



# Loan Application

## Commercial Revitalization Loan Fund (CRLF) and ED-RLF



Version: 5.22.2012

### SECTION A: APPLICANT INFORMATION

Business Legal Name:	One Love, One Heart, LLC
Doing Business As (DBA):	Little Cardinals Academy
Street Address:	1805 Bourbon Road
City/State/Zip:	Cross Plains WI 53528
Municipality:	
Web Site:	
DUNS Number*:	
<b>Contact Person Regarding this Application</b>	
Name:	
Title/Position Function:	Little Cardinals Academy Director
Street Address:	Home 141 Valley View Road
City/State/Zip:	Mount Horeb WI 53572
Phone Number:	608.575.2343
Alternate Phone:	
Fax Number:	
E-mail Address:	melissa.gibourne@gmail.com

\*A Data Universal Numbering System (DUNS) number must be provided for each business. A business may contact Dun & Bradstreet at 1-800-333-0505 to register and obtain a free DUNS number.

### SECTION B: BUSINESS INFORMATION

1. Legal Structure (check one)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation   | <input checked="" type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Limited Liability Partnership (LLP)        |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other         |   |

2. Is there a written operating agreement, partnership agreement, or bylaws? ☐ Yes ☒ No

3. If an LLC, is the LLC managed by all members? ☒ Yes ☐ No. If no, who is the managing member?

4. Date Business Originally Established \_\_\_\_\_

5. Number of Years Under Current Ownership \_\_\_\_\_

6. Type of Business (check all that apply):

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Architecture       | <input type="checkbox"/> Consultant      | <input type="checkbox"/> Construction Contractor | <input type="checkbox"/> Engineering   |
| <input type="checkbox"/> Fabricator         | <input type="checkbox"/> Finance         | <input type="checkbox"/> Manufacturing           | <input type="checkbox"/> Retail/Vendor |
| <input checked="" type="checkbox"/> Service | <input type="checkbox"/> Transportation  | <input type="checkbox"/> Wholesale/Distributor   | <input type="checkbox"/> Legal         |
| <input type="checkbox"/> Broker             | <input type="checkbox"/> Other (specify) |  |  |
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7. Certifications held by business (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> Small Business Enterprise                  |
| <input type="checkbox"/> Section 3 Business           | <input checked="" type="checkbox"/> Women-Owned Business Enterprise |

8. How many years have you been doing business under your present firm or trade name?

\_\_\_\_\_ years

9. Please list any other names under which this business may have operated:

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10. Current number of employees: 15 Full-time 5 Part-time

11. How many hours per week does an employee work to be considered full-time? 30

12. Briefly describe the primary products and/or services of the business.

13. Briefly describe critical trends in the business/industry in which this business is operating.

14. Describe the existing and potential target customers of the business.

15. Ownership of Business - Identify all owners; attach separate sheet if necessary. Personal financial statements will be required for each owner of 20% or more of the business.

Name	Address	Latino or Hispanic (Y / N)	Race*	Gender*	Ownership		Voting %
					%	Date	

\* Demographic Options

Gender:	Race: (Indicate all that apply)		
• Female	• African-American, Black (B)	• Native American (NA)	• White, Caucasian (W)
• Male	• Asian (A)	• Pacific Islander (PI)	

16. If your business is incorporated please provide names of all officers.

Board of Directors	Title	Latino or Hispanic	Race*	Gender*
	President			
	Vice President			
	Secretary			
	Treasurer			

17. Provide information on the key members of your management team. Please be sure to attach resumes.

Management Team	Title	Latino or Hispanic	Race*	Gender*

### SECTION C: PROJECT AND FINANCING REQUEST

18. Provide a description of the location where the project will take place, indicate whether the site is leased or owned, and the current zoning. Attach a map to this application.

Project Name:	
Street Address:	
City/State/Zip:	
Municipality:	

Owned or Leased:	
Current Zoning:	

19. Provide a description of the proposed project.

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20. Provide information on the site acreage, square footage of the facility currently used by your business (if any) and proposed facility, whether the business will own or lease each facility, and the current and proposed number of tenants in each facility.

Facility	Site Acreage	Square Footage	Own/Lease	Number of Tenants
Existing Facility				
New/Rehabbed Facility				

21. If this project involves the purchase of land, provide a legal description of the property to be purchased.

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22. If this project involves the purchase of land and/or existing building(s), provide a description of the current and any prior uses of the property.

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23. If this project involves the purchase of land/or existing buildings, have any environmental studies been done?  
☐ Yes ☐ No ( If yes, please attach one copy.)

24. Will the project require any change in zoning? ☐ Yes ☐ No

25. Will the project involve the demolition or conversion of any existing structures? ☐ Yes ☐ No

26. Provide a description of the sources and uses of funds for the project. Please note that a detailed budget showing the sources and uses of all funds for the project is required to be attached.

Uses of Funds	Dane County CRLF/RLF Funds	Source 2 Name:	Source 3 Name:	Total
Acquisition of Land or Buildings	\$136,000	Park Bank	\$544,000	\$680,000
Rehab or remodeling	\$46,500			\$46,500
New Equipment	\$7,500			\$7,500

Uses of Funds	Dane County CRLF/RLF Funds	Source 2 Name:	Source 3 Name:	Total
Inventory				
Working Capital	\$10,000			\$10,000
Other, <i>Business Purchase</i>	\$50,000			\$50,000
Total	\$250,000			
Total				\$794,000

27. Business Loan Terms. For each existing loan source identified in 26, please indicate the loan terms, original amount of the loan, the current outstanding balance, and the name and phone number of your contact person.

Source	Interest Rate	Terms	Original Amount	Current Outstanding Balance	Contact Name/ Phone Number

28. Collateral. Provide a description of the collateral for this proposed loan. (Please attach one copy of any appraisals that have been done.)

Collateral	Cost	Appraised Value	Source of Appraisal	Other Lien Holder(s)

29. Describe the reason for requesting funds under the Dane County Commercial Revitalization Loan Program (Check all that apply and describe):

<input type="checkbox"/> Insufficient equity available for capital costs.	<input type="checkbox"/> Lender unable to commit more funds to project.
<input type="checkbox"/> Unable to pay market rates.	<input type="checkbox"/> Insufficient rate of return for business.
Describe:	

30. Project Timeline. Provide a timeline for this project. Milestones may be such items as securing all financing, bidding on construction, acquiring equipment, or hiring employees. Please customize this for your project.

Milestone	Timeline
Purchase Property & business	April 1 <sup>st</sup> , 2020
Create 1 <sup>st</sup> additional position	June 1 <sup>st</sup> , 2020
Create 2 <sup>nd</sup> additional position	September 1 <sup>st</sup> , 2020

3.5/4 yr. old  
4 K  
wrap  
teacher