

## Greater Beloit Economic Development Corporation

100 State Street Beloit, WI 53511 (608) 364-6748 www.greaterbeloitworks.com

#### **Exhibit A**

Discretionary Grant Eligibility and Guidelines
Application Deadline: April 1, 2024
Spending and Reporting Deadline: September 30, 2024
Minimum Request: \$2,500
Maximum Request: \$5,000

#### **Policy Statements:**

- This Grant Program is a means to preserve and enhance the economic vitality of our West Side community.
- The goal of this program is to improve the physical appearance of West Side businesses and/or non-profit
  organizations operating child care centers that could use support to upgrade exterior facades, signage, fencing,
  landscaping, parking areas, etc. Although important, this program is not intended to fund internal improvements.
- All application review and award decisions are to be made by the GBEDC Executive Committee.

#### **Eligibility Criteria:**

- Grants will only be awarded to owners of properties in eligible locations. Tenants are not eligible.
- For-profit businesses are required to match grants on a 50/50 basis up to \$5,000. Legally organized non-profit organizations do not need to provide matching funds, but may choose to match for preferential review.
- Existing businesses and non-profit organizations operating licensed child care centers that have a physical location on the West Side of the Rock River in the City of Beloit are eligible to apply. Family (home-based) Day Care centers are not eligible.
- Applicants must have a City of Beloit Business Permit if required and not have any delinquencies with the City.
- All grantees shall obtain required permits/approvals prior to beginning construction.
- All applicants must complete and submit a GBEDC Discretionary Grant application. In addition to the required narrative and application attachments, applicants shall include an estimate for the proposed work.

#### **Eligible Expenses:**

- Eligible expenses include exterior façade improvements, signage, landscaping, lighting, fencing, equipment, playground improvements, parking lot improvements. Interior projects are not eligible.
- Grant funds may not be used for direct work of individuals (payroll), sectarian religious programs, political purposes, or used primarily outside of the Greater Beloit area.
- This grant is a reimbursement grant, and reimbursement will only be provided at the completion of the project following submittal of a written final report of fund usage and evidence of a contractor invoice provided if applicable. Reimbursement will not be provided to applicants who perform work without the required permits or certificates.

#### Preferences:

- Preference shall be given to applicants along Fourth Street, Liberty Avenue, and Madison Road.
- Preference shall be given to applicants with no more than twenty (20) employees.
- Preference shall be given to applicants outside of the Business Improvement District (BID) in downtown Beloit.

#### Compliance/Documentation:

- Grant recipients must keep expenditure records and supporting documentation related to how funding was spent and make records available to GBEDC staff or accountants upon request. Recipients shall state, in writing, how the funds were used by September 30, 2024.
- Grant recipients are responsible for any applicable tax withholding and reporting, and shall check with their accountant before accepting and using funds.

# GREATER BELOIT ECONOMIC DEVELOPMENT CORPORATION ECONOMIC DEVELOPMENT DISCRETIONARY GRANT PROGRAM APPLICATION

### I. APPLICANT INFORMATION-INFORMATION ABOUT YOU

| Name   |                    |                                     |
|--|--------------------|-------------------------------------|
| Address                                      |                    |                                     |
| City/State/Zip                               |                    |                                     |
| City/State/Zip Telephone F. mail             | (work)             | (cell)                              |
| E-mail                                       | Wel                | osite                               |
| . BUSINESS INFORMATION-BUSINESS/Organization | INFORMATIO         | N ABOUT YOUR                        |
|  |                    |                                     |
| Address                                      |                    |                                     |
| City/State/Zip                               |                    |                                     |
| Year Business Established                    | Bus                | iness SIC#EIN#                      |
| Business/Organization website                |                    |                                     |
| CEO/Executive Director Name                  |                    |                                     |
| CEO/Executive Director Email/                | Phone              |                                     |
| Nature of the Business/Organiza              | ation (please desc | ribe)                               |
| Business Structure (check one):              |                    |                                     |
| Non-profit                                   | Partnership        |                                     |
| Corporation                                  | S-Corp.            |                                     |
| Business organized/incorporated              | d in [state]       |                                     |
| Number of Employees:                         | Full-tim           | e Part-time                         |
| I.MANAGEMENT INFORMA                         | TION               |                                     |
|  |                    | s having 20% or greater assumership |
| interest:                                    | is, and/or parmer  | s having 20% or greater ownership   |
| interest.                                    |                    |                                     |
| Name   |                    |                                     |
| Title  |                    | % Ownership                         |
| Address                                      |                    |                                     |
| City/State/Zip                               |                    |                                     |
| Telephone                                    | Age                | Years' Experience                   |
| Minority or Female Owner                     | Yes                | No                                  |
|  |                    |                                     |
| Name   |                    |                                     |
| Title  |                    | % Ownership                         |
| Address                                      |                    |                                     |
| City/State/Zip                               |                    |                                     |
| Telephone                                    | Age                | Years' Experience                   |
| Minority or Female Owner                     | Yes                | No                                  |

