

Date of Application: _____ / _____ / _____

COMPANY INFORMATION

Business Name: _____

Address: _____

Total Company Employment (FTE): _____ Total Eau Claire Employment (FTE): _____

Contact Person: _____

Title: _____ Phone: _____

Email: _____

Type of business: _____

Product or services provided: _____

The applicant is a: Sole proprietorship Partnership C Corp S Corp LLC LLP

Names, addresses, titles and percentage of ownership of all owners, officers, directors and shareholders (who own 10% or more shares) of the company. (Supply attachments if needed.)

Name	Title	Address	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROJECT INFORMATION

Project address: _____

Owner of property: _____ Contact Person: _____

Address: _____

Phone: _____ Email: _____

Current value of property \$ _____ Estimated value of property after project completion \$ _____

Nature of project or activity for which assistance is requested (attach additional sheets if necessary):

Specific improvements to be made (attach additional sheets if necessary):



PROJECT INFORMATION (CONT.)

This project will retain and created the following number of full-time positions: (Full time = 2,080 hrs/year)

Average Hourly Wage	Positions Retained	Position Title	Number of New Positions Created					Total Retained & Created
			Year 1	Year 2	Year 3	Year 4	Year 5	
below \$13.75								
\$13.75 - \$17.34								
\$17.35 - \$20.00								
\$20.01 - \$25.00								
\$25.01 - \$30.00								
\$30.01 - above								

The Company will provide the following Employee Benefits:

Health Insurance Pension Tuition Reimbursement
 Dental insurance 401 (k) Other:
 Life Insurance Childcare

Company will institute a training program in Eau Claire to meet the skill needs of the company within 1 year. Yes No

What environmentally sustainable practices will this project implement?

Will the new construction comply with the LEED Green Building principles? Yes No

How will this project have a positive impact on the economy of the city?

LOAN INFORMATION

Anticipated sources and uses:

Source and Amount		Use and Amount	
Cash (owners injection)	\$ _____	Land	\$ _____
Loan (City of Eau Claire)	\$ _____	Building	\$ _____
Participating Lender	\$ _____	Capital Equipment	\$ _____
Other: _____	\$ _____	Working Capital	\$ _____
_____	\$ _____	Other: _____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Total Project Cost:	\$ _____	Total Project Cost:	\$ _____



LOAN INFORMATION (CONT.)

Give name and address of insurance company and amount of coverage for the following types of insurances:

Fire: _____
Hazard: _____
Business interruption: _____
Life: _____
Flood: _____
Liability: _____

List below the names of any past or present City of Eau Claire employees or DECI Board members who are related by blood, marriage, adoption, or who have any present or past financial interest or association with applicant, or any of applicant's partners, officers, directors, stockholders, or business:

Name	Address	Details of Relationship or Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/we certify that employees and applicants for employment of our company are not discriminated against on the basis of race, color, national origin, religion, age, handicap, or sex; and furthermore, I/we hereby certify that the information contained in this application and any supplements or attachments hereto is true, complete, and accurate. I/we realize that this document is just an application for a loan. A loan request shall not be considered approved until formal approval is made by the governing committee, board, or council.

Signature

Title

Date

Signature

Title

Date

