

**COVID19 Microenterprise Fund Program  
Redevelopment Authority of the City of Fond du Lac  
Economic Development Revolving Loan Fund**

**INTRODUCTION**

The COVID19 Microenterprise Program has been established through the Redevelopment Authority's Economic Development Revolving Loan Fund to assist small business owners –operators with low and moderate income households due to the economic impact of the coronavirus pandemic. This program is offered in partnership with Envision Greater Fond du Lac (EGFDL) and Fond du Lac County Economic Development Corporation d/b/a Fond du Lac County Capital Resources (FCCR). FCCR will administer the program.

**ELIGIBLE APPLICANTS**

Businesses that can demonstrate the negative economic impact that the coronavirus has had on their business within the City of Fond du Lac are eligible for up to \$5,000.00 grant. All grants will be awarded to eligible applicants while funds are available. No application will be reviewed or presented for approval on behalf of an individual or entity that is delinquent in their Municipal or County Property Taxes or Water Utility Bills.

All eligible applicants must meet the definition of a microenterprise as outlined by HUD in 24 CFR 570.201(o)3 and have a low or moderate income household. For the purposes of this program:

- A microenterprise is defined as a commercial enterprise that has five or fewer employees, one or more of whom owns the enterprise and is the applicant;
- Applicant must income qualify as low-or moderate income household
- Eligible applicants must have a registered business address in the City of Fond du Lac jurisdictional boundaries and be in operation for more than six (6) months from the date of application. Eligible applicants must have a physical storefront or location.
- Eligible applicants will represent locally owned businesses.
- Home occupations are not eligible.

**ELIGIBLE ACTIVITIES**

Funds can be used for working capital needs only. Construction and/or physical improvements to the property are prohibited.

**PROCESS**

- a. Applications are to be submitted to EGFDL
- b. FCCR conducts a credit check
- c. Completed applications are reviewed on an as needed basis by EGFDL, FCCR and the designated Committee, which has discretion over the program.
- d. This program is designed for rapid response and as such the review process has been streamlined for a quick response to applicants.
- e. Appropriate documentation, such as invoices, must be submitted to FCCR for funds to be disbursed.

**APPLICATION SUBMISSION REQUIREMENTS**

- Most recent tax returns or annual financial statements.

**COMPLETED APPLICATION FORMS AND ATTACHMENTS SHOULD BE SUBMITTED TO:**

Envision Greater Fond du Lac  
23 S. Main Street  
Fond du Lac, WI 54935  
Phone: (920)921-9500

**COVID19 Microenterprise Fund Program  
Economic Development Revolving Loan Fund**

1. Legal Business/Company Name \_\_\_\_\_
2. Federal Employee Identification Number \_\_\_\_\_
3. Business/Property Address \_\_\_\_\_
4. City, State, Zip \_\_\_\_\_
5. Applicant Mailing Address (If different ) \_\_\_\_\_
6. City, State, Zip \_\_\_\_\_
7. Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_
8. Website Address \_\_\_\_\_ Email Address \_\_\_\_\_
9. Business Type:  Individual     Partnership     Corporation     Other \_\_\_\_\_
10. Owner/Partner/Chief Executive Officer \_\_\_\_\_
11. Person Preparing Application \_\_\_\_\_ Title \_\_\_\_\_
12. Property Owner (if different from applicant) \_\_\_\_\_
13. Date of Business Start-up or Incorporation \_\_\_\_\_
14. How long under present control \_\_\_\_\_
15. Names of owners/partners/corporate officers and percentage of ownership:  
\_\_\_\_\_%    \_\_\_\_\_%  
\_\_\_\_\_%    \_\_\_\_\_%  
\_\_\_\_\_%    \_\_\_\_\_%
16. Number of present employees: Total \_\_\_\_\_
17. Give a brief description of current business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Give a brief description of the economic impact:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Description of costs:

Rent	\$ _____
Vendors	\$ _____
Utilities	\$ _____
Other _____	\$ _____
Requested Loan Amount	\$ _____

20. Lender Reference \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title/Position \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

21. I certify that the information supplied on this application form and all other supplemental information, submitted for review by the Review Committee, for this loan is accurate and complete. I also authorize FCCR or its agents to complete the required credit check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Date

Additional information to be submitted with application:

1. Most recent tax returns or annual financial statements.
2. Invoices or other documentation of section 19 above

**Submit application form and attachments to:**

Envision Greater Fond du Lac  
23 S. Main Street  
Fond du Lac, WI 54935  
Phone: (920)-921-9500



**Economic Development Revolving Loan Program  
 Department of Community Development  
 City of Fond du Lac, 160 S. Macy Street, PO Box 150  
 Fond du Lac, WI 54936-0150  
 920-322-3440**



**EQUAL OPPORTUNITY/INCOME STATUS DETERMINATION**

Your employer received a loan from the City of Fond du Lac utilizing federal Community Development Block Grant (CDBG) funds. The intention of the program is to create job opportunities for persons living in low and moderate-income households. Please answer the following questions so we may document the effectiveness of the program.

- (1) **Household Size/Income Status (Please check only one box)** – Find your household size in the left hand column. Indicate by (✓) checking, (on the same line as your household size) your **TOTAL** household income as being either **BELOW**, **WITHIN** or **ABOVE** the income range listed for your household size. **COMPLETE THIS FORM USING HOUSEHOLD INCOME BEFORE OBTAINING THIS JOB.**

Household Size	Income Range	Below Range	Within Range	Above Range
1	\$26,401 - \$42,200			
2	\$30,151 - \$48,200			
3	\$33,901 - \$54,250			
4	\$37,651 - \$60,250			
5	\$40,701 - \$65,100			
6	\$43,701 - \$69,900			
7	\$46,701 - \$74,750			
8	\$49,701 - \$79,550			

- (2) If you checked “within range” or “above range” as your response to question (1) above, **SKIP** question (2). However, if you checked “below range” please complete the additional table below in the same manner as question (1).

Household Size	Income Range	Below Range	Within Range
1	\$15,851 - \$26,400		
2	\$18,101 - \$30,150		
3	\$21,330 - \$33,900		
4	\$25,751 - \$37,650		
5	\$30,171 - \$40,700		
6	\$34,591 - \$43,700		
7	\$39,011 - \$46,700		
8	\$43,431 - \$49,700		

**Equal Opportunity**

\* Please check the most appropriate box that best describes your household characteristics.

- (3) What is your household ethnicity? (Check only one box.)  
 Hispanic                       Non-Hispanic
- (4) Please check only one box that best describes your household’s race.  
 White                                       American Indian/Alaskan Native  
 Asian                                         American Indian/Alaskan Native & White  
 Asian/White                               American Indian/Alaskan Native & Black/African American  
 Black/African American               Native Hawaiian/Other Pacific Islander  
 Black/African American & White     Balance/Other
- (5) Do you consider anyone in your household to be handicapped or disabled? (Check only one box.)  
 Yes                                       No
- (6) The head of your household is:  Male                       Female
- (7)  I do not wish to provide this information.

This information is subject to verification by the City of Fond du Lac or the federal government.

Employer’s Name \_\_\_\_\_  
 Employer’s Address \_\_\_\_\_  
 \_\_\_\_\_

Please Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* The information requested on this form and the application regarding race, ethnicity and handicapped status is needed to analyze and assure compliance with Federal Equal Opportunity laws and to meet the reporting requirements of those laws. Your cooperation in voluntarily giving this information is important to the success of our equal opportunity program.**