



Debi V. Durham, Director  
Iowa Economic Development Authority

# FY 12

# Targeted Small Business Financial Assistance Program

## Pre-Qualification Application

### Iowa Economic Development Authority

Questions concerning the program as well as submission of applications should be directed to:

**Alana Anderson**

Targeted Small Business Program Manager  
Iowa Economic Development Authority  
200 E. Grand Avenue  
Des Moines, IA 50309

**Phone:** 515.725.3196

**Email:** [alana.anderson@iowa.gov](mailto:alana.anderson@iowa.gov)

**Website:** <http://iowalifechanging.com/business/tsb.aspx?id=1>

## PRE-QUALIFICATION APPLICATION

### TARGETED SMALL BUSINESS (TSB) FINANCIAL ASSISTANCE PROGRAM

The Targeted Small Business Pre-Qualification Application is used to verify the applicant's ability to be certified as a Targeted Small Business and their credit worthiness. Once the previously mentioned criteria are confirmed, an applicant would then be eligible to receive Technical Assistance (TA) on the full version of the Targeted Small Business Finance Application. **You only need to fill out the pre-qualification application if you want technical assistance through one of the States's contracted TA providers.**

#### **Targeted Small Business Certification**

The business **must be certified as a "targeted small business"** by the department of inspections and appeals **prior to submitting this application**. In order to be certified as a targeted small business, among other criteria; a business owner must be a woman, a targeted minority, or a person with a disability and have established at least 51 percent ownership of the business, and be actively involved in the day-to-day management of the business. (The targeted small business owner must have the expertise or related experience in order to be considered actively involved in the day-to-day management of the business.) To apply for certification please contact the Department of Inspections and Appeals

<https://dia.iowa.gov/tsb/index.php/home>

Questions concerning certification should be directed to:

Mary Montgomery

Telephone: 515.281.5796

[Mary.montgomery@dia.iowa.gov](mailto:Mary.montgomery@dia.iowa.gov)

#### **INSTRUCTIONS:**

1. *Fill out application completely.*
2. *Pre-Qualification Applications must be **typed**. The original application must be submitted on this form to the Iowa Economic Development Authority.*
3. *Pre-Qualification Applications will be reviewed and evaluated on criteria such as: credit worthiness, ability to be TSB Certified. If these criteria are met, you will be assigned to a Technical Assistance Provider for help on your application, if you so desire.*

#### **Technical Assistance Providers**

We have contracted with professional business consultants to offer you sound business advice and technical assistance for filling out the TSB Loan application. You must be certified as a TSB to access this service. The Technical Assistance Providers are available at no cost to a certified TSB.

**TARGETED SMALL BUSINESS  
FINANCIAL ASSISTANCE PROGRAM (pre-application)**

**PART 1: APPLICANT INFORMATION**

**Applicant 1**

**Name:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Are you a resident of Iowa?** Yes  No

**Which best describes you?** African American  Asian/Pacific Islander  Caucasian Woman   
Latino  Native American  Disabled Person

**Applicant 2**

**Name:** \_\_\_\_\_ **Social Security No:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Are you a resident of Iowa?** Yes  No

**Which best describes you?** African American  Asian/Pacific Islander  Caucasian Woman   
Latino  Native American  Disabled Person

**BUSINESS INFORMATION (pre-application)**

**Company Name:**

**Primary Contact Person:**

**Street Address:**            **City:**    #####

**County:**            **State:**            **Zip Code:**

**Phone Number:**

**Federal ID Number:**

**Years in Business:**

**Current Number of Employees: Part Time:**            **Full Time:**

**Are you a Certified Targeted Small Business?**     Yes     No

*If yes, please submit a copy of the Certification/Conditional Certification Letter or Certificate from the Department of Inspections and Appeals with your application. If no, please follow the instructions on page 2 of this application to get certified prior to submitting this pre-application.*

**Amount of Assistance Requested: \$**            *(up to \$50,000; this can be an estimate)*

**Do you wish to work with a Technical Assistance Provider when filling out the full application?** *(There is no cost to you for this service.)*

Yes     No

**Have you created a business Plan?**     Yes     No

*If no, you will need to create a business plan and submit it with the full TSB Financial Assistance Application.*

**Please provide a brief description of your business.** *(Please limit your response to no more than 250 words.)*

**I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A person who engages in deception and knowingly makes or causes to be made, directly or indirectly, a false statement in writing, for the purpose of procuring economic development assistance from a state agency or political subdivision, for the benefit of the person or for whom the person is acting, is guilty of a fraudulent practice in the first degree as defined in Section 714.9.

A Class "C" Felon, not a habitual offender, shall be confined for no more than ten years, and in addition may be sentenced to a fine of not more than \$10,000.

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**IOWA ECONOMIC DEVELOPMENT AUTHORITY  
AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS**

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I have been provided with a copy of a statement advising me that certain information is required to assist the Iowa Economic Development Authority in making a determination concerning my loan application under the Department's Targeted Small Business Financial Assistance program (TSBFAP) and that execution of this form is voluntary.

I hereby authorize and consent to the release of information and records bearing on my personal history; personal and business income; bank accounts; credit history; personal and business assets and liabilities; job performance; and arrests and convictions, if any, to representatives of the Iowa Economic Development Authority. The information will be used for the purpose of determining my eligibility for assistance under the TSBFP program.

This authorization is valid for the length of the contract with the Iowa Economic Development Authority after my signing. Upon request, a copy of this signed statement may be furnished to a present or former employer, present or former landlord, financial institution, creditor, state or federal agency, criminal justice agency, or other person furnishing information or record.

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DATE (Year,Mo,Day)

NAME (Last,First,MI)

SIGNATURE

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

SEAL

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Notary

