

WI TOMORROW MAIN STREET BOUNCEBACK GRANT APPLICATION

SECTION I-APPLICANT INFORMATION

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Legal Entity: <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 <input type="checkbox"/> Nonprofit | |
| Legal Name (as it appears on W-9 or IRS filings for non-profit): | |
| Trade Name: | |
| Mailing Address: | |
| City, State, Zip: | County: |
| FEIN: <small>(Federal Employee Identification Number –Tax ID)</small> | DO NOT ENTER SSN NAICS: NAICS Code Lookup |
| Date Established: | Primary Product or Service: |
| Website URL: | Phone: |
| Head of Organization: | Title: |
| Email: | |

LOCATION INFORMATION

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|---------------------------------------------------------------------------------------------------------------------------------------|
| Commercial Property Location: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: |
| Physical Address: |
| Commercial Space Square Footage: |

CONTACT

| | |
|-----------------------------|-------------------------|
| Application Contact: | Title: |
| Email: | Company: |
| Phone: | Mailing Address: |
| City, State, Zip: | |

DEMOGRAPHICS (51% or more ownership. Please check all that apply)

| | |
|--------------------------------------|----------------------------------------------------------|
| Is the business/organization: | |
| Minority-Owned Business: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Woman-Owned Business: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Veteran-Owned Business: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disabled-Owned Business: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| LGBT-Owned Business: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do not wish to disclose | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION II-EMPLOYMENT

CURRENT FULL-TIME EQUIVALENT EMPLOYMENT

One full-time equivalent (FTE) employee is one or more employees working a total of 40 hours a week

| | |
|--------------------------------------|---------------------------------------|
| Total Company FTE Employment: | Total Location FTE Employment: |
|--------------------------------------|---------------------------------------|

| SECTION III-ATTACHMENTS | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|
| Please include the following attachments: | Included ✓ | Attachment # |
| 1. Proof of Business a. Acceptable forms of business include but are not limited to: incorporation documents, government registration (federal, state, county, or city), permits, Doing Business As (or Fictitious Business Name, or Assumed Business Name), or business tax returns. b. Not accepted are Tax IDs/EINs as proof of business for sole proprietorships. | <input type="checkbox"/> | |
| 2. Property Information a. Provide a copy of a fully executed 12-month lease with a term 12 months or greater reflecting the Applicant as the tenant or a Land Contract/Contract for Deed or Warranty Deed reflecting the Applicant as the purchaser. The lease/sale documents must also meet these conditions: i. Executed on or after 1/1/2021 and before or on 12/31/2022; ii. Contain the location of the commercial property. If it is not contained Applicant must provide additional documentation on the physical location for the property being leased/purchased by the Applicant | <input type="checkbox"/> | |
| 3. Acknowledgement Letter (sample attached) a. Provide a letter from an economic development organization, including but not limited to: regional economic development organization, local municipality, Chamber of Commerce, Business Improvement District, Main Street or Connect Community organization, stating that the business occupant represents a new tenant/owner to the commercial space or an expansion of an existing tenant into additional commercial space, with lease/sale documents dated on or after 1/1/2021 and before or on 12/31/2022. | <input type="checkbox"/> | |
| 4. Completed IRS form W-9 | <input type="checkbox"/> | |

| SECTION IV-PLANNED USE OF GRANT FUNDS | |
|------------------------------------------------------------------------------|--------------------------|
| Please indicate how you intend to use the grant funds. Check all that apply. | |
| Lease Payments | <input type="checkbox"/> |
| Mortgage Payments | <input type="checkbox"/> |
| Business Operating Expenses | <input type="checkbox"/> |
| Building Repair and Tenant Improvements | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> |

CERTIFICATION STATEMENT

THE APPLICANT CERTIFIES TO THE BEST OF ITS KNOWLEDGE:

1. Neither the owner(s) nor the business is listed on any of the following:
 1. [Wisconsin Department of Revenue Delinquent Taxpayer List](#)
 2. [Wisconsin Department of Transportation Debarred Contractors List](#)
 3. [Wisconsin Department of Administration Compliance Vendor Directory](#)
 4. [Wisconsin Department of Corrections Sex Offender Registry](#)
2. The business has not vacated a commercial space to become eligible to claim this grant.
3. The business is not part of a national chain, unless the business is a third-party franchise.
4. The business is not dead storage.
5. The business is not a governmental unit.
6. The business is not for residential use or a lessor of residential units/property (landlords), unless the business unit of the lessor is moving into a vacant commercial space to support functions of the business.
7. The business is not a real estate investment firm, when the real property will be held for investment purposes as opposed to otherwise eligible small business concerns for the purpose of occupying the real estate being acquired.
8. The business is not engaged in any illegal activity under federal, state, or local law.

Signature: _____ Date: _____
(Authorized Representative of Applicant Company)

Printed Name:

Title:

Applicant Company Name:

**Form Acknowledgment Letter
(WI Tomorrow Main Street Bounceback Grant Application)**

[Place on letterhead of regional economic development organization, local municipality,
Chamber of Commerce, Business Improvement District, Main Street or Connect
Community organization]

Date: _____

To: {Insert Name of Recipient Organization}

Re: WI Tomorrow Main Street Bounceback Grant Application

This letter shall confirm that _____ (“Business”) is a new tenant or owner of a previously vacant commercial space or has expanded the Business footprint into additional previously vacant commercial space.

The commercial space was previously vacant and is located at _____ {insert full mailing address}.

The lease or sales contract entered into by Business is dated _____.

Sincerely,

Name and title/position of authorized signer.