

Attachment A

**City of Cedarburg  
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) Real Estate Purchase	_____	_____	_____	_____	_____
b) Building Construction	_____	_____	_____	_____	_____
c) Building Renovation	_____	_____	_____	_____	_____
d) Leasehold Improvements	_____	_____	_____	_____	_____
e) Capital Equipment	_____	_____	_____	_____	_____
f) Working Capital	_____	_____	_____	_____	_____
g) Closing Costs	_____	_____	_____	_____	_____
<b>TOTAL PROJECT COSTS</b>	_____	_____	_____	_____	_____

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 Cedarburg RLF program, please contact Kathleen C. Schilling, Executive Director, Ozaukee Economic Development (262) 238-7730 or [kschilling@co.ozaukee.wi.us](mailto:kschilling@co.ozaukee.wi.us)

Please submit the RLF application and supporting documentation to:

Kathleen Cady Schilling, Executive Director  
Ozaukee Economic Development  
121 W. Main Street  
Port Washington, WI 53074