

Horizons-Dorian Loan Fund Application

Contact Information

Organization Name:	Tax-ID:
Organization Phone:	Website:
Billing Address:	
City:	State: Zip Code:
Contact Name:	Contact Phone:
Contact Title	Contact Fax:
Contact Email:	Date:
ED / CEO Name:	ED / CEO Phone:
ED / CEO Email:	
Board Chair Name:	Board Chair Phone:
Board Chair Email:	

Loan Request

1. What is the requested loan amount?
2. When do you need the funds by?
3. What is the requested loan term? months
4. What is the purpose of the loan? (please check only one)

Emergency Loan	Bridge Loan	Project Loan	Merger/Closer Loan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What is the requested payment plan? (please check only one)

Equal monthly payments of principal and interest:	Monthly payment of interest only, principal due at maturity (only available for loans funded by reimbursable contracts):	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What is your repayment source for this loan? Answer below in either 6a, b, or c.
 - a. If cash flow is the only repayment source, please check this box:
 - b. If the repayment source is a grant, please provide grant details and contact information for the funder:

Grant Details:

Funder Contact:

c. If repayment is from another source, please provide details:

7. Specify major sources of funding, and indicate approximate proportion of total budget from each source (for example: specific private foundation 10%, specific federal agency 35%, fee for service 20%):

Source(s) of Funding	Contact name and email/phone	% of Total Budget
		%
		%
		%
		%
		%
		%

8. What outcomes do you hope to achieve with this loan? How will this loan build capacity for your organization?

9. Do you currently have a line of credit or other outstanding loan? (check all that apply) Line of credit

a. If yes to either, please provide details: Other loan

GENERAL INFORMATION:

10. Is the Applicant currently a tax-exempt nonprofit organization under the U.S. Internal Revenue Code 501(c)(3)? Yes No

11. Please describe your organization's commitment to the Bay Area's LGBTQ community?

12. Did your organization provide a completed Form 990 to its governing body before filing with the IRS last year? Yes No

13. Complete the following:

Organization's Annual Budget	Year of Incorporation	Number of Employees	Number of Board Members

14. In the past year, has the organization been involved or threatened with default or delinquency on any loans, bankruptcy, lawsuits, or any litigation? If yes to any of these, please provide details on a separate sheet.
15. In order to participate in the Horizons Foundation loan program, you promise to complete an Impact Evaluation survey provided by Horizons Foundation within one month of receiving the survey. Please check this box to indicate you understand this requirement:

Additional Required Documents:

To complete your application, please submit this application form as well as:

1. Financials for the past three years (audits preferred, Form 990's acceptable).
2. Nondiscrimination form.
2. Monthly cash flow projection for the upcoming year (document provided by Horizons Foundation).
4. List of Board of Directors with contact information.
5. A statement from the organization's Board of Directors approving applying for the loan.
6. If your organization is using these funds for a reimbursable contract, please attach the contract.
7. An annual report (optional).

The applicant certifies under penalty of perjury that the information contained herein and in all additional documents is true and correct.

SIGNATURES

Applicant's Signature or Electronic Signature	Date	Loan Officer's Signature	Date
_____	_____	_____	_____
Print or type applicant's name		Print Loan Officer's Name	
_____		_____	
Applicant's Title			