

Community Development Block Grant-Emergency Assistance Program Supplemental

1. Legal Business/Company Name _____
2. Federal Employee Identification Number _____
3. Business/Property Address _____
4. City, State, Zip _____
5. Mailing Address (If different) _____
6. City, State, Zip _____
7. Telephone Number _____ Cell Phone Number _____
8. Website Address _____
9. Business Type: C Corp S Corp LLC LLP Partnership Sole Proprietorship
10. Owner/Partner/Chief Executive Officer _____
11. Person Preparing Application _____ Title _____
Email _____
12. Date of Business Start-up or Incorporation _____
13. How long under present control _____
14. Names of owners/partners/corporate officers and percentage of ownership:
_____% _____%
_____% _____%
_____% _____%
16. Number of current (full-time equivalent) employees: Total _____
17. Give a brief description of current business:

18. Give a brief description of the effects on the business of the June 2008 disaster, including the impact on physical property, workforce, and sales (attach photos, where applicable):

19. Give a brief description of the business' obstacles to recovery and the need for the financing applied for:

20. Description of request:

Item	CDBG-FRSB Supplemental Request	Less any Funding Sources Already Received (Examples: Grants, loans, insurance, etc.)	Total Amount of Request
Re-imbusement of already completed reconstruction or repairs			
New Construction or repairs to reconstruct or repair buildings			
Equipment			
Damaged inventory			
Working Capital - <i>Loss of revenue that can be DIRECTLY documented as having been caused by the flood</i>			
TOTAL			

21. Did you have any insurance claims arising from the 2008 flood? _____ Yes _____ No.

If yes, explain, including how much was reimbursed? _____

22. Are **ALL** Sauk County property taxes current? _____ Yes _____ No.

If no, explain why and give expected payment date? _____

23. The Recipient agreeing that, in accordance with §560.075(2), the Project will not be relocated outside of Wisconsin for a minimum of five years from the date of the award.

24. The applicant agrees to complete a survey and any other documents that may be requires by the County.

25. The undersigned certifies, to the best of his or her knowledge and belief, that:

No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

26. **I certify that to the best of my knowledge and belief, the information supplied on this application form and all other supplemental information submitted for review for this loan is accurate and complete.**

Additional information required to be submitted with application:

1. **Verification: Profit and Loss Statement, receipts along with detailed summary page, insurance claims, estimates, detailed reservation cancelations, pictures, etc.**
2. **Complete list of items involved in the project scope (detailed estimates will suffice).**
3. **The total amount requested has to be supported by complete documentation in ordered to be considered.**
4. **Incomplete applications and/or missing supporting documentation will be returned.**
5. **Applications and documentation, including photos, will NOT be returned.**

Signature of Authorized Representative

Name (Print or Type)

Title

Date

Submit application form and supporting documentation to:

**Sauk County RLF Administrator
505 Broadway Street
Baraboo, WI 53913**

**608-355-3274 phone
608-355-3481 fax
CDBG@co.sauk.wi.us
www.co.sauk.wi.us**