

CITY OF LA CROSSE ECONOMIC DEVELOPMENT COMMISSION (LAXEDC)

PROSPECT DATA SHEET

Directions: Press F11 to scroll through text boxes. To check a box, double click box and choose "checked" under the default value field.

TO BE COMPLETED BY LA CROSSE ECONOMIC DEVELOPMENT COMMISSION:				
Prospect No:	ADM:	Date Pre-App. Submitted:	Program:	Rep:

SECTION I-PROSPECT/APPLICANT INFORMATION

Type of Business : <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Non Profit	
Legal Name:	
Trade Name:	
Address:	
City, State, Zip:	County:
FEIN #: <small>(Federal Employee Identification Number –Tax ID or Social Security Number)</small>	State of Organization: <small>(Per Articles of Incorporation/Organization)</small>
Internet Address: www.	
Tele. #:	Fax #:
Name and Title of Head of Company:	

Individual To Contact Regarding Questions About The Company:

Co. Contact:	Title:
Email Address:	
Tele. #:	Fax #:
Address:	
City, State, Zip:	

Individual To Contact Regarding Questions About The Project:

Project Contact:	Title:
Email Address:	
Tele. #:	Fax #:
Address:	
City, State, Zip:	

SECTION II-BUSINESS INFORMATION

Date Established:	SIC or NAICS:
Minority Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If Yes, the Minority Classification is: <input type="checkbox"/> Eskimo <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Aleut <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> African American</small>	
Woman Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Owned by a Person with a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Country:	% of ownership:
Primary Product or Service:	
Total # of Company Employees:	Full Time: Part Time:
# of Employees in WI Facilities:	Full Time: Part Time:
# of Employees at Project Location:	Full Time: Part Time:
# of WI Residents Employed Full Time at Project Location:	
# of La Crosse County Residents Employed Full Time at Project Location:	
# of City of La Crosse Residents Employed Full Time at Project Location:	
Provide the Following for All Other Existing Wisconsin Operations: (attach if applicable)	
Address (Street, City, Zip):	Number of Full Time Employees:

SECTION III-PROJECT INFORMATION

Project Location: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of:	County: _____ County: _____
Project Street Address:	Square Footage of Project Facility(ft ²):
Brief Project Summary:	

SECTION IV-PROJECT TIME-LINE

Secure all financing by:	Break ground/lease by:
% Complete by Jan 1:	Completion Date:

SECTION V-PROPOSED PROJECT BUDGET

USES OF FUNDING (equip, bldg, work cap, training, etc.)	SOURCES OF FUNDING* (Bank, Equity, SBA, RLF, etc.)				TOTAL
	LAXEDC	SOURCE #1 NAME:	SOURCE #2 NAME:	SOURCE #3 NAME:	
					\$
					\$
					\$
					\$
					\$
TOTAL	\$	\$	\$	\$	\$

**Please provide the following for the sources listed above*

Source	Source Name:	Contact Name:	Contact Title	Email Address	Phone Number
1.					
2.					
3.					

SECTION VI-PROJECTED EMPLOYMENT

Full Time Positions Only (2,080 hours/year)

Existing Positions		Position Title	Positions Created				Total Number Created
			Year One		Year Two	Year Three	
Avg. Hourly Wage	Number of Existing		Avg. Starting Hourly Wage	Number Created	Number Created	Number Created	
TOTAL							

SECTION VII-BENEFIT INFORMATION

Check the Health Insurance Provided to Employees:	<input type="checkbox"/> None	<input type="checkbox"/> Individual	<input type="checkbox"/> Family
Percent of Health Insurance Premium Paid by Company:		%	%
Average Deductible Paid by Employee:		\$	\$
Other Benefits Provided to the Majority of the Workforce: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Pension <input type="checkbox"/> 401(k) <input type="checkbox"/> Childcare <input type="checkbox"/> Tuition Reimbursement <input type="checkbox"/> Other: (Specify)			
Will new employees be provided with substantially the same benefits as described above: <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION VIII-OWNERSHIP INFORMATION (unless publicly owned)				
Name: (First, Middle Initial, Last)		Phone Number	Personal Financial Statement Attached	Ownership %*
1.			<input type="checkbox"/> YES	%
2.			<input type="checkbox"/> YES	%
3.			<input type="checkbox"/> YES	%
4.			<input type="checkbox"/> YES	%
5.			<input type="checkbox"/> YES	%
All Others:				%
*Personal Financial Statements are required for all owners with 20% or more. LAXEDC may review a Dun and Bradstreet report and delinquent tax filings on the applicant. LAXEDC may also review a personal credit report and delinquent tax filings on each individual that owns 20% or more.				100%

