

*Mercy Investment Services, Inc.*  
**Mercy Partnership Fund**

**INSTRUCTIONS  
For  
APPLICATION**

**BUSINESSES, NON-PROFITS AND INTERMEDIARIES**

This form is used by *both* intermediary organizations and those groups seeking direct investments for business development, therefore **questions not applicable to your business or organization should be answered N/A.**

Please note that a detailed business plan **must** accompany the general information form. See attached outline form for contents of the business plan.

We encourage you to become acquainted with the requirements of the business plan outline and ensure that all relevant information is included in your application.

Please include in your application packet, your organization's most recent **outside financial audit** and a copy of your most recent **monthly financials** (*current within the past 90 days*).

**If information is available on the web, please note on the outline which information is on your web site. Be sure to include the web site address on your form.**

**You may either e-mail or mail the information.**

*Please return your application to:*  
**Corinne Florek, Director**  
**Mercy Partnership Fund**  
**PO Box 18519**  
**Oakland, CA 94619**  
**510-836-7556**  
**Jolt1@sbcglobal.net**

**Mercy Investment Services, Inc.  
Mercy Partnership Fund**

**APPLICATION**

Date \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Chair of the Board: \_\_\_\_\_

**Legal Structure:**      \_\_\_\_\_ *Non-Profit Corporation*      \_\_\_\_\_ *Cooperative*  
(check one)            \_\_\_\_\_ *For-Profit Corporation*      \_\_\_\_\_ *Other (please specify)*

Total funds required for project: \_\_\_\_\_

Requested from MPF (give minimum & maximum amount):

Amount: \_\_\_\_\_ Interest Rate: \_\_\_\_\_% Term: \_\_\_\_\_ years

Collateral and position available: \_\_\_\_\_

Does your organization currently receive any financial assistance (existing loan, grant, subsidy) from MPF? If so, please specify.

Provide a brief description of your organization / project.

If approved for financing, indicate below the specific purpose of this loan: \_\_\_\_\_

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**Other Sources of Funds**

**Amount Requested**

**Status**


The following are the social impact criteria for our Mercy Partnership Fund. Please indicate how your project addresses one or more of these.

- Benefits the economically poor especially women and children
- Beneficiaries have difficulty obtaining funding through traditional financial sources
- Beneficiaries have an effective voice in the planning and implementation of the project
- Addresses the global concerns and multicultural reality of our world. Please be specific in describing how the Board, Management and Staff reflect the racial, ethnic and cultural composition of your beneficiaries.
- Benefits care of the earth
- Effects systemic change

Please complete the following grid:

	<b>Total Number</b>	<b>Number of Women</b>
Board		
All Staff		
Management Staff		
Beneficiaries/clients/etc.		

**MERCY INVESTMENT SERVICES, INC.**  
***Mercy Partnership Fund***  
**Business Plan Outline**

Organization: \_\_\_\_\_

This outline must be completed to indicate where each topic area is addressed in your business plan. Note the appropriate page number(s) in your plan next to the outline heading below.

**I. The Business**

- \_\_\_\_\_ A. Description/History
- \_\_\_\_\_ B. Location
  
- \_\_\_\_\_ C. Market
- \_\_\_\_\_ D. Competition
  
- \_\_\_\_\_ E. Management and Board (decision-making process)
- \_\_\_\_\_ F. Personnel
  
- \_\_\_\_\_ G. Operations: Procedures / Planning
  
- \_\_\_\_\_ H. Describe any technical assistance you have received, when you received it, and your future needs.
  
- \_\_\_\_\_ I. Describe member and / or worker participation in decision-making.

**II. Financial Data**

- \_\_\_\_\_ A. Capital equipment list
  
- \_\_\_\_\_ B. Audited financial reports (past two years). Include management letters from auditor, if issued.
  
- \_\_\_\_\_ C. Schedule of Outstanding Debts (Note lender, outstanding principal, maturity, interest rates, collateral)
  
- \_\_\_\_\_ D. Projections for 3 years: Statement of Financial Position, Statement of Activity and Cash Flow Statement, with notes of explanation.
  
- \_\_\_\_\_ E. Sources of equity (Note percentage of total equity from workers / members and the cost of an ownership share, if applicable.)
  
- \_\_\_\_\_ F. The most recent monthly financial report (within past 90 days)

**III. Supporting Documents (as applicable):** IRS letter of 501 (c) (3) status, resumes and job descriptions of key staff, credit report, proof of insurance certificate, name and address of attorney, banker, accountant, and letters of support. Please also include a copy of your Articles of Incorporation and Bylaws.

**IV. For CDFI/ Loan Funds:** Report on your lending history, and include: total number of lenders/investors since inception, total capital raised, noting equity and debt; total loans disbursed, total loans paid in full, current funds available to lend, current loans outstanding, loan losses, and commitments pending. Also note your requirements for loss reserves, liquidity reserves, and permanent capital. Show your cost of capital and what you charge borrowers.

Also include a copy of your loan policies and procedures.

## AUTHORIZATION AND CERTIFICATION

The Board of Directors approved and authorized the following person(s) to negotiate investments and loan guarantee terms and conditions for our organization, and to provide additional information in connection with this application.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

The board certifies that this organization does not deny services, employment or membership to persons based on race, religion, age, sex, sexual orientation, handicap or marital status.

It further certifies that the information and representations contained in this application and attached hereto are true and accurate to the best of its knowledge. We understand that intentional misrepresentation of facts may be the basis for a denial of credit.

\_\_\_\_\_  
Signature of Board Chairperson

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Organization

Approved at the board meeting of \_\_\_\_\_ by a vote of \_\_\_\_\_ to \_\_\_\_\_.  
(Date)