

Economic Injury Disaster Loan (EIDL)

EIDL Grant Lodge Application Tip Sheet

April 9, 2020



Good Afternoon!

Among other financial assistance programs, the US Government is offering an EIDL loan, which includes an advance forgivable grant of up to \$10,000.

This note from the Fast Company website (www.fastcompany.com): “Another point of contention is the amount of the grant itself. While the program promises advances of “up to \$10,000” for businesses, some say they are now being told that the advance amount is contingent upon the number of employees a business has.

According to an email bulletin sent Monday by the SBA’s Massachusetts District Office, the advances will be “distributed (as early as) this week,” and will total “\$1,000 per employee” up to \$10,000 total. For companies with fewer than 10 employees, that could mean considerably less than what they were planning on.”



Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION



STREAMLINED PROCESS REQUIREMENTS

SBA is collecting the requested information in order to make a loan under SBA's Economic Injury Disaster Loan Program to the qualified entities listed in this application that are impacted by the Coronavirus (COVID-19). The information will be used in determining whether the applicant is eligible for an economic injury loan. If you do not submit all the information requested, your loan cannot be fully processed.

The Applicant understands that the SBA is relying upon the self-certifications contained in this application to verify that the Applicant is an eligible entity to receive the advance, and that the Applicant is providing this self-certification under penalty of perjury pursuant to 28 U.S.C. 1746 for verification purposes.

The EIDL grant application is now online:
<https://covid19relief.sba.gov/#/>

Please follow the instructions provided by the SBA. In addition, we are providing the following tips/recommendations.



DISCLOSURES



BUSINESS INFORMATION



BUSINESS OWNERS INFORMATION



ADDITIONAL INFORMATION



SUMMARY

STREAMLINED PROCESS REQUIREMENTS

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The estimated time for completing this entire application is two hours and ten minutes, although you may not need to complete all parts. You are not required to respond to this collection of information unless it displays a currently valid OMB approval number.

All Lodges should choose the last option, i.e. a private non-profit organization

Note: all Lodges should be incorporated as a 501 (c) (8)

ELIGIBLE ENTITY VERIFICATION

Choose One:

- Applicant is a business with not more than 500 employees.
- Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.
- Applicant is a cooperative with not more than 500 employees.
- Applicant is an Employee Stock Ownership Plan (ESOP), as defined in 15 U.S.C. 632, with not more than 500 employees.
- Applicant is a tribal small business concern, as described in 15 U.S.C. 657x(b)(2)(C), with not more than 500 employees.
- Applicant is a business, including an agricultural cooperative, aquaculture enterprise, nursery, or producer cooperative, that is small under SBA Size Standards found at <https://www.sba.gov/size-standards>.
- Applicant is a business with more than 500 employees that is small under SBA Size Standards found at <https://www.sba.gov/size-standards>.
- Applicant is a private non-profit organization that is a non-governmental agency or entity that currently has an effective ruling letter from the IRS granting tax exemption under sections 501(c),(d), or (e) of the Internal Revenue Code of 1954, or satisfactory evidence from the State that the non-revenue producing organization or entity is a non-profit one organized or doing business under State law, or a faith-based organization.

All statements must be checked or the applicant is ineligible for the loan.

Please note statement #5 regarding legal gaming activities.

Review and Check All of the Following:

Applicant must review and check all the following (If Applicant is unable to check all of the following, Applicant is not an Eligible Entity):

- Applicant is not engaged in any illegal activity (as defined by Federal guidelines).
- No principal of the Applicant with a 50 percent or greater ownership interest is more than sixty (60) days delinquent on child support obligations.
- Applicant is not an agricultural enterprise (e.g., farm), other than an aquaculture enterprise, agricultural cooperative, or nursery.
- Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.
- Applicant does not derive more than one-third of gross annual revenue from legal gambling activities.
- Applicant is not in the business of lobbying.
- Applicant cannot be a state, local, or municipal government entity and cannot be a member of Congress.

