

Southwestern Wisconsin Business Development 2020 Recovery Fund (SWWBD-2020)



SOUTHWESTERN WISCONSIN
REGIONAL PLANNING
COMMISSION

POTENTIAL PROJECT FUNDING PRE-SCREENING FORM

This pre-screening form will assist the regional planning commission and RLF staff to determine if a potential project is likely to qualify for RLF assistance, the estimated loan amount, and the probable interest rate. This is not an application form. The form does not need to be fully completed, but please complete as much as possible.

Please type or print clearly.

Name of Potential Applicant Business: _____

Name of Principal Contact Person: _____ Title: _____

Type of Business: (List products or services) _____

Mailing Address: _____
home business Street Address/PO Box # City State Zip Code

Phone Number: _____ FAX No. and/or E-mail: _____
home business

Proposed project location: _____ Is this a "start-up"? Yes ___ No ___
If no, please check one: New-to-form? 1-3 Yrs. Old

Brief description of proposed project and how the money will be used: _____

Approx. Total Project Cost: \$ _____ Estimated RLF financing needed: \$ _____

What is the source for remaining financing needed? Equity: \$ _____ Debt: \$ _____

What is the source of the major portion of the financing: _____

Has a Business Plan been written covering the proposed activities? Yes ___ No ___ In progress _____

If not finished, when will this plan be completed? (The plan does not have to be complex.) _____

When will the financing be needed to undertake the proposed activities (target date)? _____

What is your estimate of the number of full-time equivalent jobs to be created within the following time frames?
(There is no need to provide an answer in each category, if you do not know, estimate what you can.)

At start-up ___ Within 6 months ___ Within 1 yr. ___ Within 2 yrs. ___ Within 5 yrs. ___
Other time frame: (specify) _____

Do you know the starting wage scale for new employees? If so, what is the range? _____

Expected wage scale increase for the new employees within two years, if known (percent or \$): _____

Benefit package if known: _____

Name of Person Submitting this Form: _____ Date: _____