

REVOLVING LOAN FUND PROGRAM APPLICATION

SECTION I- APPLICANT INFORMATION				
Type of Business : <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor				
Legal Name:				
Trade Name:				
Address:				
City, State, Zip:			County:	
FEIN #: <small>(Federal Employee Identification Number –Tax ID or Social SecurityNumber)</small>		State of Organization: <small>(Per Articles of Incorporation/Organization)</small>		
Internet Address:				
Tele. #:				
Owner or Chief Executive Name:		Title:	Phone:	Email:
Project Contact:		Title:		
Email Address:		Company:		
Tele. #:				
Address:				
City, State, Zip:				
Date Established: <small>Click here to enter a date.</small>		NAICS:		
Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Country: _____ % of ownership: _____				
Primary Product or Service:				
Total Company Employment:		Total Company Full Time Employment:		
# of Hours Annually Considered Full-time employment and eligible for benefits:				
Wisconsin Employment: Enter the physical address of each Wisconsin facility of the Applicant Entity and related entities, as well as any other entities housed at the project site(s). Include number of full-time employees (i.e., persons employed directly by the company, not a temp agency or PEO). Employment Data as of: (date)				
Address(Street, City, Zip):		Project Location	Number of Full Time Employees:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
% of Project Location Full Time Employees that are Residents with the zip codes of 54901,54902,54903,54904:				
Demonstrate why RLF assistance is needed to ensure that this project will happen in the greater Oshkosh area:				
Explain any other factors that should be considered in evaluating this project (e.g., impact on Wisconsin suppliers, national/international sales, and other prospects for future expansions, etc.).				

SECTION II-PROJECT INFORMATION

Project Location: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of:	County: Winnebago
Project Street Address:	
Project Start Date:	

SECTION III-PROPOSED PROJECT BUDGET

USE (Complete for those applicable)	SOURCES OF FUNDING* (Bank, Equity, SBA, RLF, etc.)				TOTAL
	Oshkosh RLF	SOURCE #1 NAME:	SOURCE #2 NAME:	SOURCE #3 NAME:	
Land Costs					\$
Building – New Construction					\$
Building – Purchase of Existing					\$
Building - Renovations					\$
Building – Annual Lease Cost					\$
Leasehold Improvements					\$
Machinery & Equipment - Purchased					\$
Machinery & Equipment - Leased					\$
Training					\$
Working Capital					\$
Special Tooling					\$
Other (explain)					\$
TOTAL USE OF FUNDS	\$	\$	\$	\$	\$

**Please provide the following for the sources listed above*

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

SECTION IV-PROJECTED EMPLOYMENT

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

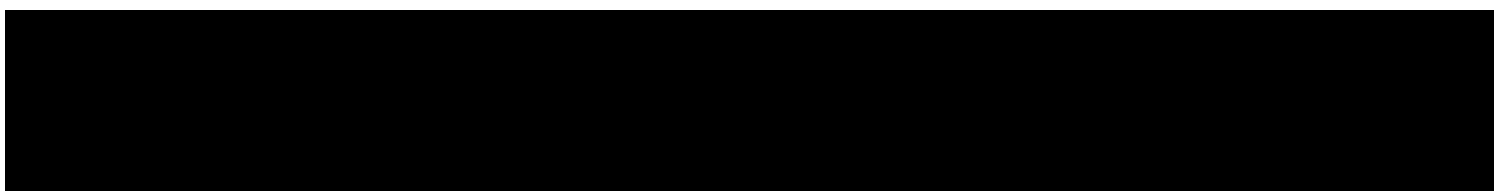
(Base Wage Not Including Benefits for direct hire jobs in excess of the number of jobs maintained in the Greater Oshkosh area prior to the expansion or location.)

All Existing Positions at Project		Position Title	Positions Created				
Avg. Base Hourly Wage	Number of Existing		Year One Avg. Base Hourly Wage	Year One Number Created	Year Two Number Created	Year Three Number Created	Total Number Created
		TOTAL					

SECTION V-BENEFIT INFORMATION

Employer-Sponsored Health Insurance Provided to Employees:	<input type="checkbox"/> None	<input type="checkbox"/> Individual	<input type="checkbox"/> Family
Percent of Health Insurance Premium Paid by Company:			%
Other Benefits Provided to the Majority of the Workforce:			

Will new employees be provided with substantially the same benefits as described above: Yes No
 If no, please explain:



SECTION VII-OWNERSHIP INFORMATION (unless publicly traded)

Check if Publicly Traded

(if ownership consists of an LLC or other entity owning over 20%, indicate ownership of LLC or other entity in notes below)

Name:		Ownership %
1.		%
2.		%
3.		%
4.		%
5.		%
All Others:		%
Notes:		100%

SECTION VIII-INFORMATION ON LEGAL PROCEEDINGS

YES/NO

Has the applicant, or any owner, officer, subsidiary or affiliate, been involved in a lawsuit in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, or any owner, officer, subsidiary or affiliate, ever been involved in a bankruptcy or insolvency proceeding or are any such proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 5 years, has the applicant, or any owner, officer, subsidiary or affiliate, been charged with a crime, ordered to pay or otherwise comply with civil penalties imposed, or been the subject of a criminal or civil investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant, or any owner, officer, subsidiary or affiliate, have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a detailed explanation of any YES responses.	

