



## La Crosse County Economic Development Fund, Inc.

212 6<sup>th</sup> Street North, Room 1300, La Crosse, WI 54601

[www.lacrossecounty.org/economicdevelopment](http://www.lacrossecounty.org/economicdevelopment)

Ph: 608-785-5792

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### Micro Lending Fund – Professional Assistance Certification

#### **Instructions**

To be eligible for funding, businesses that do not have three years of business tax returns are required to meet with one of our business planning and development partners for assistance. This form should be signed by the consultant at one of our partner organizations to certify that this pre-requisite has been completed and that the business is ready to move forward. This form must be submitted along with the application before the application will be processed.

#### **Applicant Name & Contact Information**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

#### **Business Development Consultant Name & Contact Information**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

#### **Description of Services**

Please provide a brief description of the services that were provided to this business: \_\_\_\_\_

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#### **Certification of Assistance**

By signing below, I certify that I have met with the above referenced business regarding business planning and development, and I feel that the business is at a point that they would benefit from a loan from the La Crosse County Micro Lending Fund.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_