



AN ECONOMIC DEVELOPMENT PARTNER PROMOTING BUSINESS AND ECONOMIC DEVELOPMENT IN WEST CENTRAL WISCONSIN

EDA CARES Act Recovery Assistance Revolving Loan Fund Application

July 2020

Applicant's Name and Contact Information

Date of Submission: _____ NAICS Code: _____

Company Name: _____ Date Established: _____

Type of Company/Organization: LLC LLP Partnership S Corporation C Corporation
 Sole Proprietorship Non-Profit Organization

Company Mailing Address: _____

Project Address (If Different): _____

Contact Person: _____ Title: _____

Contact Address: _____

Telephone Number: _____

Email Address: _____ Website: _____

Management Information (owner(s), officer(s), director(s), & shareholder(s) who own 20% or more shares of the company)*

Name	Title	% Ownership

*Personal financial statements and tax returns are required for those with 20% or greater ownership interest. The Regional Business Fund, Inc. and/or its agents reserve the right to obtain credit bureaus on any business or individual in connection with this application.

Bank Information

Name of Lead Bank and Contact Person: _____

Phone Number: _____ Email Address: _____

Revolving Loan Fund Amount and Terms Requested

Amount of Loan: _____

Use of Funds: _____

Repayment Terms: _____

Anticipated Uses and Sources of All Project Funds

Sources include the loan you are requesting from the RBF, Inc. plus any other financing that will go into the project, including but not limited to bank financing and owner cash.

Source(s)	Amount (\$)		Use(s)	Amount (\$)
Total:			Total:	

Projected Full-Time Employment

Existing Full-Time Positions		Position / Title	Full-Time Positions Created			
Avg. Hourly Wage	Number of Existing Positions		Year One		Year Two	Total Number Created
			Avg. Starting Hourly Wage	Number Created	Number Created	

THE FOLLOWING EXHIBITS MUST BE COMPLETED WHERE APPLICABLE AND INCLUDED AS PART OF YOUR APPLICATION.

The RBF, Inc. reserves the right to request additional information above and beyond this list.

- Tax return for last fiscal year.
- Balance sheet and profit and loss statement for an interim period not more than ninety days preceding the date of application.
- Schedule of business debt.
- Business description and financing proposal. This should include a brief company history and a description of the financing proposal; a discussion of the impact of COVID-19 on your business and your response; a discussion of your industry, sales and markets; discussion of competition; description of owners and key employees; and other matters relevant to your application.
- Personal financial statement and most recent personal tax return of principal owners (owners with 20% or more ownership).

Please Answer the Following Questions (Check box that applies)

	YES	NO
Has the company, any officer, subsidiary or affiliate of your company been involved in any bankruptcy or insolvency proceedings in the last 36 months? <i>If yes, please provide the details as a separate exhibit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Has the company, any officer, subsidiary or affiliate of your company been involved in any lawsuits in the last 36 months? <i>If yes, please provide the details as a separate exhibit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does the company, any officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/>	<input type="checkbox"/>
Does the company, owner(s), or member of Management Team have a controlling interest in other businesses? <i>If yes, please provide their names and relationship with your company along with a current balance sheet and income statement for each as a separate exhibit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company buy from, sell to, or use the services of any concern in which owner(s), shareholder(s) or member(s) of the management team have a significant financial interest? <i>If yes, please provide the details as a separate exhibit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are any of the individuals listed under "Management" on parole or probation? <i>If yes, please provide the details as a separate exhibit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have any of the individuals listed under "Management" been convicted of a crime? <i>If yes, please provide the details as a separate exhibit.</i>	<input type="checkbox"/>	<input type="checkbox"/>

BY SIGNING BELOW, THE APPLICANT

- certifies that to the best of its knowledge and belief, the information being submitted to the Regional Business Fund, Inc. and its agent is true and correct;
- certifies that the applicant is in compliance with all laws, regulations, ordinances, and orders of public authorities applicable to it;
- 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;
- certifies that the Regional Business Fund, Inc. and its agent is authorized to obtain a credit check on any principal or business associated with this application for the purposes of determining credit worthiness;
- agrees to reimburse the Regional Business Fund, Inc. and its agent for any reasonable expenses made in connection with this loan request, including, but not limited to, title work, legal fees, appraisals, recording/filing fees, etc.;
- 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; and
- understands that unless it qualifies as a trade secret, all information submitted to the RBF, Inc. is subject to Wisconsin's Open Records Law.

In the event credit is extended, the applicant agrees to complete a direct payment authorization form allowing loan payments to be electronically debited via automatic clearing house (ACH).

Signature	Date	Title
Print Name		Social Security #
Signature	Date	Title
Print Name		Social Security #

Please submit application to:
Your Local Economic Development Corporation OR
WCWRPC 800 Wisconsin St., Mail Box 9, Eau Claire, WI 54703
 PH (715) 836-2918 FAX (715) 836-2886

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