SECTION IX-MARKET INFORMATION

THREE MAJOR CUSTOMERS:	% OF SALES
1.	
2.	
3.	
THREE MAJOR COMPETITORS	LOCATION (City and State)
1.	
2.	
3.	



CERTIFICATION STATEMENT

THE APPLICANT:

1. Certifies that to the best of the applicant’s knowledge and belief, the information being submitted to GO-EDC as part of the City of Oshkosh RLF Program Application 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 GO-EDC is authorized to obtain background checks, including a credit check 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. 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 the applicant or its representative may be subject to civil and/or criminal prosecution.

Signature: _____ Date: _____

(Authorized Representative)

Printed Name: _____ Title: _____

APPLICATION SUPPORTING DOCUMENTATION

BUSINESS PLAN

All start-ups or businesses less than 3 years old must submit an up-to-date comprehensive business plan. The Greater Oshkosh Economic Development Corporation (GO-EDC) reserves the right to require an up-to-date comprehensive business plan for all projects.

COMPANY INFORMATION

The Greater Oshkosh Economic Development Corporation (GO-EDC) reserves the right to request additional information as needed.

REQUIRED ATTACHMENTS	Attached
1. Business Plan (See Description above)	<input type="checkbox"/>
2. History of the company's operations	<input type="checkbox"/>
3. Resumes or short summaries of the current management team that detail relevant experience, education and length of time with the company	<input type="checkbox"/>
4. Description of any affiliates or subsidiaries	<input type="checkbox"/>
5. Description of the market niche for the company's product or service	<input type="checkbox"/>
6. A detailed description of the proposed project	<input type="checkbox"/>
7. Three (two if start up) years of historical financial statements that include: <ul style="list-style-type: none"> • balance sheets • cash flow statements • income statements • accountant's notes 	<input type="checkbox"/>
8. Three (two if start up) years of financial projections that include (Not Applicable for publicly traded companies): <ul style="list-style-type: none"> • balance sheets • cash flow statements • income statements • detailed notes on all significant accounting assumptions used 	<input type="checkbox"/>
9. W-9 Taxpayer Identification Number (TIN) Verification	<input type="checkbox"/>
10. All individuals that own 20% or more of the company must submit a signed and dated personal information statement . (see sample form attached)	<input type="checkbox"/>
11. All individuals that own 20% or more of the company must submit a signed and dated personal financial statement . A sample form is attached. Substitute formats are acceptable provided that the social security number of the individual is also included. (Not applicable for those projects only looking for tax credits or grants).	<input type="checkbox"/>
12. Copies of commitment letters outlining the terms of the other funding sources in the project budget.	<input type="checkbox"/>



PERSONAL INFORMATION STATEMENT

Complete the following for each individual with 20% or more ownership interest in 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. By signing this you authorize GO-EDC to obtain background checks, including a credit check.

Signature

_____ Click here to enter a date. _____
Date



PERSONAL FINANCIAL STATEMENT

Complete the following for each individual with 20% or more ownership interest in the company.

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

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

ASSETS		LIABILITIES	
Cash (Schedule 1)		Secured Notes Payable (Sch. 5)	
Listed Securities (Schedule 2)		Unsecured Notes Payable (Sch.5)	
Unlisted Securities (Schedule 3)		Accounts Payable	
Real Estate Owned (Schedule 4)		Unpaid Income Taxes	
Automobiles		Real Estate Mortgages (Sch. 4)	
Personal Property		Real Estate Taxes	
Cash Value Life Insurance		Credit Cards	
Vested Profit Sharing/Pension		Other Debts (list below)	
Other Assets (list below)			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		EQUITY =(Total Assets – Total Liabilities)	

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

Schedule 1 Cash and Equivalents

Type	Financial Institution	Amount	Account Name	PLEDGED?

Schedule 2 Listed Securities

Cost	Description	Market Value	Account Name	PLEDGED?

Schedule 3 Unlisted Securities

Cost	Description	Market Value	Account Name	PLEDGED?

Schedule 4 Real Estate Owned

Property Type and Address	Cost	Market Value	Mortgage Amount

Schedule 5 Notes Payable

Secured?	Financial Institution	Original Balance	Current Balance	Date Due

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

_____ Click here to enter a date. _____
Date

W-9 TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

Print or Type

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

<p>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</p>	<p>Entity Designation: (check only one)</p> <p><input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Corporation (includes service corporations) <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Government Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> All Other Entities</p>
<p>Trade Name: Individuals: Leave Blank Sole Proprietorships: Enter Business Name All Others: Complete only if doing business as a D/B/A</p>	<p>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.</p>
<p>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</p>	
<p>Order Address: Address where order should be mailed PO Box or number and street, City, State, ZIP+4</p> <p>[NOT APPLICABLE]</p>	
<p>Primary Address: Address where 1099 should be sent if different from remit address PO Box or number and street, City, State, ZIP+4</p>	<p>Check Only One</p> <p><input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>

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 resident alien).

Printed Name	Printed Title	Telephone Number ()
Signature	Date (mm/dd/ccyy)	

For Agency Use Only		
Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

For all projects approved by WEDC, this form is used as a reference for issuing checks to Recipients. WEDC 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.