

Michigan Strategic Fund
Small Business Capital Access Program
Exhibit A – Loan Filing Form

Lender Information:		Borrower Information:	
Name of Lender:		Name of Borrower:	
Lender ID #:			
Lender EIN:		Address of Borrower (street address, city, state, zip):	
Loan Information:			
Lender Loan #:		Primary Contact:	
Date Loan Contract Entered Into:			
Date of Initial Loan Disbursement:		County Location of Borrower:	
Loan Type: (Term, Line of Credit, Other)			
Total Loan/Line Amount:		Census Tract:	
Portion of Loan/Line from Non-Private Source(s):			
		Primary Business Activity of Borrower:	
Covered Loan/Line Amount:			
Total Amount of Lender Payment to Reserve Fund:		NAICS Code:	
Total Amount of Borrower Payment to Reserve Fund:		Year Business Incorporated/Organized:	
Use of proceeds:		Borrower Annual Revenue (in last fiscal year):	
If Increasing an Existing Loan:		Current Number of Employees in Michigan:	
Previous covered Loan Amount:			
Balance Immediately Prior to Refinancing:		Borrower Full Time Equivalent Employees (FTE):	
New Total Covered Loan Amount:			
		Borrower's Estimate of FTE Jobs Created in Michigan as a Result of this Loan:	
Section Regarding Real Estate:		Y/N	
Is the Loan to a Real Estate Holding Company?		Borrower's Estimate of FTE Jobs Retained in Michigan as a Result of this Loan:	
Does the Operating Company serve as a co-borrower or guarantor on the loan?			
Have you obtained the personal guarantees of any individual holding a 20% or more interest in either company? (a copy enclosed)		Total Private Financing (prior to current loan):	
Have you obtained a copy of the lease between the R/E holding company and the operating entity with a minimum term = to the term of the loan? (a copy enclosed)			
In filing this loan for enrollment, the Lender makes the representations and warranties specified for the Lender in Exhibit B of the Agreement.			
Authorized Signature (Lender):		Date:	
Printed name (Lender):			
MSF Use Only			
% Borrower/Lender Payment:		Unique Loan Identifier:	
Verify Borrower/Lender Payment Received:		Signed:	
MSF/Federal Matching Payment: \$		Date:	