CWED LOAN APPLICATION CHECKLIST AND SUPPORTING DOCUMENTATION

☐ Application with **application fee** (Made payable to CWED Fund) \$100 for loan requests up to \$200,000 \$250 for loan requests over \$200,000 Supporting Documents to accompany application: Borrower – Please provide the following ☐ Business Plan – to include: o Detailed description of the proposed project. History and description of business/ applicant o Resumes of principal, owners, and officers o Copies of Articles of Incorporation or Organization, By-Laws, Operating Agreement, Partnership Agreement. o Payroll spreadsheet listing current employees indicating pay scale, full-time/part-time (if part-time indicate number of hours), male/female, minority □ A list of business and personal assets to be offered as collateral for the CWED loan. If buying equipment with the loan proceeds, attach a list of the equipment to be purchased and estimated cost. ☐ Current personal financial statements of all business principals with 20% or more ownership. A form is included. Substitute formats are acceptable provided that the social security number of the individual is also included. □ Statement and description of anticipated benefits to community from proposed loan, i.e. tax base increase; blight elimination; job creation and/or retention ☐ Statement why CWED Fund involvement is requested ☐ Letter of commitment to recruit Low-Moderate Income (LMI) individuals Any other additional documentation that is requested **Accountant – Please prepare the following** ☐ Accountant prepared balance sheet, profit and loss, cash flow statements, or tax returns for the last three fiscal years ☐ Current interim financial statements (balance sheet, profit and loss) ☐ Three years financial projections (balance sheet, profit and loss) with notes covering all significant assumptions Three years cash flow projections with monthly projections for the first year Bank – Please provide the following Commitment letter of Private (Bank) financing availability (including terms and collateral pledged) Recent Credit report on business principals.

All information should be signed, dated by Borrowers and attached to the application when submitted.

September 2010

CERTIFICATION STATEMENT

THE APPLICANT:

- 1. Certifies that to the best of its knowledge and belief, the information being submitted to CWED 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 CWED 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 CWED is subject to Wisconsin's Open Records Law.

The applicant requests that CWED 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 CWED		
F.	Business Plan		
G.	D. Business financial projections. E. Plan or study to be funded by CWED Business Plan G. Other: If Section 6 is left blank then all information provided to CWED will be open to and copying.		
8	and copying.	·	to examination
Na	(Authorized Representative) me:	Title:	
	(Authorized Representative)		

CWED LOAN APPLICATION

PROSPECT/APPLICANT INFORMATION								
Type of Business : C Corp S Corp LLC		artnership	Sole Proprietor	Non Profit				
Legal Name:								
Trade Name:								
Mailing Address:								
City, State, Zip:								
Physical Address: County:								
FEIN #: State of Organization:								
(Federal Employee Identification Number –Tax ID or Social Security Number) (Per Articles of Incorporation/Organization) WWW:								
Tele. #:	Fax #:							
CEO Name:	CEO Title	21						
Individual To Contact Rega			Dusiant					
	Title:	s About The	Frojeci:					
Contact Name:	Title:							
Email Address:	E #-							
Tele. #:	Fax #:							
Address:								
City, State, Zip:		TO 1.7						
	S INFORMAT							
Date Established:	SIC or NA							
Minority Owned: Yes No If Yes, the Minority Classification	on is: Eskimo Aleut	☐Native Hawa: ☐Asian-Indian		Native American rican American				
Women Owned: Yes No	Owned by	y a Person v	vith a Disability:	Yes No				
Foreign Owned: Yes No If yes: Country:			% of ownershi	p:				
Primary Product or Service:								
Current Total Company Employment: Full Tim			Part Time:					
Calendar Year End or Fiscal Year F	End	(MM/DD)						
	L							
0								
OWNERSHIP INFORM	•		owned) Personal Financial	O				
Name: (First, Middle Initial, Last)	Phone Nui	mber 	Statement Attached	Ownership %*				
1.			☐ YES	%				
2.			☐ YES	%				
3.			☐ YES	%				
4.			☐ YES	<u>%</u>				
5.			All Others:	%				
*Personal Financial Statements are required for all owners v	with 20% or mor	re ownershin		100%				
review a personal credit report and delinquent tax filings on each individual that owns 20% or more.								