| Name  |                 | 0/ 0 1:  |
|---|-----------------|--|
| Title   |                 |  |
| Address City/State/7:   |                 |  |
| City/State/Zip  | A ~ -           | Voors' Erroria   |
| Minority or Formal Organia  | Age             | Years' Experience  |
| Minority or Female Owner  | Y es            | N0   |
| Name  |                 |  |
| Title   |                 | % Ownership  |
| Address   |                 |  |
| City/State/Zip  |                 |  |
| I elephone  | Age             | Y ears' Experience   |
| Minority or Female Owner  | Yes             | No   |
| Name  | R               | elationshipelationship   |
| Location of Project:  Description and Timeline of Pro   | posed Project ( | (including start and end date):                                    |
| Location of Project:  Description and Timeline of Pro   | posed Project ( |  |
| Location of Project:  Description and Timeline of Pro   | posed Project ( | (including start and end date):                                    |
| Location of Project:  Description and Timeline of Pro   | posed Project ( | (including start and end date):                                    |
| Location of Project:  Description and Timeline of Pro  Size of proposed project/expansi   | posed Project ( | (including start and end date):sf                                  |
| Location of Project:  Description and Timeline of Pro  Size of proposed project/expansi  Will new facility expand existing  | posed Project ( | (including start and end date):sf rations? Yes No                  |
| Location of Project:  Description and Timeline of Pro  Size of proposed project/expansi  Will new facility expand existing  Projected Employment (within 3  | posed Project ( | (including start and end date):sf rations? Yes No                  |
| Location of Project:  Description and Timeline of Pro  Size of proposed project/expansi Will new facility expand existing  Projected Employment (within 3  Management   | posed Project ( | (including start and end date):sf rations? Yes No                  |
| Location of Project:  Description and Timeline of Pro  Size of proposed project/expansi  Will new facility expand existing  Projected Employment (within 3  Management  Professional/Technical  | posed Project ( | (including start and end date):sf rations? Yes No                  |
| Location of Project:  Description and Timeline of Pro Size of proposed project/expansi Will new facility expand existing Projected Employment (within 3 Management Professional/Technical Service/Clerical  | posed Project ( | (including start and end date):sf rations? Yes No                  |
| Location of Project:  Description and Timeline of Pro  Size of proposed project/expansi  Will new facility expand existing  Projected Employment (within 3  Management  Professional/Technical  Service/Clerical  Manufacturing                         | posed Project ( | (including start and end date):sf rations? Yes No                  |
| Location of Project:  Description and Timeline of Pro  Size of proposed project/expansi Will new facility expand existing Projected Employment (within 3  Management Professional/Technical Service/Clerical Manufacturing Other                        | posed Project ( | (including start and end date):sf rations? Yes No                  |
| Description and Timeline of Pro  Size of proposed project/expansi Will new facility expand existing Projected Employment (within 3 Management Professional/Technical Service/Clerical Manufacturing Other Total Jobs                                    | posed Project ( | (including start and end date):sf rations? Yes No                  |
| Description and Timeline of Pro  Size of proposed project/expansi Will new facility expand existing Projected Employment (within 3 Management Professional/Technical Service/Clerical Manufacturing Other Total Jobs  PROJECT COSTS/USES OF             | posed Project ( | (including start and end date):sf rations? Yes No ect completion): |
| Description and Timeline of Pro  Size of proposed project/expansi Will new facility expand existing Projected Employment (within 3 Management Professional/Technical Service/Clerical Manufacturing Other Total Jobs  PROJECT COSTS/USES OF Acquisition | posed Project ( | (including start and end date):sf rations? Yes No                  |
| Description and Timeline of Pro  Size of proposed project/expansi Will new facility expand existing Projected Employment (within 3 Management Professional/Technical Service/Clerical Manufacturing Other Total Jobs  PROJECT COSTS/USES OF             | posed Project ( | sf rations? Yes No ect completion):                                |

