

WISCONSIN DEPARTMENT OF COMMERCE

PROSPECT DATA SHEET FOR TECHNICAL ASSISTANCE GRANTS

INTRODUCTION

Under the Technology Assistance Grant (TAG) program, Commerce can provide applicants with a grant to help cover a portion of the cost of hiring a qualified, independent third party to obtain the professional services necessary to obtain the financing needed to grow a technology based Wisconsin business. Eligible Project Costs are professional services related to completing an application for early stage financing that will be submitted to the federal government or other nontraditional third parties. The professional services must be provided by a qualified, independent third party that is acceptable to Commerce and all Commerce grant funds must be spent in the state of Wisconsin.

Ineligible Project Costs are:

- Costs of preparing the Commerce application
- Costs incurred prior to the date the awards is approved by Commerce
- Overhead, general administrative, and indirect costs

To help you determine whether the TAG program is applicable to you and what information Commerce will need from you for the application, please read below and use as your submission checklist.

I am or will be a Wisconsin based technology company and

- A. I am requesting funds to hire the professional services necessary to complete a comprehensive business plan.**
- B. I am requesting funds to hire the professional services necessary to help me complete an application or review an application that my company will be submitting to the federal government.**
- C. An independent third party investor is in the process of completing its due diligence and has directed in writing that I make changes prior to him/her potentially making an investment. I am requesting funds to hire the professional services necessary to meet the potential investor's identified investment criteria.**

If you checked boxed A, submit the following:

- Prospect Data Sheet for Technology Assistance Grant (TAG) Sections I through IX
- Attachment A Or a copy of the Quote from each Professional Service Provider listed in the Budget
- Attachment B Certification Statement
- Attachment C Personal Financial Statement for all individuals with 20% or more ownership.
- Attachment D W9 Taxpayer Identification Number (TIN) Verification

If you checked boxed B, submit the following:

- Prospect Data Sheet for Technology Assistance Grant (TAG) Sections I through IX
- Attachment A Or Copy of Quote from each Professional Service Provider listed in the Budget
- Attachment B Certification Statement
- Attachment C Personal Financial Statement for all individuals with 20% or more ownership.
- Attachment D W9 Taxpayer Identification Number (TIN) Verification

If you checked boxed C, submit the following:

- Prospect Data Sheet for Technology Assistance Grant (TAG) Sections I through X
- Attachment A Or a Copy of the Quote from each Professional Service Provider listed in the Budget
- Attachment B Certification Statement
- Attachment C Personal Financial Statement for all individuals with 20% or more ownership.
- Attachment D W9 Taxpayer Identification Number (TIN) Verification
- Copy of Comprehensive Business Plan
- Copy of the Written Request from the Independent Third Party Investor Requiring Specific Professional Services

WISCONSIN DEPARTMENT OF COMMERCE
PROSPECT DATA SHEET FOR TECHNOLOGY ASSISTANCE GRANT (TAG)

You may press F11 to complete form electronically.

Double click on the boxes and choose "Checked" in the Default Value section to mark box with an "X"

TO BE COMPLETED BY COMMERCE:				
Prospect No:	ADM:	Date Pre-App. Submitted:	Program:	Rep:

SECTION I-PROPOSED/EXISTING BUSINESS INFORMATION

Type of Business : C Corp S Corp LLC LLP Partnership Sole Proprietor Non Profit

Legal Name:

Trade Name:

Address:

City, State, Zip: County:

FEIN #: State of Organization:
(Federal Employee Identification Number –Tax ID or Social Security Number) (Per Articles of Incorporation/Organization)

WWW:

Tele. #: Fax #:

CEO Name: CEO Title:

Individual To Contact Regarding Questions About The Company:

Co. Contact: Title:

Email Address:

Tele. #: Fax #:

Address:

City, State, Zip:

Individual To Contact Regarding Questions About The Project:

Project Contact: Title:

Email Address:

Tele. #: Fax #:

Address:

City, State, Zip:

SECTION II-BUSINESS INFORMATION

Date Established: SIC or NAICS:

