

Montana Working Capital Program Application

The Montana Working Capital Program is designed to aid Montana businesses impacted by COVID-19 pandemic. Businesses are eligible for grant funds to support working capital loans from eligible lenders.

<Name of Approved Financial Institution>			
Street Address	City	State	Zip

Borrower Information

Business Name:				
Primary Business Contact Information:				
Name:				
Phone Number:				
Email Address:				
Borrower Tax ID Number:				
NAICS Code:				
Physical Address for the primary business location:	Street Address	City	State	Zip
Mailing Address if different from primary business location:	Street Address	City	State	Zip

Co-Borrower Information (If Applicable)

Business Name:				
Primary Business Contact Information:				
Name:				
Phone Number:				
Email Address:				
Borrower Tax ID Number:				

Funding Request:

Loan number:		
Loan Unique Identifier:		<to be assigned by BOI>

Use of Funds (March 12, 2020 through December 30, 2020):

Payroll/Contract Labor	
Employee Benefits	
Leases/Rents	
Inventory	
Utilities	
Insurance	
Advertising	
Repairs and Maintenance	
Office Expense	
Interest (this loan request only)	
Total Loan Amount	\$ -
Bank Origination Fee	\$ -
WORKING CAPITAL GRANT TOTAL	\$ -

Provide this information to dhill@mt.gov via Montana File Transfer Service (www.transfer.mt.gov)

1. Montana Working Capital Program Application
2. MBOI Gross Revenue Calculation with supporting tax return & profit and loss
3. Names of all borrower partnerships or business entities, with the note holder listed first, and the respective Tax Identification Number (TIN) for each.
4. IF APPLICABLE, name of the borrower's partnerships, affiliates, or business entities for which a Montana Tax Return has been filed, including Federal Employer Identification Number.
5. IF APPLICABLE, name of sole proprietor or pass-through entity's owners, shareholders or partners with SSN for each.
6. Signed Borrower Certification
7. Signed Lender Certification