		PROJECT INI	FORMAT	ΓΙΟΝ				
Project Loc	cation: City	☐Town ☐Village Of:			C	County:		
Project Stre		Squa	are Foota	age of	Project Fac	cility(ft²):		
Buei Ltole	ct Summary:							
		PROJECT T	TME-LI	NE.				
Secure all f	inancing by:	TROUZET	Break gro		se by:			
Begin prod	uction by:		Achieve					
	Indi	PROJECTED E			ns = 2.0	080 hours/vea	ır)	
Exis			(2 442 2 222	10 1 0510101		sitions Crea	_	
Posit			Year One			Year Two Year Three		Total
Avg. Hourly Wage	Number of Existing	Position Title	Avg. Star Hourly W		imber eated	Number Created	Number Created	Number Created
		TOTAL						
		TOTAL						
		TOTAL BENEFIT INF	ORMAT					
, ,		BENEFIT INF urance Provided to Employees:	ORMAT	TION No.	ne	Indivi]Family
Percent of 1	Health Insuran	BENEFIT INF urance Provided to Employees: ace Premium Paid by Company:	ORMAT		ne		%	Family %
Percent of I Average De	Health Insuran eductible Paid	BENEFIT INE urance Provided to Employees: ace Premium Paid by Company: by Employee:		Noi		\$	% \$	%
Percent of Daniel Average Dother Bene	Health Insuran eductible Paid	BENEFIT INF urance Provided to Employees: ace Premium Paid by Company:		Noi			% \$	

MARKET INFORMATION						
THREE MAJOR CUSTOMERS:		% OF SALES				
1.						
2.						
3.						
THREE MAJOR COMPETITORS	LOCATION (City and State)					
1.						
2.						
3.						

LEGAL INFORMATION*	YES/NO
Has the business, any owner, officer, subsidiary or affiliate been involved in any lawsuits in the last 5 years or	Yes No
have any lawsuits pending?	
Has the business, any owner, officer, subsidiary or affiliate ever been involved in any bankruptcy or	Yes No
insolvency proceedings or have any proceedings pending?	
Has the business, any owner, officer, subsidiary or affiliate had any civil or criminal charges in the last 5 years	☐Yes ☐ No
that could have a material adverse impact on the project or have any charges pending?	
Does the business, any owner, officer, subsidiary or affiliate have any outstanding tax liens?	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	

CWED LOAN

USE OF FUNDS				
<u>Use</u>	<u>Amount</u>			
Land	\$			
New Building Construction	\$			
Land & Building Acquisition	\$			
Machinery/Equipment Acquisition	\$			
Acquisition of Existing Business	\$			
Working Capital	\$			
Other (Specify)	\$			
Total Cost (Use) =				

CWED Loan Funds Requested:

SOURCE OF FUNDS						
<u>Bank</u>	Owner Cash	<u>CWED</u>	Other (Specify)			
Total Sources =						

			Term (Years)					
Schedule	Schedule of New Project Debt							
Creditor		Loan Amount	Monthly Pmt	Collateral (Business & Personal Assets pledged)				
Bank								
CWED								
Other								
Other								

Amount Interest Rate

Provide the contact information for the Sources listed above:

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Source	Source Name	Contact Name	Phone Number	Email Address			
Bank							
Other							
Other							

SCHEDULE OF BUSINESS DEBT

Creditor	Original Amount	Present Balance	Monthly Payment	Collateral
		Signature		
		Date		

SCHEDULE OF PERSONAL DEBT

Creditor	Original Amount	Present Balance	Monthly Payment	Collateral
		Signature		
		Date		