Minority Owned: Yes No If Yes, the Minority Classification is: Eskimo Native Hawaiian Hispanic Native American
 Aleut Asian-Indian Asian-Pacific African American

Women Owned: Yes No Owned by a Person with a Disability: Yes No

Foreign Owned: Yes No If yes: Country: % of ownership:

Primary Product or Service:

Total Company Employment: Full Time: Part Time:

Total Wisconsin Employment: Full Time: Part Time:

Total Project Location Employment: Full Time: Part Time:

% of Project Location Full Time Employees that are WI Residents:

Address(es) of All Other Existing Wisconsin Operations:

SECTION III-PROJECT INFORMATION	
Project Location: <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Of:	County:
Project Street Address	Square Footage of Project Facility(ft ²):
Brief Project Summary: Please provide an explanation of and reason(s) for the professional services you are requesting funds for.	

SECTION IV-PROJECT BUDGET			
Please list the professional services for which you are seeking funding, the provider of these and the total cost from this provider. Each line item below must be supported by a detailed quote from the Professional Service Provider that adequately describes the cost and services to be provided. At a minimum the quote must contain the information identified in Attachment A-Professional Services Quote.			
PROFESSIONAL SERVICES:	PROFESSIONAL SERVICES PROVIDER:	COST:	QUOTE ATTACHED
		\$	<input type="checkbox"/> YES
		\$	<input type="checkbox"/> YES
		\$	<input type="checkbox"/> YES
		\$	<input type="checkbox"/> YES
		\$	<input type="checkbox"/> YES
		\$	<input type="checkbox"/> YES
TOTAL PROJECT BUDGET:		\$	

SECTION V-PROPOSED FUNDING SOURCES			
	SOURCES OF FUNDING		TOTAL
	COMMERCE	APPLICANT CASH MATCH	
TOTAL PROJECT BUDGET	\$	\$	\$
Percentages:	%	%	100%

SECTION VI-OWNERSHIP INFORMATION (unless publicly owned)				
	Name: (First, Middle Initial, Last)	Phone Number	Personal Financial Statement Attached	Ownership %*
1.			<input type="checkbox"/> YES	%
2.			<input type="checkbox"/> YES	%
3.			<input type="checkbox"/> YES	%
4.			<input type="checkbox"/> YES	%
5.			<input type="checkbox"/> YES	%
All Others:				%
*Personal Financial Statements are required for all owners with 20% or more. The Department may review a Dun and Bradstreet report and delinquent tax filings on the applicant. The Department may also review a personal credit report and delinquent tax filings on each individual that owns 20% or more.				100%

**ATTACHMENT A
PROFESSIONAL SERVICE PROVIDER QUOTE**

This page should be **prepared and signed by each** of the Professional Service Providers identified in Section IV-Project Budget if you have not provided a copy of his/her written quote. Make additional copies of this page as necessary for each Professional Service Provider.

All professional services must be provided by a qualified, independent third party that is acceptable to Commerce.

PROFESSIONAL SERVICES PROVIDER INFORMATION:

Contact Name:	Title:
Company Name:	
Company Address:	
City, State, Zip:	
Tele. #:	Fax #:
E-mail Address:	
Year Company Established:	
Have you previously completed work for the any of Commerce's programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered no, you will need to submit your resume and/or background information with the applicant's application for review by commerce.	
<input type="checkbox"/> Copy of resume/background attached	

ANTICIPATED TIMELINE FOR PROFESSIONAL SERVICES:

Start Date:	End Date:
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BUDGET:

PROFESSIONAL SERVICES	# OF HOURS	HOURLY RATE	COST
			\$
			\$
			\$
			\$
			\$
TOTAL PROFESSIONAL SERVICES COST			\$

I hereby certify that I will provide Professional Services in accordance with the above quote for the Wisconsin Department of Commerce Technology Assistance Grant (TAG) application on behalf of the Applicant named below.

