

Attachment A

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

1. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

2. Brief Project Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>3. 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.

Please submit the RLF application and supporting documentation to:

John R. Meland  
Southeastern Wisconsin Regional Planning Commission  
P.O. Box 1607  
Waukesha, WI 53187-1607