

Company Information

Company Name

Tax ID or SSN:

Business Address (Street, City, State/Province, Postal/ZIP Code, Country)

Date of Establishment (Day/Month/Year)

Phone (Area Code - Number)

Email Address

Applicant Information

First Name

Last Name

Address (Street, City, State/Province, Postal/ZIP Code, Country)

Please briefly describe the products or services your business offers.

DBE Status

Are you certified by any of the following programs?

- MBE-Minority Owned Business Enterprise DVBE-Disadvantaged Veteran Business Enterprise
 WBE-Women Business Enterprise SLDBE-State and Local Disadvantaged Business Enterprise
 Other: _____

If you are in process or have a pending application, please complete the following information?

- In-process Submitted
Application Submission Date (Day/Month/Year)

Do you have a formal, written business plan?

- Yes No If yes, when was it last updated?
Month/Day/Year

Are you currently affiliated with a training organization for your business?

- Yes No If yes, please name the organization.

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Use of Funds (Up to \$5,000 for Start-Up DBE and up to \$10,000 for Established DBE)

Allowable Expense | Amount

<input type="checkbox"/> Equipment purchase or rental	
<input type="checkbox"/> Insurance/Bonding	
<input type="checkbox"/> Public Relations (marketing)	
<input type="checkbox"/> Corporate Resume	
<input type="checkbox"/> Office Assistance	
<input type="checkbox"/> Skill Enhancement of workforce (training)	
<input type="checkbox"/> Certifications (DBE and other industry specific certification)	
<input type="checkbox"/> Organization Infrastructure (payroll, accounting, human resources, etc.)	
Total	

Certification and Authorization

I authorize NewCorp, Inc. to make any investigations of verification either directly or through any agency, lender, governmental entity or other third-party which has or related information. I agree that this application and any attachments shall remain NewCorp Inc.'s property whether or no the loan is granted. I hereby certify that all information contained in this document and any attachments are true and correct to the best of my/our knowledge. In addition, it is understood that neither NewCorp, Inc. nor its agents will directly benefit from this relationship. NewCorp does not warrant or guarantee in any manner that its assistance will result in business success. I specifically waive and release any claims now or in the future regarding the assistance provided by NewCorp, Inc. and/or its agents.

Printed Name

Signature

(Day/Month/Year)

Required Documents

Please note that your application will be considered incomplete and will not be processed for funding if the required documents listed below are not submitted at the time of submission. Please upload.

- | | |
|--|---|
| <input type="checkbox"/> Photo Identification | <input type="checkbox"/> City of New Orleans Tax Clearance Letter |
| <input type="checkbox"/> Corporate Documents /Certificate of Good Standing | If start-up DBE: |
| <input type="checkbox"/> DBE Certification | <input type="checkbox"/> 1 year of tax return submitted
Year: _____ |
| <input type="checkbox"/> Evidence of Incubator/TA provider | If established DBE: |
| | <input type="checkbox"/> 3 years of tax returns submitted
Years: _____, _____, _____ |