



Thank you for your interest in the Legacy Redevelopment Corporation (LRC) loan fund. Please complete and submit this application for consideration for the West Racine Assistance Program.

FOR PROFIT: APPLICANT INFORMATION

Legal name of borrower _____
Legal name of organization (d/b/a if applicable) _____
TIN/ EIN/ Social Security Number _____ DUNS Number _____
Mailing address _____ City _____ State ____ Zip _____
Direct Contact _____
Direct Phone _____ Fax _____ Email _____
Website (if available) _____

OWNERSHIP OF THE BUSINESS

List below all officers, partners and all stockholders owning 20% or more of the business (please provide an attachment if necessary)

Owner of the Business _____ Title _____ % Ownership _____
Owner of the Business _____ Title _____ % Ownership _____
Owner of the Business _____ Title _____ % Ownership _____

Business Organized:

For-Profit Sole Proprietorship Partnership Corporation LLC Other: _____

Date of Incorporation/Organization: _____ State of Incorporation/Organization: _____

Date established _____

NAICS Code _____ SIC _____ Legal Entity _____

Entity is owned or led by (please check all that apply): Women Minority Individuals Low Income Individuals

EMPLOYEE INFORMATION

F/T Employees _____ # P/T Employees _____

of employees at the time of this application

REQUEST

Grant Request

*Mortgage/ Rent: \$ _____

*Payroll: \$ _____

*Inventory Purchase(s): \$ _____

*Equipment Purchase(s): \$ _____

* Businesses may be granted up to five (5) months of eligible expenses:

ELIGIBLE EXPENSES - Mortgage/Rent; payroll (employees must be on payroll system); inventory; equipment.

Proof of expense(s) will be required at submission of application in order to determine eligible grant amount.

Grant Request: \$ _____
(Grant request amount - \$5,000 – \$10,000)

Please submit the following information with your grant request application:

- 2020 Completed Business Tax Returns w/ all schedules
- Statement on how your business has been impacted by road construction and/or COVID-19, and how the funds will assist your business (100 words or less)
- Owners must present an active lease agreement to justify rent payments going forward
- Owners must present a current mortgage statement from mortgage holder to justify mortgage payment
- Payroll documentation to justify paying salaries and benefits for employees,
- Price estimates/quotes/invoice(s) from distributors for inventory or equipment.

Have you received any other financial assistance during the COVID-19 pandemic? **Yes / No**

If so, please list the programs and amount you received:

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

Legacy Redevelopment Corporation

Certification of Grant Application

This Certification must be completed and returned with the supporting attachments.

By my signature below, I certify that the information contained herein and submitted in support of this grant request is complete and accurate.

Signature

Date

Print Name and Title

Signature

Date

Print Name and Title

For Legacy Redevelopment Corporation Lending Department only:

Grant Amount: \$ _____

Approved _____ Tabled _____ Denied _____ By: _____

Verification of eligible expenses reviewed by:

Name and Title

Date

Disbursement date: _____