| Land improvements                                |                                      |
|--|--------------------------------------|
| New Construction                                 |                                      |
| Machinery/Equipment                              |                                      |
| Architectural/Engineering                        | <del></del>                          |
| Other  |                                      |
| Total Project Cost                               | \$                                   |
| VI. PROJECT FINANCING/SOURCES OF F               | UNDS                                 |
| Personal Funds/Cash Equity                       | \$                                   |
| Private Lender #1                                | \$                                   |
| Private Lender #2, Funds                         | \$                                   |
| Discretionary Grant                              | \$                                   |
| Public Revolving Loan Fund #1                    | \$                                   |
| Public Revolving Loan Fund # 2                   | \$                                   |
| Other Source #1                                  | \$                                   |
| Other Source # 2                                 | \$                                   |
| Other Source #3                                  | \$                                   |
| Total Project Sources                            | \$                                   |
| RRATIVE QUESTIONS                                |                                      |
| (1) Describe the opportunity or challenge your o | organization is currently working on |

#### NAF

- Share any supporting data or research that might help the GBEDC understand what you plan to accomplish with grant support.
- (2) Describe the plan for technical assistance and automation of the work that would be supported by the grant.
- (3) Does your organization primarily serve low income individuals? This is not a requirement for grant eligibility but is a tracking item for the GBEDC records.
- (4) Please identify the person who will be primarily responsible for the grant funds and related expenditures –

| Name                       | Title |
|----------------------------|-------|
| Email address/Phone number |       |

In addition to the business plan, please provide a copy of the following records with your application:

- Business/Organization Mission Statement
- Form W-9
- State of Wisconsin Department of Financial Institutions (DFI) report showing the organization is in good standing
- Statement describing the work of your business/organization including current project/program areas (2000 characters max)
- Current year operating budget
- Year End Income and Expense Report (most recent fiscal year ending)
- Year End Balance Sheet (most recent fiscal year ending)
- Fiscal Sponsorship Information Sheet (if the organization is not a 501c3 and has a fiscal sponsor)

#### APPLICATION AGREEMENT/CERTIFICATION STATEMENT

The applicant certifies that all information in this application and all information furnished in support of this application, is given for the purpose of obtaining a grant under the GBEDC's Discretionary Development Grant Program, and is true and complete to the best of the applicant's knowledge and belief. The applicant further certifies that the grant proceeds will be used only for the work and materials identified in this application, and that applicant will abide with all provisions and guidelines of the GBEDC Economic Development Discretionary Grant Program.

Due to its tax-exempt organization status, the GBEDC may not participate in political campaigns or attempt to influence legislation. The applicant certifies that it will not, directly or indirectly, use funds received through the GBEDC Discretionary Development Grant Program to participate in any political campaign or to attempt to influence legislation. Actions that violate this certification will result in the obligation to immediately repay the entire grant amount to the GBEDC.

#### THE APPLICANT

- 1. Certifies that to the best of its knowledge and belief, the information being submitted to the City is true and correct.
- 2. Understands that unless it qualifies as a trade secret, all information submitted to the GBEDC is subject to Wisconsin's Open Records Law.

The applicant requests that the GBEDC treat the following items as TRADE SECRET:

|    |  | Yes | <u>No</u> | NA |
|----|--|-----|-----------|----|
| A. | Personal financial statements            |     |           |    |
| B. | Personal or business tax returns         |     |           |    |
| C. | Historical business financial statements |     |           |    |
| D. | Business financial projections           |     |           |    |
| E. | Plan or study to be funded by the City   |     |           |    |
| F. | Other:                                   |     |           |    |

If the above section is left blank then all information is subject to examination.

The applicant authorizes the GBEDC to request and receive information required to verify company and owner financial statements, credit history, and business and property ownership status; and the disclosure of all information submitted in connection with this application, by and between the GBEDC, public entities, and any lender agreeing to participate with applicant's grant through this program. The applicant agrees to spend all disbursed funds under this Program within six (6) months of disbursement, and shall return all unused funds to GBEDC without delay.

| Signature of Applicant | Signature of Applicant |
|------------------------|------------------------|
| Name (print)           | Name (print)           |
| Date                   | Date                   |