

Attachment A

**City of Port Washington
Revolving Loan Fund Application**

1. Business Name: _____
Address: _____

Contact Person: _____
Telephone No.: _____

2. Brief Project Description:

3. <u>Source and Use of Funds</u>	<u>RLF Financing</u>	<u>Bank Financing</u>	<u>Seller Financing</u>	<u>Owner's Equity</u>	<u>TOTAL</u>
a) Land Purchase	_____	_____	_____	_____	_____
b) Building Purchase	_____	_____	_____	_____	_____
c) Building Construction	_____	_____	_____	_____	_____
d) Building Renovation	_____	_____	_____	_____	_____
e) Machinery & Equipment	_____	_____	_____	_____	_____
f) Working Capital	_____	_____	_____	_____	_____
TOTAL PROJECT COSTS	_____	_____	_____	_____	_____

4. RLF Assistance Requested:

a) Loan Amount _____
b) Interest Rate (percent) _____
c) Loan Term (years) _____
d) Principal Deferral (months) _____

5. Source of Private Debt Financing

Name: _____

Address: _____

Contact Person: _____

Telephone No.: _____

6. Job Creation and Retention

	New Jobs		Retained Jobs	
	Number	Pay Range	Number	Pay Range
Full-Time Jobs	_____	_____	_____	_____
Part-Time Jobs	_____	_____	_____	_____
TOTAL JOBS	_____	FTE = _____		

7. Date Project Will Begin: _____

I hereby certify that the information provided above and in the attached supporting documentation is to the best of my knowledge true and correct.

Signature

Date

For additional information about the City of Port Washington RLF program, please contact Randy Tetzlaff at (262) 284-2600 or rtetzlaff@ci.port-washington.wi.us

Please submit the RLF application and supporting documentation to:

Kathleen Shilling
Ozaukee Economic Development
121 W. Main Street
Port Washington, WI 53074