If you have questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or (TTY: 1-800-877-8339) DisasterCustomerService@sba.gov.

Continue >

The Lodge's Business Legal Name and Trade Name are the same, i.e. [city] Lodge No. xx, Loyal Order of Moose, Inc.

Fill in your FIEN #

All Lodges should be C Corporations

All Lodges are Non Profit Organizations

No Lodges are a Franchise

Complete the financial information as requested

The screenshot shows a web-based form titled "Business Information" as part of "Step 1 of 3". The form is divided into five sections, each with a corresponding icon in a circle above it: DISCLOSURES (document icon), BUSINESS INFORMATION (house icon), BUSINESS OWNERS INFORMATION (person icon), ADDITIONAL INFORMATION (document icon), and SUMMARY (checkmark icon). The "BUSINESS INFORMATION" section is currently active and highlighted in blue. It contains the following fields and options:

- Business Legal Name ***: Text input field containing "Mooseheart Lodge No. 2655, Loyal Order of Moose, Inc."
- Trade Name ***: Text input field containing "Mooseheart Lodge No. 2655, Loyal Order of Moose, Inc."
- EIN/SSN for Sole Proprietorship ***: Text input field containing "999999999"
- Organization Type ***: Dropdown menu with "C-Corporation" selected.
- Is the Applicant a Non-Profit Organization? ***: Radio button options with "Yes" selected.
- Is the Applicant a Franchise? ***: Radio button options with "No" selected.
- Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) ***: Text input field containing "\$100,000".
- Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) ***: Text input field containing "\$25,000".

No Lodge is a “Faith Based Entity”, so the questions are not applicable

Lodge should have no other source of compensation as a result of the disaster

Insert Lodge’s address, city, state, county, zip and Lodge phone

The image shows a screenshot of a web form with several input fields. The fields are as follows:

- List the Secular Social Services Provided by the Faith Based Entity:** An empty text area.
- Compensation From Other Sources Received as a Result of the Disaster:** An empty text area.
- Provide Brief Description of Other Compensation Sources:** An empty text area.
- Primary Business Address (Cannot be P.O. Box):** A text field containing "155 S. International Dr."
- City:** A text field containing "Mooseheart", which is highlighted in blue.
- State:** A dropdown menu with "Illinois" selected.
- County:** A text field containing "Kane".
- Zip:** A text field containing "60539".
- Business Phone:** A text field containing "(630) 459-2000".
- Alternative Business Phone:** An empty text field.
- Business Fax:** An empty text field.

Insert your Lodge's business email and date established/incorporated

Use the date of incorporation as the "current ownership since" date

The Business Activity question does not have a "fraternal organization" option, so use "miscellaneous services"

The Detailed Business Activity question does not have a "fraternal activity" option so use "none of the above"

Insert the number of your lodge's employees. This is an IMPORTANT QUESTION!

The screenshot shows a web form with the following fields and values:

- Business Email ***: Lodge2655@mooseunits.org
- Date Business Established ***: 01/01/1910
- Current Ownership Since ***: 05/01/2019
- Business Activity ***: Miscellaneous Services
- Detailed Business Activity***: None of the below
- Number of Employees (As of January 31, 2020) ***: 0

A "Next >" button is located at the bottom right of the form.

This page will be filled out by an agent of the Lodge: either the Administrator or Governor, preferably the Administrator

