

La Crosse County Economic Development Fund, Inc.

212 6th Street North, Room 2300, La Crosse, WI 54601 www.lacrossecounty.org/economicdevelopment Ph: 608-785-5792; Fax: 608-785-5922

Revolving Loan Funds

Micro Lending Fund Application

Instructions

To apply for funding, please complete this application form, including all attachments, and submit it to the La Crosse County Community Development office at the above address. Applications will not be considered until they are complete. If you need assistance or have questions, please contact us.

Applicant Name & Contact Information						
Company Name:	ompany Name: Date Established:					
Type of Organization: \Box LLC; \Box LLP; \Box	Sole Proprietorship; \square S	Corp; □ C Corp; □ N	lon-Profit			
Company Mailing Address:						
Contact Person:	Title:					
Contact Address:						
Contact Phone:	Contact Email:					
Business Tax ID Number:	Business Website:					
Business Ownership (list all owners with a 20% of greater stake in the company) Name Title % Ownership Minority Woman						
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Business Employment						
Existing Employees: Full Time; _	Part Time					
Projected Job Creation with the propos	sed project (if any):					
Year 1: Full Time;	Part Time					
Year 2: Full Time;	Part Time					

Total New Jobs Created: _____

Loan Request					
Amount of Loan:	Use of Fun	ds:			
Requested Repayment T	erms:				
Sources & Uses of Funds	– including the loan that yo	u are requesting; total sour	ces must equal total uses.		
Source(s)	(s) Amount (\$) Use(s) Amount (\$		Amount (\$)		
Total:		To	Total:		
<u>Attachments</u>					
Please attach the followi	ing to complete your applica	tion:			
☐ A project ☐ An analys ☐ A summa ☐ Personal financia ☐ Copies of the bus ☐ Balance sheet & ☐ ☐ Statement from t	s description and company had summary; is of the business industry, so and qualifications of those I statements for all owners (siness's federal tax returns for profit and loss statement profit and loss statement profit that the business is current that the business is current	ales, markets, and competine listed as owners and other with 20% or greater stake) or 3 years (if applicable) ojections for 2 years from dontinue or move operations	r key personnel. ate of application s to La Crosse County		
Questions					
	d a traditional lender (bank, list		g providing funding for this		
a. If so, what wa	as the response?				
b. In not, why n					
or insolvency procee 3. Has the business, an	dings in the last 36 months?	☐ Yes <i>(please provide detail</i> iate of your company been	involved in any bankruptcy (Is); No involved in any lawsuits in		

Applicant Certification

By signing below, the applicant:

- Certifies that to the best of its knowledge and belief, the information being submitted to the La Crosse County Economic Development Fund and its agents is true and correct;
- Certifies that it is in compliance with all laws, regulations, ordinances, and orders of public authorities applicable to it;
- Certifies that it is in compliance with and current on federal payroll withholding, state payroll
 withholding, payment of unemployment taxes, federal income taxes, state income taxes, and real
 estate taxes;
- Certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with any other creditor;
- Certifies that the La Crosse County Economic Development Fund Inc. or 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 La Crosse County Economic Development Fund Inc. or 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 it has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project described in this application. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or adequate capital to complete the project;
- Agrees that in the event credit is extended it will complete a direct payment authorization form allowing payments to be electronically debited by automatic clearing-house (ACH) and deposited into the appropriate La Crosse County Economic Development Fund account;
- Understands that, unless it's a trade secret, all information submitted to the LCEDF is subject to Wisconsin's open records law.

Signature:	Title:	
Printed Name:	Social Security #:	
Signature:	Title:	
Printed Name:	Social Security #:	