City of Fort Atkinson Capital Catalyst Revolving Loan Fund (CCRLF) Application

TO BE COMPLETED BY CITY DESIGNEE:				
Date Received:	By:	Current RLF Fund Bal:	Other Programs:	Staff:

SECTION I-PROSPECT/APPLICANT INFORMATION

Type of Business:	C Corp ☐	S Corp ☐	LLC ☐	LLP ☐	Partnership ☐	Sole Proprietor ☐

Legal Name:	
Trade Name:	
Address:	
City, State, Zip:	County:
FEIN #: (Federal Employee Identification Number –Tax ID or Social Security Number)	State of Organization: (Per Articles of Incorporation/Organization)
WWW:	
Tele. #:	Fax #:
OWNER/CEO Name:	

Individual To Contact Regarding Questions About the Application

Co. Contact:	Title:
Email Address:	
Tele. #:	Fax #:
Address:	
City, State, Zip:	

SECTION II-BUSINESS INFORMATION

Date Established:
Primary Product or Service:

SECTION III-PROJECT INFORMATION

Project Street Address	Square Footage of Project Facility(ft^2):
Brief Project Summary:	

SECTION IV-PROJECT TIME-LINE

Secure all financing by:	Purchase/lease by:
Proposed Open Date:	

SECTION V-PROPOSED PROJECT BUDGET

USES OF FUNDING (equip, bldg, work cap, training,	SOURCES OF FUNDING* (Bank, Equity, SBA, RLF, etc.) From this Application	SOURCE #1 NAME:	SOURCE #2 NAME:	SOURCE #3 NAME:	TOTAL
					$ 0.00
					$ 0.00
					$ 0.00

					$ 0.00
					$ 0.00
TOTAL	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Please provide the following for the sources listed above

Source	Source Name:	Contact Name:	Contact Title	Email Address	Phone Number
1.					
2.					
3.					

SECTION VI-PROJECTED EMPLOYMENT

Full Time Positions Only (2,080 hours/year)

Existing Positions			Positions				
			Year One		Year Two	Year Three	Total
Avg. Hourly Wage	Number of Existing	Position Title	Avg. Starting	Number Created	Number Created	Number Created	Number Created
							0
							0
							0
							0
							0
							0
							0
	0	**TOTAL**		0	0	0	0

SECTION VII - OWNERSHIP INFORMATION (unless publicly owned)

	Name: (First, Middle Initial, Last)	**Phone Number**	**Personal Financial Statement**	**Ownership %***
1.			**YES** ☐	%
2.			**YES** ☐	%
3.			**YES** ☐	%
4.			**YES** ☐	%
5.			**YES** ☐	%
			All Others:	%

*Personal Financial Statements are required for all owners with 20% or more. We may review information from any source including a Dun and Bradstreet report and delinquent tax filings on the applicant. The CCRLF Consultant may also review a personal credit report and delinquent tax filings on each individual that owns 20% or more.

SECTION VIII-LEGAL INFORMATION*	**YES/NO**
Has the applicant, any owner, officer, subsidiary or affiliate been involved in any lawsuits in the last 5 years or have any lawsuits pending?	Yes ☐ No ☐
Has the applicant, any owner, officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	Yes ☐ No ☐
Has the applicant, any owner, officer, subsidiary or affiliate had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	Yes ☐ No ☐
Does the applicant, any owner, officer, subsidiary or affiliate have any outstanding tax liens?	Yes ☐ No ☐

Please attach a detailed explanation of any YES responses.
*An Application will be deemed ineligible and denied based on the falsification of information

SECTION IX-MARKET INFORMATION

PROPOSED/EXISTING PRIMARY CUSTOMERS:

1.

2.

3.

MAJOR COMPETITION	LOCATION (City and State)
1.	

2.	
3.	

SECTION X-SUMMARY OF HISTORICAL FINANCIAL INFORMATION			
Financial Year Ending			
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

SECTION XI- SUMMARY OF PROJECTED FINANCIAL INFORMATION			
Financial Year Ending			
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

ATTACHMENT A
SUPPORTING DOCUMENTATION

BUSINESS PLAN

All start-ups or businesses less than 3 years old must submit an up-to-date comprehensive business plan that fully describes the proposed project. We reserve the right to require an up-to-date comprehensive business plan for all projects.

COMPANY INFORMATION

Check the appropriate box if the information is detailed in your business plan or attached

Business Plan DATED: / /	Attached	INFORMATION NEEDED
☐	☐	Resumes or short summaries of the current management team that detail relevant experience, education and length of time with the company
☐	☐	Description of the market niche for the company's product or service
☐	☐	A detailed description of the proposed project including environmental remediation
☐	☐	TWO years of historical financial statements that include: • balance sheets • cash flow statements • income statements
☐	☐	Three years of financial projections that include: • balance sheets • cash flow statements • income statements • detailed notes on all significant accounting assumptions used The first year should be presented on a monthly basis so that we can analyze the applicant's working capital needs.
☐	☐	Copies of commitment letters outlining the terms of the other funding sources in the project budget.
☐	☐	Application Fee ($500). Costs associated with JCEDC review and/or underwriting will be deducted from this application fee. If the loan is approved, any monies not used for these costs, will be applied to the loan repayment. If the loan is denied, any monies not used in consultant costs will be returned to the applicant by the City.
☐	☐	City of Fort Atkinson Capital Catalyst Revolving Loan Fund Cost Recovery Agreement. If consultant costs exceed the $500 application fee, those costs will be invoiced to the applicant as described in this agreement.