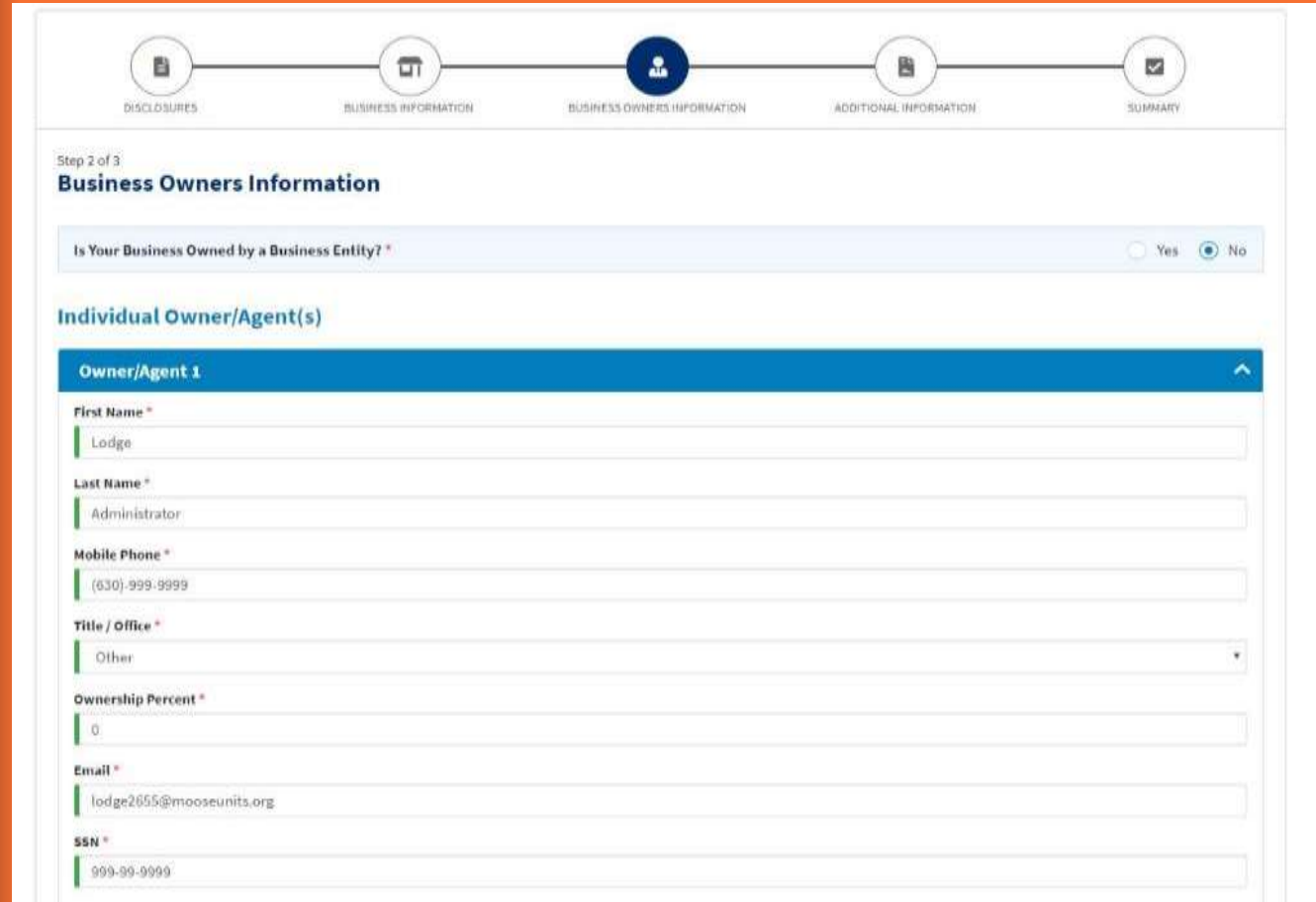
Insert Administrator's first name, last name, mobile phone

The Title/Office of the Administrator, who is filling out the document as the Lodge's agent is "Other"

No member or officer has any ownership interest in the Lodge, so you should insert "0".

Enter Lodge email and Administrator's SSN.

Please note that the Administrator (agent) is NOT responsible for the loan and is NOT a guarantor of the loan/grant.



