

WISCONSIN DEPARTMENT OF COMMERCE PROSPECT DATA SHEET

You may press F11 to complete form electronically.

Double click on the boxes and choose "Checked" in the Default Value section to mark box with an "X"

TO BE COMPLETED BY COMMERCE:			
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: <input style="width: 100px;" type="text"/>			
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>	
WWW:			
Tele. #:		Fax #:	
CEO Name:		CEO Title:	
<i>Individual To Contact Regarding Questions About The Company:</i>			
Co. Contact:		Title:	
Email Address:			
Tele. #:		Fax #:	
Address:			
City, State, Zip:			
<i>Individual To Contact Regarding Questions About The Project:</i>			
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 Hawaiian <input type="checkbox"/> Hispanic		<input type="checkbox"/> No If Yes, the Minority Classification is: <input type="checkbox"/> Eskimo <input type="checkbox"/> Native <input type="checkbox"/> Native American <input type="checkbox"/> Aleut <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> African American	
Women 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 Company Employment:		Full Time:	Part Time:
Total Wisconsin Employment:		Full Time:	Part Time:
Total Project Location Employment:		Full Time:	Part Time:
% of Project Location Full Time Employees that are WI Residents:			
Provide the Following for All Other Existing Wisconsin Operations:			
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:
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:
Begin production by:	Achieve full production by:

SECTION V-PROPOSED PROJECT BUDGET

USES OF FUNDING (equip, bldg, work cap, training, etc.)	SOURCES OF FUNDING* (Bank, Equity, SBA, RLF, etc.)				TOTAL
	COMMERCE	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				
			Year One		Year Two	Year Three	Total
Avg. Hourly Wage	Number of Existing		Avg. Starting Hourly Wage	Number Created	Number Created	Number	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. The Department may review a Dun and Bradstreet report and delinquent tax filings on the applicant. The Department may also review a personal credit report and delinquent tax filings on each individual that owns 20% or more.				100%

SECTION IX-LEGAL INFORMATION*	YES/NO
Has the applicant, any owner, officer, subsidiary or affiliate been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any owner, officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any owner, officer, subsidiary or affiliate had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant, 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.

*An Application will be deemed ineligible and denied based on the falsification of information

SECTION X-MARKET INFORMATION	
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)			

**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. Commerce 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, Commerce may be able to finance a portion of the costs incurred to develop one. Under its Early Planning Grant (EPG) and the Entrepreneurial Training Grant (ETG) programs, Commerce can provide grants to assist with the development of a comprehensive business plan. Visit our website at www.commerce.gov for additional information on these programs.

COMPANY INFORMATION

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

Business Plan

DATED:

/ /

**Attache
d**

INFORMATION NEEDED

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | History of the company's operations |
| <input type="checkbox"/> | <input type="checkbox"/> | Resumes or short summaries of the current management team that detail relevant experience, education and length of time with the company |
| <input type="checkbox"/> | <input type="checkbox"/> | Description of any affiliates or subsidiaries |
| <input type="checkbox"/> | <input type="checkbox"/> | Description of the market niche for the company's product or service |
| <input type="checkbox"/> | <input type="checkbox"/> | A detailed description of the proposed project including environmental remediation |
| <input type="checkbox"/> | <input type="checkbox"/> | Three years of historical financial statements that include: <ul style="list-style-type: none">• balance sheets• cash flow statements• income statements• accountant's notes |
| <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"/> | Three years of financial projections that include: <ul style="list-style-type: none">• balance sheets• cash flow statements• income statements• detailed notes on all significant accounting assumptions used The first year should be presented on a monthly basis so that the Department can analyze the applicant's working capital needs.
(Not Applicable for those projects only looking for training funds) |
| <input type="checkbox"/> | <input type="checkbox"/> | All individuals that own 20% or more of the company must submit a signed and dated personal financial statement. A sample form is attached. Substitute formats are acceptable provided that the social security number of the individual is also included. (Not applicable for those projects only looking for tax credits). |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of commitment letters outlining the terms of the other funding sources in the project budget. |

**ATTACHMENT B
CERTIFICATION STATEMENT**

THE APPLICANT:

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

The applicant requests that Commerce treat the following items as TRADE SECRET:

	<u>Yes</u>	<u>No</u>	<u>NA</u>
A. Personal financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personal or business tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Historical business financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business financial projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Plan or study to be funded by Commerce.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Section 6 is left blank then all information provided to Commerce will be open to examination and copying.

