CITY OF WAUWATOSA - CDA

CDBG ECONOMIC DEVELOPMENT APPLICATION

|  |
| --- |
| **SECTION I-PROSPECT/APPLICANT INFORMATION**Double click on the boxes and choose “Checked” in the Default Value section to mark box with an “X” |
| Type of Business : **[ ]** C Corp **[ ]** S Corp **[ ]** LLC **[ ]** LLP **[ ]** Partnership **[ ]** Sole Proprietor **[ ]** Non Profit |
| Legal Name:  |
| Trade Name:       |
| Address:       |
| City, State, Zip:       | County:       |
| E-mail / Website:       |
| Phone:       | Fax #:       |
| CEO Name:       | CEO Title:       |
| Individual To Contact Regarding Questions About The Company/Project: |
| Contact Name:       | Title:       |
| Email Address:       |
| Phone:       | Fax #:       |
| Address:       |
| City, State, Zip:       |
| SECTION II-BUSINESS INFORMATIONDouble click on the boxes and choose “Checked” in the Default Value section to mark box with an “X” |
| Date Established:       |
| Minority Owned: **[ ]** Yes **[ ]** No If Yes, the Minority Classification is: **[ ]** Hispanic **[ ]** Native American **[ ]** Asian **[ ]** African American **[ ]** Other: |
| Women Owned: **[ ]** Yes **[ ]** No |
| Property Owned or Leased by the Applicant/Business: **[ ]** Yes **[ ]** No (If leased, please provide a copy of lease) |
| Primary Product or Service: |
| Business or Property Owner Received City CDBG Funds for Any Past Projects or Properties: **[ ]** Yes **[ ]** No |

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| --- |
| **SECTION III-PROJECT INFORMATION** |
| Project Street Address:       |
| Brief Project Summary: |
| SECTION IV-PROJECT TIME-LINE |
| Secure all financing by:       | Break ground/lease by:       |
| Begin production by:       | Achieve full production by:       |
| **SECTION V-PROPOSED PROJECT BUDGET** |
| **USES OF FUNDING** **(equip, bldg, work cap, training, etc.)** | **SOURCES OF FUNDING\*** **(Bank, Equity, SBA, RLF, etc.)** | TOTAL |
| CDBG | SOURCE #1 NAME:      | SOURCE #2 NAME:      | SOURCE #3 NAME:      |
|       |       |       |       |       | $ |       |
|       |       |       |       |       | $ |       |
|       |       |       |       |       | $ |       |
|       |       |       |       |       | $ |       |
|       |       |       |       |       | $ |       |
| TOTAL | $ |       | $ |       | $ |       | $ |       | $ |       |
| **\**Please provide the following for the sources listed above (attach additional as necessary)*** |
| Source | Source Name: | Contact Name: | Contact Title | Email Address | Phone Number |
| 1. |       |       |       |       |       |
| 2. |       |       |       |       |       |
| 3. |       |       |       |       |       |
| **SECTION VI-PROJECTED EMPLOYMENT****(Funding is Based on Full Time Equivalent Positions Only)** **(Additional Supporting Documentation Required: SEE ATTACHMENT D)** |
|  Created Position Title |
| Avg. Starting Hourly Wage      | Job Hours / Week | Number of Positions Created |
|                 |            |       |
|                 |            |       |
|                 |            |       |
| TOTAL      |            |       |

|  |
| --- |
| **SECTION VII-BUSINESS OWNERSHIP INFORMATION (unless publicly owned)** |
| **Name: (First, Middle Initial, Last)** | **Phone Number** | **Personal Financial****Statement Attached** | **Ownership %\*** |
| **1.**  |       |       | **[ ]  YES** |      % |
| **2.** |       |       | **[ ]  YES** |      % |
| **3.** |       |       | **[ ]  YES** |      % |
| All Others: |      % |
| \*Personal Financial Statements are required for all owners with 20% or more. The City may review a Dun and Bradstreet report and delinquent tax filings on the applicant. The City may also review a personal credit report and delinquent tax filings on each individual that owns 20% or more.  | 100% |
| SECTION VIII-LEGAL INFORMATION\* | YES/NO |
| Has the applicant or any owner been involved in any lawsuits in the last 5 years or have any lawsuits pending? | **[ ]** Yes **[ ]**  No |
| Has the applicant or any owner ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending? | **[ ]** Yes **[ ]**  No |
| Has the applicant or any owner 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 or any owner have any outstanding tax liens? | **[ ]** Yes **[ ]**  No |
| Is the property tax delinquent? | **[ ]** 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-SUMMARY OF HISTORICAL FINANCIAL INFORMATION |
| FYE |      /     /      |      /     /      |      /     /      |
| Total Sales |       |       |       |
| Net Income |       |       |       |
| Total Assets |       |       |       |
| Total Liabilities |       |       |       |
| Equity |       |       |       |
| WI Income Tax Liability(C Corporations Only) |       |       |       |
| SECTION X-SUMMARY OF PROJECTED FINANCIAL INFORMATION |
| FYE |      /     /      |      /     /      |      /     /      |
| 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. The City reserves 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 |
| [ ]  | [ ]  | History of the company’s operations |
| [ ]  | [ ]  | 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 |
| [ ]  | [ ]  | A detailed description of each type of job created that include: * job title
* job description
* job requirements (experience, education requirements, skills)
* hourly wage / full time salary rate
 |
| [ ]  | [ ]  | Three years of historical financial statements that include:* balance sheets
* cash flow statements
* income statements
* accountant’s notes
 |
| [ ]  | [ ]  | Most recent quarterly financial statements if the year-end was more than 90 days prior to submission |
| [ ]  | [ ]  | 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 the Department can analyze the applicant’s working capital needs.(Not Applicable for those projects only looking for training funds) |
| [ ]  | [ ]  | 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).  |
|  | [ ]  | Copies of commitment letters outlining the terms of the other funding sources in the project budget. |
|  | [ ]  | $100 Application fee – cash or check made payable to City of Wauwatosa. |

**ATTACHMENT B**

### CERTIFICATION STATEMENT

|  |
| --- |
| *THE APPLICANT:*  |
| 1. | Certifies that to the best of its knowledge and belief, the information being submitted to the City 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 is authorized to obtain a 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. | Understands that unless it qualifies as trade secret, all information submitted to the City is subject to Wisconsin’s Open Records Law. The applicant requests that the City treat the following items as 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 to the City will 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:**

|  |  |  |  |
| --- | --- | --- | --- |
| **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:       |

Personal Financial Statement Page 2

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 Amt** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Schedule 5 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 or are you tax delinquent? | **[ ]** 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**

**ATTACHMENT D**

### JOB CREATION SUMMARY

***Please complete this form for EACH position created***

**JOB TITLE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AVERAGE STARTING HOURLY WAGE / SALARY RATE:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER OF FULL TIME POSITIONS CREATED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NUMBER OF PART TIME POSITIONS CREATED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOB DESCRIPTION:** *(describe typical duties)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOB REQUIREMENTS:** *(experience required, education requirements, professional certifications, skills required)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_