

## Mississippi River Regional Planning Commission

## A Regional Economic Development Partner

## EDA CARES Act Recovery Assistance Revolving Loan Fund Application

| Applicant's Name and (    | Contact Information  |                                  |                   |  |  |  |
|---------------------------|--|----------------------------------|-------------------|--|--|--|
| Date of Submission:       | NAICS Code:  |                                  |                   |  |  |  |
| Company Name:             | Date Established:  |                                  |                   |  |  |  |
| Type of Organization:     | ☐ LLC ☐ LLP ☐ S Corporation ☐  | C Corporation                    |                   |  |  |  |
|                           | ☐ Non-Profit Organization  | Sole Proprietorship              |                   |  |  |  |
| Company Mailing Addre     | ess:   |                                  |                   |  |  |  |
| Project Address (if diffe | rent):   |                                  |                   |  |  |  |
| Contact Person:           |  | Title:                           |                   |  |  |  |
| Contact Address:          |  |                                  |                   |  |  |  |
| Telephone Number:         | E  | mail Address:                    |                   |  |  |  |
| Business Tax ID Number    | r: E   | Business website:                |                   |  |  |  |
| Business Ownership (ov    | vner(s), officer(s), director(s) & sharehold   | er(s) who own 20% or more shares | of the company) * |  |  |  |
|                           | Name   | Title                            | % Ownership       |  |  |  |
|                           |  |                                  |                   |  |  |  |
|                           |  |                                  |                   |  |  |  |
|                           |  |                                  |                   |  |  |  |
|                           | nts and tax returns are required for those its agents reserves the right to obtain cre |                                  |                   |  |  |  |
| Bank Information          |  |                                  |                   |  |  |  |
| Name of Lead Bank and     | Contact Person:  |                                  |                   |  |  |  |
| Phone Number              |  | mail address:                    |                   |  |  |  |

| Re        | volving Loan Fund       | Amount and Ter                                   | ms Requested   |                            |                            |                       |                         |  |
|-----------|-------------------------|--|--|----------------------------|----------------------------|-----------------------|-------------------------|--|
| An        | nount of Loan:          |  | Use of Funds   | s:                         |                            |                       |                         |  |
| Re        | quested Repayme         | nt Terms:  |  |                            |                            |                       |                         |  |
| <u>An</u> | ticipated Uses and      | d Sources of All Pr                              | oject Funds  |                            |                            |                       |                         |  |
|           |                         | you are requesting fro<br>limited to bank financ | m the Mississippi River Regio<br>ing and owner cash.   | nal Planning               | g Commission plus ar       | ny other financing th | at will go into the     |  |
|           | Source(s)               |  | Amount (\$)  |                            | Use(s)                     |                       | Amount (\$              |  |
|           |                         |  |  |                            |                            |                       |                         |  |
|           |                         |  |  |                            |                            |                       |                         |  |
|           |                         | Total:   |  |                            |                            | Total:                |                         |  |
|           |                         |  | ·  |                            |                            |                       |                         |  |
| Pro       | ojected Full-Time I     | Employment                                       |  |                            |                            |                       |                         |  |
|           |                         |  |  |                            | Full-Time Positions Create |                       | ed                      |  |
|           | Existing Full-Tir       | ne Positions                                     |  | Avg.                       | Year One                   | Year Two              | -                       |  |
|           | Avg. Hourly Wage        | Number of<br>Existing Positions                  | Position / Title   | Starting<br>Hourly<br>Wage | Number Created             | Number Created        | Total Number<br>Created |  |
|           |                         |  |  |                            |                            |                       |                         |  |
|           |                         |  |  |                            |                            |                       |                         |  |
|           |                         |  |  |                            |                            |                       |                         |  |
|           |                         |  | MPLETED WHERE APPLIC eserves the right to request additional contents of the c |                            |                            |                       | PLICATION.              |  |
|           | Tax return for last fis | scal year.                                       |  |                            |                            |                       |                         |  |
|           | Balance sheet and p     | rofit and loss stateme                           | nt for an interim period not n   | nore than ni               | nety days preceding        | the date of applicati | on.                     |  |
|           | Schedule of business    | s debt.  |  |                            |                            |                       |                         |  |
|           |                         |  | story and a description of the<br>owners and key employees; a  |                            |                            |                       | les, and markets;       |  |
|           | Personal financial sta  | atements and most re                             | cent personal tax return of pi   | rincipal own               | ers (owners with 209       | % or more ownership   | o).                     |  |
|           |                         |  |  |                            |                            |                       |                         |  |
|           |                         |  |  |                            |                            |                       |                         |  |
| Ple       | ease Answer the F       | ollowing Question                                | <b>1S</b> (Check box that applies)   |                            |                            |                       |                         |  |

|  | YES | NO |
|--|-----|----|
| Has the company, any officer, subsidiary, or affiliate of your company been involved in any bankruptcy or insolvency |     |    |
| proceedings in the last 36 months?   |     | Ц  |
| If yes, please provide the details as a separate exhibit.  |     |    |
| Has the company, any officer, subsidiary, or affiliate of your company been involved in any lawsuits in the last 36  |     |    |
| months?  |     |    |
| If yes, please provide the details as a separate exhibit.  |     |    |
|  |     | _  |
| Does the company, any officer, subsidiary, or affiliate have any outstanding tax liens?                              | Ш   | Ш  |
| Does the company, owner(s), or member of Management Team have a controlling interest in other businesses?            |     |    |
| If yes, please provide their names and relationship with your company along with a current balance sheet and income  |     |    |
| statement for each as a separate exhibit.  |     |    |
| Does your company buy from, sell to, or use the services of any concern in which owner(s), shareholder(s) or         |     |    |
| member(s) of the management team have a significant financial interest?  |     |    |
| If yes, please provide the details as a separate exhibit.  |     |    |
| Are any of the individuals listed under "Management" on parole or probation?   |     |    |
| If yes, please provide the details as a separate exhibit.  |     |    |
| Have any of the individuals listed under "Management" been convicted of a crime?                                     |     |    |
| If yes, please provide the details as a separate exhibit.  |     |    |
|  |     |    |

## BY SIGNING BELOW, THE APPLICANT

- certifies that to the best of its knowledge and belief, the information being submitted to the Mississippi River Regional Planning Commission, and its agent is true and correct;
- certifies that the applicant is in compliance with all laws, regulations, ordinances, and orders of public authorities applicable to it;
- certifies that the applicant is not in default under the terms and conditions of any grant or loan agreement, leases, or financing arrangements with its other creditors;
- certifies that the Mississippi River Regional Planning Commission and 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 Mississippi River Regional Planning Commission and 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 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 interventions, or inadequate capital to complete the projects; and
- understands that unless it qualifies as a trade secret, all information submitted to the Mississippi River Regional Planning Commission is subject to Wisconsin's Open Records Law.

In the event credit is extended, the applicant agrees to complete a direct payment authorization form allowing loan payments to be electronically debited via automatic clearing house (ACH).

| Signature  | Date | Title             |  |
|------------|------|-------------------|--|
| 2.8        |      |                   |  |
|            |      |                   |  |
| Print Name |      | Social Security # |  |
|            |      |                   |  |
|            |      |                   |  |
| Signature  | Date | Title             |  |
| 8          |      |                   |  |
|            |      |                   |  |
| Print Name |      | Social Security # |  |

Please submit application to:

Mississippi River Regional Planning Commission
811 Monitor Street, Suite 201
La Crosse, WI 54603
PH (608) 785.9396 FAX (608) 785.9394
Jon Bingol – jon@mrrpc.com