



Pre-Business Planning & Evaluation Form

Confidential

COMMUNITY ECONOMIC DEVELOPMENT CORPORATION

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CEDCO Pre-Business Planning Application & Evaluation Form

Thank you for your inquiry about business advisory and financial services offered by the Community Economic Development Corporation (CEDCO). Completing this request for consideration is the first step toward receiving assistance from CEDCO. If someone other than yourself and a co-applicant will be involved in this opportunity, please use copies of this form as needed to submit their information.

If our firm identifies an opportunity where we may be able to assist you, a letter of engagement may be issued detailing the services we will provide. All information will be held in strictest confidence. The processing fee for the CEDCO Pre-Business Planning Application is \$ 50.00.

Personal Information

Applicant Name: _____

Social Security Number: _____ Alien Registration Number: _____

Date of Birth: _____ Marital Status: _____ Single _____ Married

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Business Phone: () _____ - _____

Full Name of Spouse _____ Occupation of Spouse _____

Social Demographic Information

Review CEDCO Women Owned Business Enterprise Definition before responding to this question:

_____ Female _____ Male

Review CEDCO Minority Business Enterprise Definition before responding to this question:

_____ American Indian _____ Asian-Indian _____ African-Americans _____ Hispanic

_____ Asian Pacific _____ Native Hawaiian _____ Eskimo _____ Aleuts

Co-applicant Name: _____

Social Security Number: _____ Alien Registration Number: _____

Date of Birth: _____ Marital Status: _____ Single _____ Married

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Business Phone: () _____ - _____

Full Name of Spouse: _____ Occupation of Spouse: _____

Social Demographic Information

Review CEDCO Women Owned Business Enterprise Definition before responding to this question

_____ Female _____ Male

Review CEDCO Minority Business Enterprise Definition before responding to this question

_____ American Indian _____ Asian-Indian _____ African-American _____ Hispanic

_____ Asian Pacific _____ Native Hawaiian _____ Eskimo _____ Aleuts

Community Economic Development Corporation (CEDCO)

□ Minority Business Enterprise Definition

A Minority Business Enterprise is a business that is at least 51% owned, controlled and actively managed by minority group members who are U.S. residents or persons lawfully admitted to the United States for permanent residence and also must currently be performing a useful business function. A useful business function is one which results in the provision of materials, supplies, equipment or services to customers; acting as a conduit to transfer funds to a non-minority business does not constitute a useful business function unless doing so is normal industry practice. A minority group member is one of the following:

- a) American Indian means a person who is enrolled as a member of a federally recognized American Indian tribe or band or who possesses documentation of at least one-fourth American Indian ancestry or documentation of tribal recognition as an American Indian;
- b) Asian-Indian means a person whose ancestors originated in India, Pakistan or Bangladesh;
- c) African-American means a person of any race whose ancestors originated in any of the black racial groups of Africa;
- d) Hispanic means a person of any race whose ancestors originated in Mexico, Puerto Rico, Cuba, Central America or South America or whose culture origin is Spanish;
- e) Asian-Pacific means a person whose ancestors originated in Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas;
- f) Native Hawaiians;
- g) Eskimos; and
- h) Aleuts

'Owned and controlled' means:

- a sole proprietor legitimately owned by an individual who is a minority person.
- a corporation, a partnership or joint venture controlled by minority persons and in which at least 51% of the beneficial ownership interests are legitimately held by minority persons, and in which at least 51% of the voting interests are legitimately held by minority persons.
 1. The minority ownership's interest in the firm must be real, substantial and continuing. Such interest may include:
 - a. A risk of loss/share of profit commensurate with the proportional ownership; and
 - b. Receipt of the customary incidents of ownership, such as salary and /or intangible benefits.
 2. A minority owner must have and exercise the authority to independently control the business. The minority owner need not be continually present to be deemed in control. Characteristics of control may include the following:
 - a. Authority to sign bids and contracts;
 - b. Making decisions in price and negotiations;
 - c. Incurring liabilities for the firm;
 - d. Making final staffing decisions;
 - e. Policy-making; and
 - f. Making general company management decisions.
 3. Only those firms performing a useful business function according to custom and practice in the industry are qualified MBEs. Acting merely as a passive conduit of funds to some other, non-minority firm where such activity is unnecessary to accomplish the project does not constitute a "useful business function according-to custom and practice in the industry."

