

POTENTIAL SWWBDF RLF PROJECT PRE-SCREENING FORM

(Please type or print clearly.)

This pre-screening form will assist the regional planning commission and RLF staff to determine if a potential project is likely to qualify for RLF assistance, the estimated loan amount, and the probable interest rate. This form is appropriate for use by economic development practitioners, bankers & other persons making a referral. The form does not need to be fully completed, but please complete as much as possible. When RLF resources are very limited, this form may be used for purposes of evaluating alternative proposed projects which may be considered for funding.

This is NOT an application form

Name of Potential Applicant Business: _____

Name of Principal Contact Person: _____ Title: _____

Type of Business: (List products or services) _____

Mailing Address: _____

home business Street Address/PO Box # City State Zip Code

Phone Number: _____ FAX No. and/or E-mail _____
home business

Proposed project location: _____ Is this a "start-up"? Yes__ No__ If so, please check one:
New-to-form? 1-3 Yrs. Old

Brief Description of Proposed Project: _____

Approx. Total Project Cost: \$ _____ Estimated RLF financing need, if known: \$ _____

Is there known financing for part of the project? Yes__ No__ Equity: \$ _____ Debt: \$ _____

What is the source of the major portion of the financing: _____

Has a Business Plan been written covering the proposed activities? Yes__ No__ In progress _____

If not finished, when will this plan be completed? (The plan does not have to be complex.) _____

When will the financing be needed to undertake the proposed activities (target date)? _____

What is your estimate of the number of full-time equivalent jobs to be created within the following time frames?
(There is no need to provide an answer in each category, if you do not know. Any data will do.)

At start-up _____ Within 6 months _____ Within 1 yr. _____ **Within 18 months**
(18 months is used for reporting purposes.)

Within 2 yrs. _____ Within 5 yrs. _____ Other time frame: _____ (specify)

Do you know the starting wage scale for new employees? If so, what is the range? _____

Expected wage scale increase for the new employees within two years, if known (percent or \$): _____

Benefit package if known: _____

Name of Person Submitting this Form: _____ Date: _____

Return to Ed White, SW Wisc. Regional Planning, 722 Pioneer Tower, 1 University Plaza, Platteville, WI 53818.

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