



WINNEBAGO COUNTY COVID-19 RAPID RECOVERY LOAN PROGRAM 2020

INTRODUCTION

The Winnebago County Industrial Development Board (IDB), in partnership with The Greater Oshkosh Economic Development Corporation (GOEDC), the Oshkosh Chamber of Commerce and the Fox Cities Regional Partnership, has established a Winnebago County Covid-19 Rapid Recovery Loan Program to assist Winnebago County businesses that have been impacted by the Covid-19 virus pandemic.

ELIGIBLE APPLICANTS

Any business located in Winnebago County, with at least one year in business, is eligible for up to \$10,000 in a low interest loan for business purposes. All loans will be awarded to eligible applicants while funds are available. The IDB is making \$750,000 available for this program. Awards will be made upon determination of need. Applications can be submitted by email to any of the contacts below, weekly until Tuesday, 5:00pm. The loan committee will review all applications on Thursday of the same week.

LOAN TERMS

Loans will be extended at an interest rate of 2%, with an interest free period and deferral of ALL payments for six months. Loan repayment of principal and interest will begin on November 1, 2020 for an amortization period of three years. Appropriate closing documents will be executed and auto-deduct payments from a qualified bank account will be required.

Program Contacts

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Winnebago County COVID-19: RAPID RECOVERY LOAN APPLICATION

SECTION I - 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			
Legal Name:			
Trade Name:			
Address:			
City, State, Zip:		County: Winnebago	
FEIN #: <small>(Federal Employee Identification Number –Tax ID or Social SecurityNumber)</small>		State of Organization: <small>(Per Articles of Incorporation/Organization)</small>	
Internet Address:			
Tele. #:			
Owner or Chief Executive Name:		Title:	Phone: Email:
Project Contact:		Title:	
Email Address:		Company:	
Tele. #:			
Address:			
City, State, Zip:			
Date Established: <small>Click here to enter a date.</small>		NAICS:	
Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes: Country: % of ownership:	
Primary Product or Service:			
Total Company Employment:		Total Company Full Time Employment:	
# of Hours Annually Considered Full-time employment and eligible for benefits:			
Wisconsin Employment: Enter the physical address of each Wisconsin facility of the Applicant Entity and related entities, as well as any other entities housed at the project site(s). Include number of full-time employees (i.e., persons employed directly by the company, not a temp agency or PEO). Employment Data as of: (date)			
Address(Street, City, Zip):		Project Location	Number of Full Time Employees:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
% of Project Location Full Time Employees that are Residents with the zip codes of 54901,54902,54903,54904:			
Amount Requested:		\$5,000	\$10,000
Demonstrate why Winnebago County COVID-19 Rapid Recovery Loan assistance is needed: <small>(please attach additional page if more space is needed)</small>			

SECTION II - BUSINESS INFORMATION

Business Location <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of:	County: Winnebago
Business Street Address:	

SECTION III - PROPOSED BUDGET

USE of Funds (ex: rent, utilities, insurance, etc)	FUNDING USE
	COVID-19 Program
TOTAL USE OF FUNDS	\$

SECTION IV - EMPLOYMENT DETAILS

All Existing Positions as of 03/01/2020	Current/Outlook Employment Status	
Number of Existing	Position Title	Total Number
	TOTAL	

SECTION V - OWNERSHIP INFORMATION (unless publicly traded)

Check if Publicly Traded

(if ownership consists of an LLC or other entity owning over 20%, indicate ownership of LLC or other entity in notes below)

Name:		Ownership %
1.		%
2.		%
3.		%
4.		%
5.		%
All Others:		%
Notes:		100%

SECTION VI - 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the applicant, or any owner, officer, subsidiary or affiliate, have any outstanding tax liens?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please attach a detailed explanation of any YES responses.

SECTION VII - MARKET INFORMATION

THREE MAJOR CUSTOMERS:	% OF SALES
1.	
2.	
3.	



CERTIFICATION STATEMENT

THE APPLICANT:

1. Certifies that to the best of the applicant’s knowledge and belief, the information being submitted to Winnebago County COVID-19 Rapid Recovery Loan Committee as part of the Winnebago County COVID-19 Rapid Recovery Loan Program Application 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 Winnebago County COVID-19 Rapid Recovery Loan Committee is authorized to obtain background checks, including a credit check 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 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: _____

APPLICATION SUPPORTING DOCUMENTATION

BUSINESS PLAN

Please provide a brief, less than one page, overview of your business. The Winnebago County COVID-19 Rapid Recovery Loan Committee reserves the right to require an up-to-date comprehensive business plan for all projects.

COMPANY INFORMATION

Winnebago County COVID-19 Rapid Recovery Loan Committee reserves the right to request additional information as needed.

REQUIRED ATTACHMENTS	Attached
1. Business Plan (See Description above)	<input type="checkbox"/>
2. History of the company's operations	<input type="checkbox"/>
3. Description of any affiliates or subsidiaries	<input type="checkbox"/>
4. Description of the company's product or service	<input type="checkbox"/>
5. A detailed description of the impact of COVID-19 on your business	<input type="checkbox"/>
6. One year of historical financial statements	<input type="checkbox"/>
7. A six-month business projection and operations model (including assumptions)	<input type="checkbox"/>
8. W-9 Taxpayer Identification Number (TIN) Verification	<input type="checkbox"/>
9. A copy of Bank references and contact information is requested	<input type="checkbox"/>
10. Promissory Note will be signed at closing	<input type="checkbox"/>

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 back up 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 back up 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 WEDC, this form is used as a reference for issuing checks to Recipients. WEDC 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.