Step 2 of 3

Business Owners Information

Is Your Business Owned by a Business Entity? * Yes No

Individual Owner/Agent(s)

Owner/Agent 1
First Name * Lodge
Last Name * Administrator
Mobile Phone * (630)-999-9999
Title / Office * Other
Ownership Percent * 0
Email * lodge2655@mooseunits.org
SSN * 999-99-9999

The questions in this section are regarding the Administrator/agent who is filling out the application,

Answer all questions with Administrator information

The screenshot shows a web form with the following fields and options:

- Birth Date ***: 01/01/1910
- Place Of Birth ***: Aurora
- U.S. Citizen ***: Yes No
- Residential Street Address ***: 10 Administrator Address
- City ***: Administrator City
- State ***: Illinois
- Zip ***: 60539

Below the form, there is a button labeled "Add Additional Owner" with a person icon. At the bottom, there are two navigation buttons: "Back" (with a left arrow) and "Next" (with a right arrow).

All of these questions relate to the Lodge corporation, NOT the Administrator/agent filling out the application.

Answer all questions truthfully

DISCLOSURES BUSINESS INFORMATION BUSINESS OWNERS INFORMATION **ADDITIONAL INFORMATION** SUMMARY

Step 3 of 3
Additional Information

In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction? Yes No

Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? Yes No

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? Yes No

b. Have you been arrested in the past six months for any criminal offense?

c. For any criminal offense - other than a minor vehicle violation - have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?

The application should be filled out by the Administrator. There should not be anyone professionally assisting the Lodge with the application, so the first 5 questions are not applicable.

THIS IS THE MOST IMPORTANT STEP:

Please check the box requesting consideration for a \$10,000 advance (which may be forgivable.)

Insert Lodge's banking information for the funds

If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must enter their information below.

Individual Name

Name of Company

Phone Number

Street Address, City, State, Zip

Fee Charged or Agreed Upon

I give permission for SBA to discuss any portion of this application with the representative listed above. Yes No

I would like to be considered for an advance of up to \$10,000.

Where to Send Funds

Bank Name *

Account Number *

Routing Number *

Check the box to certify that you have made a true and correct application

On behalf of the individual owners identified in this application and for the business applying for the loan:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application and for the SBA to obtain credit information about the individuals completing this application.

If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan. I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

I hereby certify **UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES** that the above is true and correct.


[Click for additional statements required by laws and executive orders](#)

< Back

Next >

This page provides a summary of the information the applicant provided

Check it for accuracy!



DISCLOSURES BUSINESS INFORMATION BUSINESS OWNERS INFORMATION ADDITIONAL INFORMATION SUMMARY

Summary

Business Information ^

[Edit](#)


Business Legal Name	Mooseheart Lodge No. 2655, Loyal Order of Moose, Inc.
Trade Name	Mooseheart Lodge No. 2655, Loyal Order of Moose, Inc.
EIN/SSN for Sole Proprietorship	999999999
Organization Type	C-Corporation
Is the Applicant a Non-Profit Organization?	Yes
Is the Applicant a Franchise?	No
Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)	\$100,000.00
Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)	\$25,000.00
Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster	
Non-Profit Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)	\$50,000.00
Combined Annual Operating Expenses for the Twelve(12) Months Prior to the Date of the Disaster (January 31, 2020) for All Secular Social Services Provided by the Faith Based Entity	
List the Secular Social Services Provided by the Faith Based Entity	
Compensation From Other Sources Received as a Result of the Disaster	
Provide Brief Description of Other Compensation Sources	
Primary Business Address (Cannot Be P.O. Box)	155 S. International Dr.
City	Mooseheart
State	Illinois

Once you have confirmed that all of the information is accurate hit the “[Submit](#)” button to submit your application.



If you have any additional questions on how to fill out the application, please contact the Moose International Legal Department.


There are also several good YouTube videos on how to fill out the application.

Additional Information

 Edit

In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?	No
Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?	No
a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? b. Have you been arrested in the past six months for any criminal offense? c. For any criminal offense - other than a minor vehicle violation - have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?	No
Individual Name	
Name of Company	
Phone Number	
Street Address, City, State, Zip	
Fee Charged or Agreed Upon	
I give permission for SBA to discuss any portion of this application with the representative listed above.	

 I'm not a robot 
reCAPTCHA
Privacy - Terms

 Submit

Good Luck, Stay Healthy!

