



La Crosse County Economic Development Fund, Inc.

212 6th Street North, Room 1300, La Crosse, WI 54601

www.lacrossecounty.org/economicdevelopment

Ph: 608-785-5792

Innovation & Diversification Grant Program

Application Form

Instructions

To apply for funding, please complete this application form, including all attachments, and submit it to the La Crosse County Community Development office at the above address. Applications will not be considered until they are complete. We encourage you to contact us prior to completing this application to discuss availability of funds, processing time, and committee meeting dates.

Applicant Name & Contact Information

Company Name: _____ Date Established: _____

Type of Organization: % LLC; % LLP; % Sole Proprietorship; % S Corp; % C Corp; % Non-Profit

Company Mailing Address: _____

Contact Person: _____ Title: _____

Contact Address: _____

Contact Phone: _____ Contact Email: _____

Business Tax ID Number: _____ NAICS Code: _____

Business Website: _____

Business Ownership (list all owners with a 20% of greater stake in the company)

Name	Title	% Ownership	Minority	Woman
			%	%
			%	%
			%	%
			%	%

Business Employment

Existing Employees: _____ Full Time; _____ Part Time

Projected Job Creation with the proposed project (if any):

Year 1: _____ Full Time; _____ Part Time

Year 2: _____ Full Time; _____ Part Time

Total New Jobs Created: _____

Grant Request

Amount of Grant: _____ Use of Funds: _____

Sources & Uses of Funds – including the grant that you are requesting; total sources must equal total uses.

Source(s)	Amount (\$)		Use(s)	Amount (\$)
Total:			Total:	

Minimum Grant Amount Needed to Proceed: _____ (please explain how the project would change with this smaller grant amount, in the narrative)

Assistance from Economic Development Partners

Have you worked with any non-profit economic development organizations to plan and prepare for this project (SBDC, Coulecap, LADCO, DMI, etc)?

If so, please list here _____

a. If so, how did they assist?*

b. If not, why not? _____

*Attached additional narrative if applicable.

Narrative Attachment

Please type a narrative response to the following questions/statements (a few paragraphs for each):

- a) Please summarize the project;
- b) Please describe the specific issue or opportunity facing the business;
- c) Please explain the proposed solution to the issue or opportunity described above;
- d) Please discuss what success for this project would be – use specific business outcomes (i.e. sales/revenue goals, new hires, decreased expenses, etc);
- e) Please explain how you plan to measure the above listed specific business outcomes;
- f) Please provide a detailed project budget and explanation for why the grant assistance is necessary;
- g) If you are successful at meeting the above business outcomes, would you be willing to pay back all or a portion of the grant funds?

Other Attachments

The following attachments are optional but may strengthen your application:

- % Business plan or additional narrative description of your business;
- % Other supporting documentation such as letters of support, proof of opportunity, etc.

Applicant Certification

By signing below, the applicant:

- Certifies that to the best of its knowledge and belief, the information being submitted to the La Crosse County Economic Development Fund and its agents is true and correct;
- Certifies that it is in compliance with all laws, regulations, ordinances, and orders of public authorities applicable to it;
- Certifies that it is in compliance with and current on federal payroll withholding, state payroll withholding, payment of unemployment taxes, federal income taxes, state income taxes, and real estate taxes;
- Certifies that it is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with any other creditor;
- Certifies that the La Crosse County Economic Development Fund Inc. or its agent is authorized to obtain a credit check on any principal or business associated with this application for the purposes of determining credit worthiness;
- Agrees to reimburse the La Crosse County Economic Development Fund Inc. or its agent for any reasonable expenses made in connection with this loan request, including, but not limited to, title work, legal fees, appraisals, recording/filing fees, etc;
- Certifies that it has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project described in this application. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or adequate capital to complete the project;
- Agrees that in the event credit is extended it will complete a direct payment authorization form allowing payments to be electronically debited by automatic clearing-house (ACH) and deposited into the appropriate La Crosse County Economic Development Fund account;
- Understands that, unless it's a trade secret, all information submitted to the LCEDF is subject to Wisconsin's open records law.

Signature: _____ Title: _____

Printed Name: _____

Signature: _____ Title: _____

Printed Name: _____