Community Economic Development Corporation (CEDCO)

□ Women Owned Business Enterprise Definition

A Women Owned Business Enterprise is a business that is at least 51% owned, controlled and actively managed by women group members who are U.S. residents or persons lawfully admitted to the United States for permanent residence and also must currently be performing a useful business function. A useful business function is one which results in the provision of materials, supplies, equipment or services to customers; acting as a conduit to transfer funds to a non-minority or non female owned business does not constitute a useful business function unless doing so is normal industry practice.

'Owned and controlled' means:

- a sole proprietor legitimately owned by an individual who is a female person.
 - a corporation, a partnership or joint venture controlled by women and in which at least 51% of the beneficial ownership interests are legitimately held by female persons, and in which at least 51% of the voting interests are legitimately held by female persons.
1. The female ownership's interest in the firm must be real, substantial and continuing. Such interest may include:
 - a. A risk of loss/share of profit commensurate with the proportional ownership; and
 - b. Receipt of the customary incidents of ownership, such as salary and /or intangible benefits.
 2. A female owner must have and exercise the authority to independently control the business. The female owner need not be continually present to be deemed in control. Characteristics of control may include the following:
 - a. Authority to sign bids and contracts;
 - b. Making decisions in price and negotiations;
 - c. Incurring liabilities for the firm;
 - d. Making final staffing decisions;
 - e. Policy-making; and
 - f. Making general company management decisions.
 3. Only those firms performing a useful business function according to custom and practice in the industry are qualified women owned business enterprises. Acting merely as a passive conduit of funds to some other, non female firm where such activity is • unnecessary to accomplish the project does not constitute a "useful business function according to custom and practice in the industry."

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Letter of Intent (Applicant's Business Plans)

Will the business be owned and operated by yourself or a group? (Attach resumes)

State the purpose and nature of your business:

If you are seeking financing, how much do you anticipate you will need to borrow?

Please indicate the percentage of ownership by all business entities, groups or individuals. (Include name and amount of ownership)

What amount of capital/equity is available for this business (Equity and capital refer to contributions you presently can pledge to the business)?

Where do you anticipate locating your business?

Do you require assistance in securing a site location?

Are you willing to locate your business within defined census tracts, empowerment zones or target areas?

Are you committed to job creation?

How many new positions do you envision? ___ FT _____ avg. annual rate of pay ___ PT _____ avg. annual rate of pay

Please indicate the name, address and phone number of your:

__ accountant : _____

__ financial consultant: _____

__ insurance representative: _____

__ legal advisor : _____

Do you currently own a business (if yes, state name and nature of business)?

Do you intend to form the new business as a corporation or other business entity? ___ Yes ___ No

Do you presently have articles of organization or corporation? ___ No ___ Yes If yes, what state were the forms filed? _____

Name of the corporation: _____

CEDCO Pre-Business Planning Application & Evaluation Form

Have you ever been convicted of a crime (other than a misdemeanor or minor traffic violations)? No Yes

If yes, list the offense: _____

Do you currently owe back due taxes? No Yes If yes, enter amount owed \$ _____

Have you established an IRS approved payment plan? No Yes

If yes, please forward documentation to CEDCO within five (5) business days.

In no, do you require assistance in establishing an IRS approved payment plan? No Yes

Do you currently owe back due child support (Wisconsin residents only)? No Yes

Are you a U.S. citizen? No Yes

If no, are you authorized to lawfully work in the United States? _____

Describe authorization: Alien registration (green card)

Naturalization Document

Business Advisory & Financial Services

Please indicate what type of service(s) you anticipate will be needed:

Accounting

Administration

Business Planning

Computer Network/Consulting: Internet Training/Applications Equipment/Software Consulting Networking
 Website Design Programming

Credit Management

Employment: Employment Recruiting Executive Search Employee Policy Temporary Staff

Financing: Loan Micro-loans/quasi-equity Venture Capital

Insurance: Director/Officers Liability General Liability Health Insurance Life Insurance

Unemployment Worker Compensation Specialty: _____

Legal: Incorporation Partnership Agreements Contracts Intellectual Prop
 Litigation Other: _____

Marketing: Feasibility Logo/Brochures, Bus. Cards Target Marketing

Public Relations: Advertising Commercials Promotions

Management: Interim Management Sales Management Turnaround Management

Payroll Management Services

Program Development/Evaluation

Real Estate: Site Assessment Acquisition Environment Assessment

Procurement: Contract/Proposal Design Other: _____

Other: _____

EDUCATION

PLEASE LIST ALL EDUCATION YOU HAVE RECEIVED INCLUDING HIGH SCHOOL, COLLEGE, MILITARY OR SPECIAL TRAINING.

