



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

CAPITAL CATALYST REVOLVING LOAN FUND APPLICATION

Applicant's Name and Contact Information

Date of Submission: \_\_\_\_\_
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: \_\_\_\_\_ NAICS Code: \_\_\_\_\_
Telephone Number: \_\_\_\_\_ Tax ID #: \_\_\_\_\_
Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

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

Table with 6 columns: Name, Title, % Ownership, Minority Owner, Woman Owner, Veteran Owner. Contains 3 empty rows for data entry.

\*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: \_\_\_\_\_  
 Repayment Terms: \_\_\_\_\_

Use of Funds: \_\_\_\_\_

**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. Uses include equipment purchases, working capital, construction costs, etc. The total sources must equal the total uses.

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 and balance sheet/profit and loss statements for last three fiscal years.
- 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.
- Balance sheet and profit and loss statement projections for two years from date of application. Include assumptions.
- Business description and financing proposal. This should include a brief company history and a description of the financing proposal; a discussion of your industry, sales and markets; discussion of competition; and other matters relevant to your application. **All applicants on behalf of entities in business less than two years will submit a business plan.**
- Resumes of all individuals listed under "Management".
- 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?

*If yes, please provide the details as a separate exhibit.*

Has the company, any officer, subsidiary or affiliate of your company been involved in any lawsuits in the last 36 months? *If yes, please provide the details as a separate exhibit.*

Does the company, any officer, subsidiary or affiliate have any outstanding tax liens?

Does the company, owner(s), or member of Management Team have a controlling interest in other businesses?

*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.*

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?

*If yes, please provide the details as a separate exhibit.*

Are any of the individuals listed under "Management" on parole or probation?

*If yes, please provide the details as a separate exhibit.*

Have any of the individuals listed under "Management" been convicted of a crime?

*If yes, please provide the details as a separate exhibit.*

**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:  
**WCWRPC** 800 Wisconsin St., Mail Box 9, Eau Claire, WI 54703  
PH (715) 836-2918 FAX (715) 836-2886  
Tobi LeMahieu – [tlemahieu@wcvrpc.org](mailto:tlemahieu@wcvrpc.org)  
Amanda Veith - [aveith@wcvrpc.org](mailto:aveith@wcvrpc.org)