SECTION IX-INFORMATION ON LEGAL PROCEEDINGS		YES/NO
Has the applicant, or any owner, officer, subsidiary or affiliate, been involved in a lawsuit in the last 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, or any owner, officer, subsidiary or affiliate, ever been involved in a bankruptcy or insolvency proceeding or are any such proceedings pending?		<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 5 years, has the applicant, or any owner, officer, subsidiary or affiliate, been charged with a crime, ordered to pay or otherwise comply with civil penalties imposed, or been the subject of a criminal or civil investigation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant, or any owner, officer, subsidiary or affiliate, have any outstanding tax liens?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a detailed explanation of any YES responses.		

SECTION X-MARKET INFORMATION (more information listed in the business plan)	
THREE MAJOR CUSTOMERS:	% OF SALES
1.	
2.	
3.	
THREE MAJOR COMPETITORS	LOCATION (City and State)
1.	
2.	
3.	

SECTION XI-SUMMARY OF HISTORICAL FINANCIAL INFORMATION			
FYE	/ /	/ /	/ /
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

SECTION XII-SUMMARY OF PROJECTED FINANCIAL INFORMATION			
FYE	/ /	/ /	/ /
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

SECTION XIII-STATE REQUESTS FOR BID OR PROPOSAL

Are you aware of any State of Wisconsin request for bid or request for proposal to which the applicant intends to respond or to which the applicant has recently responded?

Yes No

If yes, please provide the following:

- a. Identify the bid or request for proposal (e.g., bid number, or general description or title).
- b. Identify the state agency or public entity to which you are submitting the bid or proposal.
- c. Explain the status of the bid or proposal (e.g., recently submitted; considering submission; in current negotiations).

Please note that if you answer “yes” LAXEDC may not be able to discuss potential financial assistance until the request for bid or request for proposal process has been completed.

CERTIFICATION STATEMENT

THE APPLICANT:

- 1. Certifies that to the best of its knowledge and belief, the information being submitted to LAXEDC 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 LAXEDC 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 this application and other materials submitted to LAXEDC may constitute public records subject to disclosure under Wisconsin’s Public Records Law, § 19.31 et seq. The applicant will mark documents “confidential” where appropriate for financial and other sensitive materials that should be, to the extent possible, be kept in confidence. LAXEDC will notify the applicant if it receives a public records request for materials marked confidential.
- 7. Understands 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 the applicant or its representative may be subject to civil and/or criminal prosecution.

Signature: _____ Date: _____
(Authorized Representative)

Printed Name: _____ Title: _____

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 La Crosse Economic Development Commission (LAXEDC) reserves the right to require an up-to-date comprehensive business plan for all projects.

NOTE: If you do not currently have a Comprehensive Business Plan, the University of Wisconsin-La Crosse [Small Business Development Center](#) offers assistance with business plans. Wisconsin Economic Development Corporation ([WEDC](#)) may be able to finance a portion of the costs incurred to develop a comprehensive business plan, under its Early Planning Grant (EPG) and the Entrepreneurial Training Grant (ETG) programs.

