

MARK TWAIN REVOLVING LOAN FUND, INC.
ADMINISTERED BY THE MARK TWAIN REGIONAL COUNCIL OF GOVERNMENTS

CARES Act Assistance
PRE-SCREENING FORM

This pre-screening form will assist the Mark Twain Revolving Loan Fund Executive Board to determine if a potential project is likely to qualify for RLF assistance, the estimated loan amount, and the probable interest rate. This form is appropriate for use by economic development practitioners, bankers & other persons making a referral.

Name of Potential Applicant Business: _____

Name of Principal Contact Person: _____ Title: _____

Type of Business (List products or services): _____

Mailing Address: _____

home business Street Address/PO Box # City State Zip Code

Phone Number: _____ FAX No. and/or E-mail: _____
home business

Project location: _____

Brief description of how the business was affected by COVID-19: _____

Plan of action to recover from COVID-19 and build resiliency: _____

Approx. Total Project Cost: \$ _____ Estimated RLF financing need, if known: \$ _____

Is there known financing for part of the project? Yes No Equity: \$ _____ Debt: \$ _____

Do you have a business plan? Yes No Do you have collateral? Yes No Value? _____

When will the financing be needed to undertake the proposed activities (target date)? _____

What is your estimate of the number of full-time equivalent jobs to be maintained/created?

Maintained _____ Created _____ Timeframe for Job Creation _____

Name of Person Submitting this Form: _____ Date: _____