NAME OF SCHOOL	DATES OF ATTENDANCE / / TO / /	MAJOR AND MINOR FIELDS	% OF EXPENSES EARNED
LOCATION OF SCHOOL	GRADE AVERAGE OR CLASS STANDING	DIPLOMA OR DEGREE	DATE OF GRADUATION
NAME OF SCHOOL	DATES OF ATTENDANCE / / TO / /	MAJOR AND MINOR FIELDS	% OF EXPENSES EARNED
LOCATION OF SCHOOL	GRADE AVERAGE OR CLASS STANDING	DIPLOMA OR DEGREE	DATE OF GRADUATION

BUSINESS AND EXPERIENCE RECORD

GIVE A COMPLETE RECORD OF YOUR EXPERIENCE. PLEASE BEGIN WITH YOUR PRESENT OR LAST POSITION. INCLUDE MILITARY SERVICE. INDICATE BY ASTERISK (*) THOSE EMPLOYERS YOU DO NOT WISH US TO CONTACT.

HAVE YOU BEEN IN BUSINESS FOR YOURSELF?	
NAME AND ADDRESS OF EMPLOYER	
POSITION, TITLE AND DUTIES	
DATES OF EMPLOYMENT FROM / / TO / /	SUPERVISOR'S NAME AND TITLE
REASON FOR SEPARATION	BEGINNING SALARY ENDING SALARY
NAME AND ADDRESS OF EMPLOYER	
POSITION, TITLE AND DUTIES	
DATES OF EMPLOYMENT FROM / / TO / /	SUPERVISOR'S NAME AND TITLE
REASON FOR SEPARATION	BEGINNING SALARY ENDING SALARY
NAME AND ADDRESS OF EMPLOYER	
POSITION, TITLE AND DUTIES	
DATES OF EMPLOYMENT FROM / / TO / /	SUPERVISOR'S NAME AND TITLE
REASON FOR SEPARATION	BEGINNING SALARY ENDING SALARY

PHYSICAL CONDITION

INCOME

GENERAL PHYSICAL CONDITION	DATE OF LAST PHYSICAL EXAM / /	YEAR _____
LIST ANY PHYSICAL IMPAIRMENTS OR CHRONIC ILLNESSES WHICH MAY PRECLUDE CERTAIN TYPES OF ACTIVITIES	EXPLAIN	EARNED (salary, commissions, fees, etc.) \$ _____
		INTEREST & DIVIDENDS RECEIVED \$ _____
		RENTS RECEIVED \$ _____
		OTHER INCOME \$ _____
		_____ \$ _____
		_____ \$ _____
		_____ \$ _____
		GROSS INCOME \$ _____

REFERENCES

PLEASE LIST THREE PROFESSIONAL AND CHARACTER REFERENCES- NAME- ADDRESS- TELEPHONE

1. _____

2. _____

3. _____

LIST THREE CREDIT REFERENCES- NAME –ADDRESS –TELEPHONE

1. _____

2. _____

3. _____

BANK REFERENCES – NAME –ADDRESS CHECKING ACCOUNT SAVINGS ACCOUNT OTHER

CONTINGENCIES

Do you have any contingent liabilities? _____ If so, please itemize: _____

_____ Are any of your assets pledged? _____

Are you a defendant in any suits or legal actions? _____

Have you ever filed bankruptcy? _____

CONFIDENTIAL FINANCIAL STATEMENT

DATE _____ 20 _____

(PLEASE ANSWER ALL QUESTIONS USING "NO" OR "NONE" WHERE NECESSARY)