Signature: _____ Date: _____
(Authorized Representative)

Name: _____ Title: _____
(Authorized Representative)

**ATTACHMENT C
PERSONAL FINANCIAL STATEMENT**

Please complete the following for EACH owner with 20% or more interest. Make additional copies as necessary.

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

ASSETS		LIABILITIES	
Cash (Schedule 1)		Secured Notes Payable (Sch. 5)	
Listed Securities (Schedule 2)		Unsecured Notes Payable (Sch.5)	
Unlisted Securities (Schedule 3)		Accounts Payable	
Real Estate Owned (Schedule 4)		Unpaid Income Taxes	
Automobiles		Real Estate Mortgages (Sch. 4)	
Personal Property		Real Estate Taxes	
Cash Value Life Insurance		Credit Cards	
Vested Profit Sharing/Pension		Other Debts (list below)	
Other Assets (list below)			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		EQUITY =(Total Assets – Total Liabilities)	

INCOME:	CONTINGENT LIABILITIES:
Salaries/bonuses	Endorser/Co-maker/Guarantor
Dividends/interest	Legal Claims
Other:	Other:

Schedule 1 Cash and Equivalents

Type	Financial Institution	Amount	Account Name	PLEGGED?

Schedule 2 Listed Securities

Cost	Description	Market Value	Account Name	PLEGGED?

Schedule 3 Unlisted Securities

Cost	Description	Market Value	Account Name	PLEGGED?

Schedule 4 Real Estate Owned

Property Type and Address	Cost	Market Value	Mortgage Amt

Schedule 5 Notes Payable

Secured?	Financial Institution	Original Balance	Current Balance	Date Due

LEGAL INFORMATION*	YES/NO
Have you been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detail on any YES responses:	

I hereby certify that to the best of my knowledge and belief, this represents a full and accurate disclosure of my assets and liabilities as of the date signed below. I also certify that I have 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. I also understand 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 may be subject to civil and/or criminal prosecution.

Signature

Date

ATTACHMENT D

W-9 TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

Print or Type

This form can be made available in alternative formats to qualified individuals upon request.

Legal Name: (as entered with IRS)
 Individuals: Enter Last Name, First Name, Middle Initial
 Sole Proprietorships: Enter Last Name, First Name, Middle Initial
 All Others: Enter Legal Name of Business

Trade Name:
 Individuals: Leave Blank
 Sole Proprietorships: Enter Business Name
 All Others: Complete only if doing business as a D/B/A

Remit Address: Address where awarded funds check should be sent if different from primary address PO Box or Number and Street, City, State, ZIP+4

Order Address: Address where order should be mailed
 PO Box or number and street, City, State, ZIP+4

[NOT APPLICABLE]

Primary Address: Address where 1099 should be sent if different from remit address
 PO Box or number and street, City, State, ZIP+4

Entity Designation: (check only one)

Individual / Sole Proprietor
 Corporation (includes service corporations)
 Limited Liability Partnership
 Limited Liability Corporation
 Government Entity
 Hospital Exempt from Tax or Government Owned
 Long Term Care Facility Exempt from Tax or Government Owned
 All Other Entities

Taxpayer Identification Number (TIN):
 If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the Requester.

Check Only One

Social Security Number (SSN)
 Employer Identification Number (EIN)
 Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Certification: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number ()
Signature		Date (mm/dd/ccyy)

For Agency Use Only

Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

For all projects approved by Commerce, this form is used as a reference for issuing checks to Recipients. Commerce will file with the IRS appropriate income tax forms for award Recipients based on information that appears on this form. Failure to provide this information may result in delayed payments. This request is being made at the direction of the Wisconsin State Controller. We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code. Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.