



PANDEMIC RELIEF LOAN APPLICATION

APPLICATIONS ACCEPTED MAY 15, 2020 - JULY 15, 2020

SECTION 1

APPLICATION CHECKLIST

PLEASE INCLUDE ALL DOCUMENTS WITH YOUR COMPLETED APPLICATION.

- | | |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fully completed loan application. | <input type="checkbox"/> Two (2) months of statements for all bank and investment accounts |
| <input type="checkbox"/> Budget for current year | <input type="checkbox"/> Current statement of any existing loans |
| <input type="checkbox"/> Year-to-date (2020) & 2019 financial statements, including income & expenses and balance sheet | <input type="checkbox"/> Constitution and Bylaws*
<small>*NOT REQUIRED FOR ACTIVE BORROWING CLIENTS</small> |
| <input type="checkbox"/> Corporate Borrowing Resolution (SEE PAGE 5) | <input type="checkbox"/> Proof of Insurance for Organization
<small>*NOT REQUIRED FOR ACTIVE BORROWING CLIENTS</small> |
| <input type="checkbox"/> Certification of Church Officers (SEE PAGE 6) | |
| <input type="checkbox"/> Loan Amount Requested: _____ | |

PLEASE NOTE: VALUE NOT TO EXCEED \$5,000. LOAN AMOUNTS VARY BY CONFERENCE.

SECTION 2

APPLICANT INFORMATION

PLEASE PRINT CLEARLY.

Organization Name (as incorporated): _____

Also Known As (if applicable): _____

Street Address: _____

City/State/Zip: _____ County: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Website: _____

Tax ID/EIN#: _____ Date Incorporated: _____

Contact Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

Date Organized: _____

Conference: _____ Association: _____

Senior Pastor: _____ Year Called: _____

Phone: _____ Email: _____

SECTION 3

LEGAL LIABILITIES

Does your organization have any known recent, current, or pending litigation of any kind? PLEASE SELECT ONE.

- No. Yes. *If yes, please attach supporting documentation.*



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SECTION 4
FINANCIAL INFORMATION. PLEASE PRINT CLEARLY.

NOTES: _____

CURRENT ASSETS	
Checking Account(s)	\$ _____
Savings Account(s)	\$ _____
Cornerstone Fund Investment(s)	\$ _____
Other Investment(s)	\$ _____
Total Endowment	\$ _____

\$ _____	RESTRICTED	\$ _____	UNRESTRICTED
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CURRENT LIABILITIES					
Lender	Purpose	Original Amount	Balance	Interest Rate	Monthly Payment
		\$ _____	\$ _____	% _____	\$ _____
		\$ _____	\$ _____	% _____	\$ _____
		\$ _____	\$ _____	% _____	\$ _____
		\$ _____	\$ _____	% _____	\$ _____

INCOME & EXPENSES	2017	2018	2019	2020 (YTD)
Annual Income	\$ _____	\$ _____	\$ _____	\$ _____
Annual Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Surplus (Deficit)	\$ _____	\$ _____	\$ _____	\$ _____

OTHER PROPERTY (as applicable)

Street Address/City/State/Zip: _____

Street Address/City/State/Zip: _____

Street Address/City/State/Zip: _____

MISSION GIVING	2017	2018	2019	2020 (YTD)
OCWM Basic Support	\$ _____	\$ _____	\$ _____	\$ _____
OCWM Special Support	\$ _____	\$ _____	\$ _____	\$ _____
Other Mission Giving	\$ _____	\$ _____	\$ _____	\$ _____

	2017	2018	2019	2020 (YTD)
Membership	_____	_____	_____	_____
Worship Attendance	_____	_____	_____	_____

SECTION 5
FINANCIAL NARRATIVE AND DETAILS. PLEASE PRINT CLEARLY. USE ADDITIONAL SHEETS, AS NECESSARY.

If there has been a reduction in any source of revenue, please list and provide details.

What steps are you taking to encourage giving and maintain key sources of revenue?

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SECTION 5 (CONTINUED)

FINANCIAL NARRATIVE AND DETAILS. PLEASE PRINT CLEARLY. USE ADDITIONAL SHEETS, AS NECESSARY.

What steps are you taking to reduce expenses, where feasible, and what is the impact of these reductions?

In the absence of loan support, what is likely to happen to the life of the congregation?

Are you requesting loans and/or grants other than this loan (including the Payroll Protection Program)? If so, what is the source and amount of these requests?

SECTION 6

ADDITIONAL DETAILS. PLEASE PRINT CLEARLY. USE ADDITIONAL SHEETS, AS NECESSARY.

Please provide total giving by individuals by month:

MONTH												
AMOUNT												

Beyond ministering to the membership, in what ways is the congregation having an impact on the community and world? (List up to three of the most significant ways.)

1. _____
2. _____
3. _____

In what ways is the congregation engaged in the life of the Conference?

1. _____
2. _____
3. _____



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SECTION 6 (CONTINUED)

ADDITIONAL DETAILS. PLEASE PRINT CLEARLY. USE ADDITIONAL SHEETS, AS NECESSARY.

What lasting changes do you anticipate in the life of your congregation resulting from the Covid-19 pandemic. (List up to three of the most significant changes.)

1. _____
2. _____
3. _____

SECTION 7

SIGNATURE(S)

I/we represent that we are a church or church-related organization. Further, I/we certify that that all information provided on this application is true, correct, and complete. I also understand that construction must not commence until financing from The Cornerstone Fund has closed and all required legal documents have been recorded. I/we understand that this special line of credit has a 12-month term and any remaining balance after one-year will be converted to a permanent loan with a 48-month amortization.

Authorized Signature

Date

Authorized Signature

Date

Applications and all required documentation should be submitted via email to **support@cornerstonefund.org**.



CERTIFICATION OF CHURCH OFFICERS

We, the Pastor and duly elected officers of _____, certify
CHURCH NAME
that the foregoing loan application is the free act and deed of our congregation and that
its submission to the United Church of Christ Cornerstone Fund, Inc. has been approved
according to the constitution and bylaws of this congregation. We further certify that we
fully support this application.

PASTOR SIGNATURE PRINT NAME DATE

MODERATOR/PRESIDENT SIGNATURE PRINT NAME DATE

TREASURER SIGNATURE PRINT NAME DATE

TRUSTEES/COMMITTEE CHAIR SIGNATURE PRINT NAME DATE

I hereby certify that I am the duly qualified and acting Secretary/Clerk of

CHURCH NAME a/an _____
STATE corporation, and as such
have custody of the books of said corporation; that the attached instruments entitled
Constitution and Bylaws of _____
CHURCH NAME are, of this date, true,
correct, and complete copies of said instruments, including all amendments which are
now in full force and effect. I further certify that the above listed officers are the duly
elected and qualified officers of this corporation.

SECRETARY/CLERK/AUTHORIZED SIGNATURE PRINT NAME DATE