

# Community Development Authority Village of Fontana-on-Geneva Lake

Post Office Box 200  
Fontana, Wisconsin 53125  
(262) 275-6136 – Village Hall Office  
(262) 275-8088 – Village Hall Fax



## Village of Fontana-on-Geneva Lake TID #1 – Financial Assistance Application

ORGANIZATION INFORMATION		
Organization Name:		
Form: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
Years in Business:	Years in Fontana:	
SIC Code:	Federal ID:	
Website (If Applicable):		
<b>Registered Company Address:</b>		
Street:		
City:	State:	Zip:
<b>Location of Business Operations:</b>		
Street:		
City:	State:	Zip:

PRIMARY CONTACT / REPRESENTATIVE		
Representative's Name:		
Title:		
Bus. Phone:	Cell Phone:	
Alt. Phone:	Fax:	
E-Mail Address:		

BANK REFERENCE
Bank Name:

Bank Address:		
City:	State:	Zip:
Name:	Title:	
Phone:	E-Mail:	
Account Number(s):		
Savings:	Checking:	
Other:		

BUSINESS / TRADE REFERENCES		
Reference No. 1:		
Company Name:		
Company Address:		
City:	State:	Zip:
Contact Name:	Title:	
Phone:	E-Mail:	
Type of Account:		
Reference No. 2:		
Company Name:		
Company Address:		
City:	State:	Zip:
Contact Name:	Title:	
Phone:	E-Mail:	
Type of Account:		
Reference No. 3:		
Company Name:		

Company Address:		
City:	State:	Zip:
Contact Name:	Title:	
Company Contact Name:		
Type of Account:		

PROJECT INFORMATION		
Project Name:		
Project Address:		
City:	State:	Zip:
Project is located within TID #1: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Project Cost:	\$	
TIF Assistance Requested:	\$	
Use of TIF Funds:		
<input type="checkbox"/> Land Acquisition <input type="checkbox"/> Parking Lot Expansions <input type="checkbox"/> Infrastructure <input type="checkbox"/> Landscaping <input type="checkbox"/> Site Improvements <input type="checkbox"/> Professional Services <input type="checkbox"/> Rehabilitation / Expansion <input type="checkbox"/> Financing Cost		

ECONOMIC DEVELOPMENT INFORMATION			
Estimated number of new jobs that will be created after completion of the project:			
Full Time:		Part Time:	
Type of Jobs:			
Range of Compensation:			
Estimated number of existing jobs retained as a result of project.			
Full Time:		Part Time:	
Most recent assessed valuation (AV): \$			
Anticipated increase in assessed valuation (AV): \$			

Annual Gross Sales:			
Current:		Projected:	
Annual Taxable Sales:			
Current:		Projected:	

<b>TOTAL PROJECT COSTS</b>		
Project Costs:	Amount (\$)	Sources of Funds:
Purchase of Land		
Demolition Cost		
Site Improvements		
Purchase of Existing Facility		
Construction of New Building		
Renovation of Existing Structure		
Machinery & Equipment		
Architectural & Engineering Fees.		
Legal & Professional Fees		
Contingency		
Working Capital		
Other (Please Specify)		
<b>TOTAL:</b>		<b>Uses = Sources</b>

<b>SOURCES OF FUNDS</b>		
Fund Source	Amount (\$)	Terms (Years / Int.)
TIF		
Equity		
Loans - Other Sources:		
1.		
2.		
3.		
<b>TOTAL:</b>		Sources = Uses

<b>ADDITIONAL SUBMITTAL REQUIREMENTS</b>
Cover Letter addressing the following items:
<input type="checkbox"/> General Description of Business/Company
<input type="checkbox"/> Detailed Description of the Project <ol style="list-style-type: none"> <li>1. Construction information, including number of square feet to be demolished and constructed, the number and square footage of units, parking, and the number of construction phases.</li> <li>2. Anticipated construction start date and timeline for project completion.</li> <li>3. Evaluation of site or other constraints.</li> </ol>
<input type="checkbox"/> A request for the Village's assistance with the project that specifies the types of assistance needed, and why it is needed.
<input type="checkbox"/> Review of the benefit and/or service to the community provided by the project and the applicant.
<input type="checkbox"/> Applicant is expected to submit supporting documentation as needed to substantiate project details, benefits to the community, and the need for TIF assistance.

**CERTIFICATION by APPLICANT**

The applicant certifies that it will comply with the rules, regulations and ordinances of the Village of Fontana-on-Geneva Lake. Applicant hereby certifies that all information contained above and in exhibits attached hereto is true to his/her best knowledge and belief and are submitted for the purpose of obtaining financial assistance from the Village of Fontana-on-Geneva Lake, Wisconsin. Additional cost, above the amount of deposit, incurred by the Village for outside professional review or expertise will be the responsibility of the applicant.

Name:	Title:
X:	Date:

**EXECUTED COST RECOVERY (Office Use Only)**

Signed by:	Date:
Received by:	Title:

**APPLICATION DEPOSIT: \$500 (Office Use Only)**

Check Number:	Date Received:
Received by:	Title: