



COVID-19 PACE RECOVERY PROGRAM II (CPR II) APPLICATION

BANK OF NORTH DAKOTA
LENDING
SFN 61884 (11-2020)

PO Box 5509, 1200 Memorial Hwy
Bismarck, ND 58506-5509

800.472.2166
800.366.6888 TTY
701.328.5600
bnd.nd.gov

FORM MUST BE COMPLETED, SUBMITTED, AND CERTIFIED BY A FINANCIAL INSTITUTION

INSTRUCTIONS: Please send completed application to BND CPR2App@nd.gov. This is the only documentation required to process this request. BND will notify local financial institutions the week of November 30th which applicants were allocated buydown. Funds will be distributed as promptly as possible to local financial institutions who will distribute to applicants. Program information can be found [here](#). Applications must be received by **5pm on November 30, 2020**.

General Eligibility

If any of the below responses are NO, the interest buydown <u>cannot</u> be approved:	Yes	No
1. Did the applicant incur economic injury as a result of the COVID-19 pandemic?		
2. As of March 13, 2020, the applicant:		
a. Had a physical presence in North Dakota		
b. Was current on financial obligations		
3. North Dakota based operations sustained a minimum 20% year-over-year gross revenue loss between April 1 and Sept 30, 2019 and the same time period in 2020		

Calculating Percentage Loss in Gross Revenues

calculated as: $\left(\frac{2019 \text{ Gross Revenues} - 2020 \text{ Gross Revenues}}{2019 \text{ Gross Revenues}} \right)$

2019 Total Gross Revenues (April 1-Sept 30, 2019)	2020 Total Gross Revenues (April 1-Sept 30, 2020)	Loss in Revenues
Year over Year Percentage Loss		

Eligible Amount

Interest Expenses (April 1-Sept 30, 2020)	Buydown Amount Requested* (Max Limit: \$50,000)	DUNS Number (9 digits)
Check ONLY if buydown amount is equal to \$50,000 (Please note obtaining a DUNS Number and registering at SAM.gov are two separate processes)		
<input type="checkbox"/> DUNS Number obtained AND registration at SAM.gov complete		

*If Buydown Amount Requested is \$50,000, applicant must obtain a DUNS Number (<https://fedgov.dnb.com/webform/>) **AND** register at SAM.gov.

Financial Institution

Name of Financial Institution			
Address	City	State	ZIP Code
Account Officer	Email Address	Telephone Number	

Applicant Information

Name	Tax Identification (ID) Number		
Telephone Number	Date of Birth (if applicable)	NAICS Code (6 digits)	
Mailing Address			
Street Address (if different than the mailing address)	City	State	ZIP Code

Co-Applicant Information (if applicable)

Co-Applicant Name		Tax Identification (ID) Number	
Telephone Number	Date of Birth (if applicable)		
Mailing Address			
Street Address (if different than the mailing address)			
City		State	ZIP Code

List Owners (with over 50% or more ownership)

Name	Title		
Telephone Number	Tax Identification (ID) Number	Ownership Percentage	
Address	City	State	ZIP Code

[Click for Additional Owner\(s\)](#)

CERTIFICATION

Financial Institution and Applicant(s) hereby certify eligibility and use of interest buydown in accordance with the terms and conditions of the CPR II Program. Financial Institution and applicant(s) acknowledge that BND will accept and maintain an electronic version of this application.

Financial Institution Account Officer
Applicant Signature
Co-Applicant Signature

Note: Prior to signing, ensure entire form is complete.

Upon form completion, Account Officer can click submit button below to email to BND

[Click to Submit Completed Form to BND](#)