COMPANY INFORMATION

Check the appropriate box if the information is detailed in your business plan or attached

Business Plan Dated / /	Attached	INFORMATION NEEDED										
<input type="checkbox"/>	<input type="checkbox"/>	Business Plan (follow the US SBA business plan format) <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> executive summary</td> <td><input type="checkbox"/> service & product line</td> </tr> <tr> <td><input type="checkbox"/> company description & history</td> <td><input type="checkbox"/> marketing & sales</td> </tr> <tr> <td><input type="checkbox"/> market analysis</td> <td><input type="checkbox"/> funding request</td> </tr> <tr> <td><input type="checkbox"/> org. & mgmt. structure, resumes, experience, education</td> <td><input type="checkbox"/> financial projections (see below)</td> </tr> </table>	<input type="checkbox"/> executive summary	<input type="checkbox"/> service & product line	<input type="checkbox"/> company description & history	<input type="checkbox"/> marketing & sales	<input type="checkbox"/> market analysis	<input type="checkbox"/> funding request	<input type="checkbox"/> org. & mgmt. structure, resumes, experience, education	<input type="checkbox"/> financial projections (see below)		
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<input type="checkbox"/>	<input type="checkbox"/>	Description of any affiliates or subsidiaries.										
<input type="checkbox"/>	<input type="checkbox"/>	A detailed description of the proposed project including: <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> pro forma showing income and expenses including but limited to tax credits, bonds, or other state or federal funding to justifying assistance</td> <td></td> </tr> <tr> <td><input type="checkbox"/> timeline: ground breaking, % complete per year, final completion date</td> <td></td> </tr> <tr> <td><input type="checkbox"/> plans and/or drawings for the project</td> <td><input type="checkbox"/> architectural analysis</td> </tr> <tr> <td><input type="checkbox"/> phase I environmental assessment</td> <td><input type="checkbox"/> appraisal</td> </tr> <tr> <td><input type="checkbox"/> environmental remediation</td> <td></td> </tr> </table>	<input type="checkbox"/> pro forma showing income and expenses including but limited to tax credits, bonds, or other state or federal funding to justifying assistance		<input type="checkbox"/> timeline: ground breaking, % complete per year, final completion date		<input type="checkbox"/> plans and/or drawings for the project	<input type="checkbox"/> architectural analysis	<input type="checkbox"/> phase I environmental assessment	<input type="checkbox"/> appraisal	<input type="checkbox"/> environmental remediation	
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<input type="checkbox"/>	<input type="checkbox"/>	Audited financial statements for the past three years that include: <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> balance sheets</td> <td><input type="checkbox"/> borrowing resolutions</td> </tr> <tr> <td><input type="checkbox"/> cash flow statements</td> <td><input type="checkbox"/> operating agreements</td> </tr> <tr> <td><input type="checkbox"/> income statements</td> <td><input type="checkbox"/> articles of incorporation/organization</td> </tr> <tr> <td><input type="checkbox"/> accountant's notes</td> <td></td> </tr> </table>	<input type="checkbox"/> balance sheets	<input type="checkbox"/> borrowing resolutions	<input type="checkbox"/> cash flow statements	<input type="checkbox"/> operating agreements	<input type="checkbox"/> income statements	<input type="checkbox"/> articles of incorporation/organization	<input type="checkbox"/> accountant's notes			
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<input type="checkbox"/>	<input type="checkbox"/>	Most recent quarterly financial statements if the year-end was more than 90 days prior to submission										
<input type="checkbox"/>	<input type="checkbox"/>	Projected financial statements for five years that include: <table border="0" style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> balance sheets</td> <td></td> </tr> <tr> <td><input type="checkbox"/> cash flow statements</td> <td></td> </tr> <tr> <td><input type="checkbox"/> income statements</td> <td></td> </tr> <tr> <td><input type="checkbox"/> detailed notes on all significant accounting assumptions used</td> <td></td> </tr> </table> The first year should be presented on a monthly basis so that LAXEDC can analyze the applicant's working capital needs. (Not Applicable for those projects only looking for training funds)	<input type="checkbox"/> balance sheets		<input type="checkbox"/> cash flow statements		<input type="checkbox"/> income statements		<input type="checkbox"/> detailed notes on all significant accounting assumptions used			
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<input type="checkbox"/>	<input type="checkbox"/>	Preliminary financial commitment letters outlining the terms of the other funding sources in the project budget.										