



PROGRESS PROGRAM

BUSINESS APPLICATION CHECKLIST

Capital Matching Fund

- GCEDC Member or GCEDC non-member, \$200 application fee enclosed
Make checks payable to GCEDC to be credited towards membership
- Capital Matching Fund Terms
- Capital Matching Fund Business Application Form
- Capital Match Executive Summary or Business Plan
- Capital Match Project Budget Form
- Cost Estimates *(please attach)*
- IRS W-9 Form *(please attach)*
- Paid property tax receipt *(please attach if applicable)*
- Copy of permit/license *(please attach if applicable)*
- Authorization & Release
- Photo Release Form
- Consultation with GCEDC staff *(must take place prior to submission of application)*
- Capital Match Final Report

**(Please note – all submitted material must be filled out completely and typed.
Incomplete or handwritten submissions will NOT be accepted.)**

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 noon** on the following due dates:

October 25, 2018
January 25, 2019
March 22, 2019
June 21, 2019
October 25, 2019

Applications may be mailed or hand-delivered to:

Goshen County Economic Development Corporation
110 West 22nd Avenue
Torrington, WY 82240

Office hours are 8:00 am to 4:00 pm, Monday through Friday or by appointment. For more information, please contact Sondra Dent, 307-532-5162 or email Sondra@goshenwyo.com.

PROGRESS PROGRAM - CAPITAL MATCHING FUND TERMS

NOTE: The following statement must be completed and signed for applicant to be eligible. A \$200 application fee is required upon submission for all non-members of Goshen County Economic Development Corp (GCEDC). The application fee will be credited toward new membership.

Goal of the Program

The Capital Matching Fund 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, residents, and visitors.

How the Program Works

The Capital Matching Fund will match the investment in commercial and industrial property. 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 paid bills for the project, final report, and inspection by a GCEDC designee that the project was completed. Total of paid bills MUST equal the Total Project Cost to receive reimbursement. All projects require matching funds and must be submitted for pre-approval BEFORE the project begins.

Features

Total Project Cost	Award Level
\$1,000 to \$10,000	½ of project cost
\$10,000.01 to \$50,000	\$5,000
\$50,000.01 to \$125,000	\$7,500
\$125,000.01 to \$250,000	\$10,000
\$250,000.01 +	As determined by the GCEDC Board of Directors

- Project may receive less funding than the amount requested in the application.
- Preference will be given to first time applicants.
- One project may be awarded per fiscal year per applicant.
- GCEDC reserves the right to publicize awards.
- Applications will be reviewed quarterly, subject to funds availability. First come first serve basis.
- If approved, applicant has one (1) year to complete the project. If reimbursement is not requested within one (1) year applicant will be required to reapply for grant funds.
- GCEDC Board of Directors reserves the right to make a final determination on all projects.

Qualifications Required

Limited to one project per applicant per GCEDC fiscal year

- Project is located on properly zoned or planned commercial or industrial property in Goshen County.
- Applicant is current on all property tax – copy of paid tax receipt attached.
- Project not to be started nor completed prior to receipt and approval of the application by GCEDC.
- Business has obtained all necessary permits/licenses – copies attached if required.

Eligible Uses (please check all that apply):

- Storefront remodeling: including windows, siding, doors, signage, etc.
- Landscaping, fencing, screening.
- Exterior demolition, clean-up, remodeling, etc. (*interior remodeling is NOT eligible*).
- Sidewalk and parking lot – construction and replacement.
- Standalone signs
- ADA accessibility
- Specialized equipment may be eligible with prior approval. Describe _____
- Special Requests _____
- Other (requires GCEDC board approval) _____

Ineligible Uses

Restructuring existing debt will not be considered. No project shall be funded that violates any local, state or federal laws or regulations.

Evaluation

All applications are reviewed by the Progress Program Committee consisting of GCEDC board members and community members. Applications are recommended to the GCEDC Board of Directors for final approval. Goshen County Economic Development Corporation Board of Directors reserves the right to make a final determination on all projects.

