



## **BUSINESS APPLICANT CHECKLIST**

### **Capital Matching Fund**

- Capital Matching Fund Business Application Form *(please type)*
- Cost Estimate *(please type)*
- Business Plan           OR            Appendix A – Executive Summary *(please type)*
- Appendix B – Capital Matching Fund Terms
- Appendix C – Release of Information Form
- IRS W-9 Form

### **Applications Reviewed Quarterly**

Applications are reviewed quarterly and awards made within 45 days of the due date. Applications and supporting materials must be received by 3:00 pm on the following due dates:

January 31, 2011  
March 31, 2011  
June 30, 2011  
October 31, 2011

Applications may be mailed or hand-delivered to:

Goshen County Economic Development Corporation  
PO Box 580  
117 West 22<sup>nd</sup> Avenue  
Torrington, WY 82240

Office hours are 8:00 am to 4:00 pm, Monday through Thursday or by appointment. For more information, please call 307-532-5162.

# PROGRESS PROGRAM – BUSINESS APPLICATION FORM

(Please type)

GENERAL CONTACT INFORMATION							
BUSINESS NAME							
ADDRESS							
CITY/STATE/ZIP				FOR INTERNAL USE ONLY			
CONTACT							
PHONE/FAX							
EMAIL							
FEDERAL TAX ID							
DATE BUSINESS ESTABLISHED							
AMOUNT REQUESTED: \$				Project ID#			
				Date application received			
				Date approved			
				Amount approved			
				Date payment mailed			
TYPE OF FUNDING REQUESTED (PLEASE CHECK ONE)							
<input type="checkbox"/> CAPITAL MATCHING FUND			<input type="checkbox"/> GOLD FUND			<input type="checkbox"/> INCENTIVE	
PURPOSE OF REQUEST							
<input type="checkbox"/> NEW BUSINESS		<input type="checkbox"/> PURCHASE EXISTING BUSINESS			<input type="checkbox"/> COMMUNITY DEVELOPMENT		
<input type="checkbox"/> EXISTING BUSINESS		<input type="checkbox"/> BUSINESS/EQUIPMENT UPDATES			<input type="checkbox"/> OTHER		
USE OF FUNDING (SPECIFICALLY):							
BUSINESS OWNERSHIP INFORMATION							
KEY OWNER'S NAMES		% OWNERSHIP		SOURCE OF FUNDS:		AMOUNT:	
						\$	
						\$	
						\$	
KEY ADVISORS							
	NAME			FIRM/COMPANY		PHONE NUMBER	
ACCOUNTANT							
ATTORNEY							
INSURANCE AGENT							
BANKING INFORMATION							
LOAN TYPE:		PART OF CONSTRUCTION FINANCE: YES NO OR			PERMANENT FINANCE: YES NO		
FINANCIAL INSTITUTION:		CONTACT PERSON:			PHONE NUMBER:		
EMPLOYEE INFORMATION (FT = Full Time PT = Part Time)							
CURRENT EMPLOYEES	FT		AVG SALARY		PT		AVG SALARY
AFTER 1 YEAR	FT		AVG SALARY		PT		AVG SALARY
AFTER 2 YEARS	FT		AVG SALARY		PT		AVG SALARY
<b>TOTALS</b>	FT		AVG SALARY		PT		AVG SALARY

**APPLICANT CERTIFIES** that he/she is duly authorized to verify the foregoing application, that applicant has read the same and is familiar with the statement contained herein and that the same are true in substance and in fact.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_

**EXECUTIVE SUMMARY**

Please complete this form if you are not submitting a full business plan.