ATTACHMENT B
CERTIFICATION STATEMENT

THE APPLICANT:

1. Certifies that to the best of its knowledge and belief, the information being submitted to is true and correct.

2. Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.

3. Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.

4. Certifies that the City of Fort Atkinson is authorized to obtain a background and/or credit check and Dun and Bradstreet on the applicant, the business and/or the individual(s).

5. Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project.

6. The applicant requests that the following items are to be treated as CONFIDENTIAL/ TRADE SECRET:

		Yes	No	NA
A.	Personal financial statements.	☐	☐	☐
B.	Personal or business tax returns.	☐	☐	☐
C.	Historical business financial statements.	☐	☐	☐
D.	Business financial projections.	☐	☐	☐
E.	Plan or study to be funded by Commerce.	☐	☐	☐
F.	Business Plan	☐	☐	☐
G.	Other: _____	☐	☐	☐

If Section 6 is left blank then all information provided may be open to examination and copying.

Signature:_____ Date: _____
(Authorized Representative)

Name:_____ Title: _____
(Authorized Representative)

ATTACHMENT C
PERSONAL FINANCIAL STATEMENT

Please complete the following for EACH owner with 20% or more interest. Make additional copies as necessary.

Name: _____ **Social Security Number:** _____

Address: _____ **Date of Birth:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

INCOME:	**CONTINGENT LIABILITIES:**
Salaries/bonuses	Endorser/Co-maker/Guarantor
Dividends/interest	Legal Claims
Other Income:	Other Liabilities:

Personal Financial - Collateral

Property Type and Address	**Original Cost**	**Current Market Value**	**Outstanding Lien Amount**

Notes Payable

Secured?	**Financial Institution**	**Original Balance**	**Current Balance**	**Date Due**

LEGAL INFORMATION*	**YES/NO**
Have you been involved in any lawsuits in the last 5 years or have any lawsuits pending?	☐ Yes ☐ No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	☐ Yes ☐ No
Have you had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	☐ Yes ☐ No
Do you have any outstanding tax liens?	☐ Yes ☐ No
Please provide detail on any YES responses:	

I hereby certify that to the best of my knowledge and belief, this represents a full and accurate disclosure of my assets and liabilities as of the date signed below. I also certify that I have disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project. I also understand submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

_____ _____

Signature **Date**

State of Wisconsin
Department of
Administration
DOA-6448 (R08/2001) Substitute **W-9**

ATTACHMENT D

Division of Executive Budget and Finance
State Controller's Office
DO NOT SEND TO IRS

W-9 TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

Print or Type

This form can be made available in alternative formats to qualified individuals upon request.

Legal Name: (as entered with IRS)
Individuals: Enter Last Name, First Name, Middle Initial
Sole Proprietorships: Enter Last Name, First Name, Middle Initial
All Others: Enter Legal Name of Business

Trade Name:
Individuals: Leave Blank
Sole Proprietorships: Enter Business Name
All Others: Complete only if doing business as a D/B/A

Remit Address: Address where awarded funds check should be sent if different from primary address PO Box or Number and Street, City, State, ZIP+4

Order Address: Address where order should be mailed PO Box or number and street, City, State, ZIP+4

[NOT APPLICABLE] ☐

Primary Address: Address where 1099 should be sent if different from remit address
PO Box or number and street, City, State, ZIP+4

Entity Designation: (check only

- ☐ Individual/Sole Proprietor
- ☐ Corporation (includes service corporations)
- ☐ Limited Liability Partnership
- ☐ Limited Liability Corporation
- ☐ Government Entity
- ☐ Hospital Exempt from Tax or Government Owned
- ☐ Long Term Care Facility Exempt from Tax or Government Owned
- ☐ All Other Entities

Taxpayer Identification Number (TIN):
If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the Requester.

___ ___ ___ ___ ___ ___ ___ ___ ___

Check Only One

- ☐ Social Security Number (SSN)
- ☐ Employer Identification Number (EIN)
- ☐ Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number,AND
2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US residentalien).

Printed Name	Printed Title	Telephone Number

Signature	Date (mm/dd/yyyy)

For Agency Use Only

Agency Number	Contact	Phone Number

Change Name Address Other (explain)

For all projects, this form is used as a reference for issuing checks to Recipients. Jefferson County will file with the IRS appropriate income tax forms for award Recipients based on information that appears on this form. Failure to provide this information may result in delayed payments. This request is being made at the direction of the Wisconsin State Controller. We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a $50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code. Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

ATTACHMENT E

PERSONAL INFORMATION
(Please complete for each individual that owns 20% or more of the company.)

Name: _____ **Social Security Number:** _____

Address: _____ **Date of Birth:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

LEGAL INFORMATION*	YES/NO
Have you been involved in any lawsuits in the last 5 years or have any lawsuits pending?	☐ Yes ☐ No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	☐ Yes ☐ No
Have you had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	☐ Yes ☐ No
Do you have any outstanding tax liens?	☐ Yes ☐ No
Please provide detail on any YES responses:	

Applicant understands submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

_____ _____

Applicant Signature Date