(Name Of Applicant)

(Signature of Professional Services Provider)

(Date)

(Printed Name of Professional Services Provider)

(Printed Name of Firm)

**ATTACHMENT B
CERTIFICATION STATEMENT**

THE APPLICANT:

1. Certifies that to the best of its knowledge and belief, the information being submitted to Commerce is true and correct.
2. Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it.
3. Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors.
4. Certifies that the Department is authorized to obtain a credit check and Dun and Bradstreet on the applicant, the business and/or the individual(s).
5. Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project.
6. Understands that unless it qualifies as trade secret, all information submitted to Commerce is subject to Wisconsin's Open Records Law.

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

	<u>Yes</u>	<u>No</u>	<u>NA</u>
A. Personal financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Personal or business tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Historical business financial statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Business financial projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Plan or study to be funded by Commerce.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Section 6 is left blank then all information provided to Commerce will be open to examination and copying.

Signature: _____ Date: _____
(Authorized Representative)

Name: _____ Title: _____
(Authorized Representative)

**ATTACHMENT C
PERSONAL FINANCIAL STATEMENT**

Please complete the following for EACH owner with 20% or more interest. Make additional copies as necessary.

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

ASSETS	VALUE:	LIABILITIES	BALANCE OWED:
Cash (Checking/Savings)	\$		
Automobiles	\$	Auto Loan	\$
Residence Owned	\$	Residential Real Estate Mortgage	\$
Personal Property/Household Goods	\$	Credit Cards	\$
Vested Profit Sharing/Pension/IRA's	\$	Other Liabilities: (list below)	\$
Stocks/Bonds	\$		\$
Other Assets: (list below)	\$		\$
	\$		\$
	\$		\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		EQUITY =(Total Assets – Total Liabilities)	\$

INCOME:		CONTINGENT LIABILITIES:	
Salaries/bonuses	\$	Endorser/Co-maker/Guarantor	\$
Dividends/interest	\$	Legal Claims	\$
Other:	\$	Other:	\$

LEGAL INFORMATION*	YES/NO
Have you been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain any YES responses.	

I hereby certify that to the best of my knowledge and belief, this represents a full and accurate disclosure of my assets and liabilities as of the date signed below. I also understand submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

Signature

Date

ATTACHMENT D

W-9 TAXPAYER IDENTIFICATION NUMBER (TIN) VERIFICATION

Print or Type

This form can be made available in alternative formats to qualified individuals upon request.

Legal Name: (as entered with IRS)
 Individuals: Enter Last Name, First Name, Middle Initial
 Sole Proprietorships: Enter Last Name, First Name, Middle Initial
 All Others: Enter Legal Name of Business

Trade Name:
 Individuals: Leave Blank
 Sole Proprietorships: Enter Business Name
 All Others: Complete only if doing business as a D/B/A

Remit Address: Address where awarded funds check should be sent if different from primary address PO Box or Number and Street, City, State, ZIP+4

Order Address: Address where order should be mailed
 PO Box or number and street, City, State, ZIP+4

 [NOT APPLICABLE]

Primary Address: Address where 1099 should be sent if different from remit address
 PO Box or number and street, City, State, ZIP+4

- Entity Designation:** (check only one)
- Individual / Sole Proprietor
 - Corporation (includes service corporations)
 - Limited Liability Partnership
 - Limited Liability Corporation
 - Government Entity
 - Hospital Exempt from Tax or Government Owned
 - Long Term Care Facility Exempt from Tax or Government Owned
 - All Other Entities

Taxpayer Identification Number (TIN):
 If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the Requester.

- Check Only One
- Social Security Number (SSN)
 - Employer Identification Number (EIN)
 - Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Certification: Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, AND
- I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number ()
Signature		Date (mm/dd/ccyy)

For Agency Use Only		
Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

For all projects approved by Commerce, this form is used as a reference for issuing checks to Recipients. Commerce will file with the IRS appropriate income tax forms for award Recipients based on information that appears on this form. Failure to provide this information may result in delayed payments. This request is being made at the direction of the Wisconsin State Controller. We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code. Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.