*--Please type--*

Type of Funding Requested:	Capital Matching Fund		
BUSINESS NAME :			
AMOUNT OF FUNDING REQUESTED:			
BRIEFLY DESCRIBE THE PROPOSED PROJECT:			
WHAT IS THE INTENDED USE OF THE PROGRESS PROGRAM FUNDS?			
PRIMARY BUSINESS PURPOSE:			
PRODUCTS/SERVICES:			
LOCAL COMPETITORS:			
HOW DOES YOUR BUSINESS DIFFER FROM YOUR COMPETITORS?			
WHAT PERCENT OF BUSINESS INCOME IS FROM EACH OF THE FOLLOWING AREAS?			
Goshen County:	Wyoming:	Out-of-state:	International:
HOW MANY NEW JOBS WILL PROJECT CREATE?	Full-Time:	Part-Time:	
If new jobs are created, what will be the average annual salary of the new jobs?			
How will this project impact the community?			
Additional Information regarding this project:			
AUTHORIZED SIGNATURE:			DATE:

## CAPITAL MATCHING FUND TERMS

NOTE: The following statement must be completed and signed for applicant to be eligible.

### Goal of the Program

Program is intended to take small steps to make Goshen County a better place by helping new and existing businesses to succeed, make their property more attractive for their customers, and to make the community more attractive to potential new businesses, employees, resident and visitors.

### How the Program Works

The Progress Program Capital Matching Fund will match the investment in commercial and industry property on a 1:1 basis. The Progress Program will invest a maximum of \$10,000 per project. The applicant will submit a completed application, cost estimates, and estimate of construction costs. The Progress Program will pay based on submittal of bills for the project and inspection by a GCEDC designee that the project was completed.

### Features:

- Minimum out-of-pocket expense from business: \$2,500
- 1:1 match up to a maximum of \$5,000 on projects from \$2,500 to \$50,000 from the Progress Program; \$7,500 on projects between \$50,000 and \$125,000 from the Progress Program; match of \$10,000 on projects between \$125,000 and \$250,000 from the Progress Program
- Grant may be subject to income tax.
- Goshen County Economic Development Corporation reserves the right to make a final determination on all projects.
- Applications will be reviewed quarterly. Cap of \$80,000 per calendar year. First come, first serve basis.

### Qualifications Required:

- Project is located on properly zoned or planned commercial or industrial property in Goshen County
- Applicant is current on all property tax
- Limited to one project per business per year
- Project must not be completed prior to receipt of the application by GCEDC
- Business has obtained all necessary permits/licenses

### Eligible Uses (please check all that apply):

- Storefront remodeling: including windows, siding, doors, signage, etc.
- Landscaping, fencing, screening
- Demolition, clean-up, remodeling, etc.
- Sidewalk and parking lot – construction and replacement
- Stand alone signs
- ADA accessibility
- Specialized equipment may be eligible. Describe \_\_\_\_\_
- Other (requires GCEDC board approval) \_\_\_\_\_

### Certification

The failure of applicant to comply with any of the terms of this Agreement shall constitute an event of default and require repayment of all funds to GCEDC. The applicant will submit a W-9 form with the application. If approved for the match, the applicant will supply an invoice for all goods and services purchased to receive the grant funding. Goshen County Economic Development Corporation reserves the right to use the results of the report in published reports and/or articles as an example of the project funded by the Progress Program.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

**AUTHORIZATION AND RELEASE**

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied for credit with Goshen County Economic Development Corporation hoping to obtain credit.

I realize that before Goshen County Economic Development Corporation may extend credit to me, a review of my credit history may need to be done by an agent or employee of said organization.

In order to facilitate a review of my credit history, I hereby authorize the release to Goshen County Economic Development Corporation, its agent or employee, any information requested regarding my financial condition, credit or credit history and to examine and copy any records pertaining to the same. I further consent that the foregoing information may be provided by any lending institution with whom I have had any dealings or any entity with which I have dealt on a credit or charge basis, and I hereby release any person or entity who discloses or provides such information to Goshen County Economic Development from any liability for so doing.

A copy of the Authorization and Release may be accepted in lieu of the original and shall be as fully binding as doing it were the original executed by me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

State of Wyoming    )  
                                  )SS  
County of Goshen    )

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_ Notary Public – My Commission expires: \_\_\_\_\_

Stamp