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 **PAID** invoice(s) for all goods and services purchased, a final report of the project within 30 days of the completed project, and allow inspection of completed project by GCEDC designee prior to grant funds reimbursement. 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 _____ DATE _____

PROGRESS PROGRAM - CAPITAL MATCHING FUND - BUSINESS APPLICATION FORM

GENERAL CONTACT INFORMATION											
<i>A \$200 application fee is required upon submission for all non-members of Goshen County Economic Development Corporation (GCEDC). The application fee will be credited toward new membership.</i>											
BUSINESS NAME											
ADDRESS											
CITY/STATE/ZIP				FOR INTERNAL USE ONLY							
CONTACT				Project ID#							
PHONE/FAX				Date application received							
EMAIL				Date approved							
FEDERAL TAX ID				Amount approved							
DATE BUSINESS ESTABLISHED				Inspection completed							
				Date payment mailed							
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				
MATCHING FUNDS REQUESTED: \$				TOTAL PROJECT COST: \$							
BUSINESS OWNERSHIP INFORMATION											
<input type="checkbox"/>	SOLE PROPRIETORSHIP		<input type="checkbox"/>	PARTNERSHIP		<input type="checkbox"/>	LIMITED LIABILITY CORP		<input type="checkbox"/>	CORPORATION (C CORP OR S CORP)	
KEY OWNER'S NAMES			% OWNERSHIP		SOURCE OF FUNDS FOR PROJECT:			AMOUNT:			
					<input type="checkbox"/>	Loan	<input type="checkbox"/>	Cash	\$		
					<input type="checkbox"/>	Loan	<input type="checkbox"/>	Cash	\$		
					<input type="checkbox"/>	Loan	<input type="checkbox"/>	Cash	\$		
KEY ADVISORS											
			NAME			FIRM/COMPANY			PHONE NUMBER		
ACCOUNTANT											
ATTORNEY											
INSURANCE AGENT											
BANKING INFORMATION											
If loan is source of funds is loan:			PART OF CONSTRUCTION FINANCE			PERMANENT FINANCE					
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		
TOTALS		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 _____

PROGRESS PROGRAM - CAPITAL MATCHING FUND - EXECUTIVE SUMMARY

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

ALL new businesses MUST submit a business plan.

--Please type – handwritten form will NOT be accepted--

Describe the proposed project and in detail how the funds will be used:

Please provide a project timeline & implementation schedule (start to completion):

Describe the degree of financial support the project has in Goshen County, including in-kind & volunteer participation. If leveraging funds, please indicate the amount, source, and status (*approved, approval pending*) of local matching 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:
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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:

PROGRESS PROGRAM - CAPITAL MATCHING FUND - PROJECT BUDGET FORM

Project Expenses: List expense items for this project in the table below or attach a detailed budget.

Expense Item	Amount Requested from Progress Program	Cash Match	Funding from other sources	Total Budget
Labor				
Equipment				
Supplies				
Permits/Licenses				
Other (specify)				
Other (specify)				
Other (specify)				
Total Project Expense				

Notes and details regarding the budget:

AUTHORIZATION AND RELEASE

I, _____, hereby acknowledge that I have voluntarily applied for services and/or assistance from Goshen County Economic Development Corporation.

I realize that before Goshen County Economic Development Corporation may offer services and/or assistance 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

PHOTO RELEASE FORM

Company: _____

GCEDC Program: Capital Matching Funds

I hereby authorize Goshen County Economic Development Corp. (GCEDC) to publish any photographs taken by representatives GCEDC and any pertinent information associated with the photographs, submitted to GCEDC, for use in printed publications and online.

I acknowledge that since participation in publications and web sites produced by GCEDC is voluntary; _____ will receive no financial compensation. I agree that the photographs may be edited and otherwise altered at the sole discretion of GCEDC and used in whole or in part for any and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to the printed publications and web site or any benefits derived there from.

I agree to indemnify and hold harmless the Goshen County Economic Development Corp. from and against all claims, losses, expenses, and liabilities of every kind including reasonable attorney's fees arising out of any inaccuracy or breach of any provision of this Agreement. I expressly release the Goshen County Economic Development Corp. from any and all claims arising out of the use of the printed publications and web site.

This agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.

Signature: _____

Date: _____

PROGRESS PROGRAM - CAPITAL MATCHING FUND – FINAL REPORT

Note: Please submit a narrative of the following questions as they apply to your project. Please type, handwritten forms will not be accepted.

1. Briefly describe the progress of your project from start to finish including any unexpected opportunities and obstacles. If applicable, explain any discrepancies between what was proposed and accomplished, did your project meet or exceed application goals?
2. List the number of new jobs your project created or will create, full and part-time, because of Progress Program funds being awarded. Provide a timeline of future job creation.
3. How did the grant funds affect your municipality? Describe the economic impact your project will provide to the community and Goshen County. Describe the residents that will benefit directly and indirectly from your project and in what capacity.
4. Describe how your project enhances the quality of life for the community and/or Goshen County residents.

NOTE: If Progress Program funds are awarded for your project, this Final Report must be submitted within 30 days of the completed project. Funds will be disbursed upon receipt of this Final Report, PAID invoices, and inspection of the project by GCEDC designee. Final Report may be submitted electronically to sondra@goshenwyo.com or delivered to GCEDC, 110 W. 22nd Avenue, Torrington, WY 82240.