



<b>South Dakota Community Capital Fund PRE-APPLICATION</b>		
<b>Referring SDCCF Participant:</b>		
<b>Business name:</b>		
<b>Contact name/title:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail:</b>
<b>Business address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Project Description:</b>		
<b>Anticipated Sources of Funds (including dollar amounts):</b>		
<b>Anticipated Uses of Funds (including dollar amounts):</b>		
<b>Collateral description for SDCCF portion (include dollar value and each creditor's collateral position):</b>		
<b>Is this a start-up business (Yes/No):</b>		
<b>Years in Business:</b>		
<b>Management Experience:</b>		
<b>Name of Commercial Lender:</b>	<b>Contact Person:</b>	
<b>Additional Information:</b>		