ASSETS		LIABILITIES AND NET WORTH	
Cash On hand, and unrestricted in banks. (See Sched. No. 1)	\$	Notes Payable to Banks, Unsecured Direct borrowings only. (See Sched. No. 1)	\$
U.S. Government Securities		Notes Payable to Banks, Secured Direct borrowings only. (See Sched. No. 1)	
Accounts and Loans Receivable (See Sched. No. 2)		Notes Receivable, Discounted With banks, finance companies, etc.	
Notes Receivable, Not Discounted (See Sched. No. 2)		Notes Payable to Others, Unsecured	
Notes Receivable, Discounted With banks, finance companies, etc. (See Sched. No. 2)		Notes Payable to Others, Secured	
Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)		Loans Against Life Insurance (See Sched. No. 3)	
Other Stocks and Bonds (See Sched. No. 4)		Accounts Payable	
Real Estate (See Sched. No. 5)		Interest Payable	
Automobiles Registered in Own Name		Taxes and Assessments Payable (See Sched. No. 5)	
Other Assets (Itemize)		Mortgages Payable on Real Estate (See Sched. No. 5)	
		Other Liabilities (itemize)	
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

SUPPLEMENTARY SCHEDULES

No. 1 Banking Relations (A list of all my bank accounts, including savings and loans

Name and Location of Bank	Cash Balance	Amt of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured

No. 2) Accounts, Loans and Notes Receivable

(A list of the largest amounts owing to me)

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected

No. 3) Life Insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Case Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

No. 4) Other Stocks and Bonds

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

No. 5) Real Estate - *The legal equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:*

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages Or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount

In submitting the foregoing application and statement the undersigned guarantees its accuracy with the intent that it be relied upon in performing business and/or financial serviced, to include extending credit, to the undersigned and warrants that he/ she has not knowingly withheld any information that might affect his/her credit risk, and the undersigned expressly agrees to notify CEDCO immediately in writing if any material change in his/her financial condition whether application for further business advisory and/or financial assistance is made or not and in the absence of such written notice, it is expressly agree that CEDCO in granting assistance may rely on this statement as having the same force and effect as if delivered upon the date business advisory and/or financial assistance is requested or existing or continued.

It is understood and agreed that any misrepresentation by me/us on this application will be sufficient cause for cancellation of this application and/or other legal remedies on the behalf of CEDCO. I/we hereby release from liability CEDCO and its representatives for seeking such information.

DATE _____ **SIGNED** _____

CEDCO Pre-Business Planning Application & Evaluation Form

The Community Economic Development Corporation strives to market superior products and services to assist minority and women entrepreneurs in reaching their business goals. We are compensated for our efforts through a variety of means to include financial and sharing in making a "business concept... a business reality."

One of the most important forms of compensation we take pride in receiving is recommendations from the clients we serve. Please take a brief moment to share names, addresses and phone numbers of friends, relatives or business associates that might be interested in starting or expanding a business.

Thank you!

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

For Internal Use Only:

CEDCO Primary Application
 MC/VISA
 Check
 EPG Source
 Other/Cash _____
 Minority Business Enterprise Definition
 Women Owned Business Enterprise Definition
 Internal Revenue Service EIN Application
 Business Entity Selection:
 S.P.
 LLC
 Inc.
 Part.
 Other: _____
 SBA Personal Financial Statement
 Letter of Intent
 INS Verification
 Photo ID
 SSN Card
 Legal Authorities
 State Agency/W-2/C.Support
 Credit Report Requested
 No
 Yes; Request Date _____ Issue Date _____
 Resume
 Support Documents _____
 Other Information _____

Venture Capital
 Future Value Ventures
 WI Dept of Commerce

U.S. Small Business Administration Programs
 Minority Pre-qual.
 Women Pre-qual.
 Low Doc
 7 (a)
 Loan Guarantee
 504
 General Contractor (small)
 Line of Credit (seasonal)

Wisconsin Housing and Economic Development Authorities
 Link Deposit
 Target Area
 Contract Fund
 Tourism

Information verified by: _____ Date: _____

LRC/Region: _____ Approval _____ Denial: Reason _____ Date of Action: _____

Authorization: _____ Title: _____ Gen. Manager/CEO Approval _____ Date: _____