and when a business has secured other capital resources. I/We understand that I/we are responsible for repayment of any funds loaned under the Program.

I/We intend to repay the loan through one or more of the following sources:

- I/We have applied, or promise to apply, for federal disaster assistance from the U.S. Small Business Administration and/or U.S. Department of Agriculture.
- I/We have filed a claim with my/our insurance company for damages.
- I/We have applied, or promise to apply, for a loan from my/our banking institution.
- I/We reasonably expect to generate sufficient revenues and cash flow from the business sufficient to repay the loan.
- I/We will have other resources available to repay the loan.

APPLICANT(S) SIGNATURE(S)

APPLICANT 1 (17A)		APPLICANT 2 (17B)	
Print Name		Print Name	
Signature		Signature	
Date		Date	
APPLICANT 3 (17C)		APPLICANT 4 (17D)	
Print Name		Print Name	
Signature		Signature	
Date		Date	

[END OF APPLICATION]

SEE CITRUS PRODUCTION FORM ON NEXT PAGE - THIS FORM MUST BE COMPLETED

CITRUS PRODUCTION REPORT

A. CROP PRODUCTION

	20SSSS	20SSSS	20__
1. Crop _____ Box/Crates _____			
a. Total Yield			
b. Acres			
c. Average Yield			
2. Crop _____ Box/Crates _____			
a. Total Yield			
b. Acres			
c. Average Yield			
3. Crop _____ Box/Crates _____			
a. Total Yield			
b. Acres			
c. Average Yield			
4. Crop _____ Box/Crates _____			
a. Total Yield			
b. Acres			
c. Average Yield			
5. Crop _____ Box/Crates _____			
a. Total Yield			
b. Acres			
c. Average Yield			
6. Crop _____ Box/Crates _____			
a. Total Yield			
b. Acres			
c. Average Yield			
7. Crop _____ Box/Crates _____			
a. Total Yield			
b. Acres			
c. Average Yield			
8. Crop _____ Box/Crates _____			
a. Total Yield			
b. Acres			
c. Average Yield			
9. Crop _____ Box/Crates _____			
a. Total Yield			
b. Acres			
c. Average Yield			

B. SIGNATURE

I certify that the information is true, complete, and correct to the best of my knowledge and is provided in good faith. (Warning: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action.)

1. Signature	2. Date
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