



Application for Development Incentives

Instructions:

This application must be completed and submitted to the City of Richland Center's Economic Development Office to request development incentives. Please provide all requested information and attach supporting documentation. Incomplete applications may be delayed or denied.

Applicants are encouraged to schedule a pre-application consultation with the Economic Development Office by contacting Jasen Glasbrenner at (608) 647-3466. Submit the completed application form and attachments to <u>Jasen.glasbrenner@richlandcenterwi.gov</u>. Applications will be reviewed within 30 days of submission.

Section 1: Applicant Information							
NAME:			BUSINESS:				
PHONE:			PHONE:				
EMAIL:			EMAIL:				
ADDRESS:			ADDRESS:				
			WEBSITE:				
AUTHORIZED AGENT (IF DIFFERENT)							
NAME:			PHONE:				
ADDRESS:			EMAIL:				
PRE-APPLICATION MEETING COMPLETED ON:							
Section 2: Project Overview							
PROJECT NAME:							
PROJECT AL	DDRESS:		PARCEL #:				
			START DATE:				
TOTAL PROJECT COST: \$			END DATE:				
PROJECT DESCRIPTION (Provide a summary of the proposed development, its purpose, and scope):							
Click or tap here to enter text.							
Section 3: Incentive Request							
INCENTIVE	NCENTIVE REQUEST: \$ IS THIS A SMALL-SCALE PROJECT? (<\$10,000)						
TYPE OF INCENTIVE REQUESTED (Select all that apply):							
□ TIF □ Loan □ Cash □ Land □ Grant □ Fee Waiver □ Other							
JUSTIFICATION FOR REQUEST (Explain why public assistance is necessary for the project to proceed)							
Click or tap here to enter text.							





Section 4: Financial Information							
PROJECT FUNDING SOURCES (List all funding sources, including private investments, loans, etc and amounts):							
SOURCE:	(List an randing sources) morading priva	AMOUNT:	\$				
SOURCE:		AMOUNT:	\$				
SOURCE:		AMOUNT:	\$				
SOURCE:		AMOUNT:	\$				
SOURCE:		AMOUNT:	\$				
FINANCIAL DOCUMENTS (Attach project budget, cash flow projections, balance sheets or financial statements,							
market analysis or feasibility study, and any other relevant financial records):							
ATTACHMENT 1:	ATTACHMENT 4:						
ATTACHMENT 2:	ATTACHMENT 5:						
ATTACHMENT 3:	ATTACHMENT 6:						
Section 5: Public Benefit							
PUBLIC BENEFITS OF PROJECT	T (Describe the specific benefits of this p	project)					
A public benefit is the positive impact a development project has on the community which may include,							
but is not limited to job creation, increased tax base, affordable housing, infrastructure improvements,							
elimination of blight, community revitalization, and increased access to services.							
Click or tap here to ente	er text.						
Section 6: "But For" Test							
"BUT FOR" JUSTIFICATION (Provide evidence that the project would not proceed to the same extent or within							
the same timeframe without a development incentive such as financing gaps, market conditions, other specific							
barriers).							
Click or tap here to enter text.							
Section 7: Additional Info	rmation						
PREVIOUS INCENTIVES							
Has the applicant or project received development incentives from the City of Richland Center in the past?							
□ NO □ YES (provide details): Click or tap here to enter text.							
COMMUNITY ENGAGEMENT							
Describe any efforts to engage the community or stakeholders in the project (e.g., public meetings, surveys).							
Click or tap here to enter text.							
ADDITIONAL COMMENTS							
Provide any other information relevant to the application.							
Click or tap here to enter text.							
Provide any other information relevant to the application. Click or tap here to enter text.							





Section 8: Information Disclosure Agreement						
By initialing here, the applicant agrees to provide any additional financial records, projections, or documentation requested by the City of Richland Center or its designated financial advisor (e.g., Ehlers) for the purpose of conducting a thorough financial analysis. Failure to provide the requested information may result in denial of the application.						
Section 9: Applicant Certification						
I certify that the information provided in this application and its attachments is true and accurate to the best of my knowledge.						
Applicant Signature:	Date:					
Printed Name:						
For Office Use Only						
Date Received:						
Initial Review Completed:						
Additional Information Requested \square No \square Yes						
Application Referred to Finance Committee \square No \square Yes Date of Meeting:						
Application Referred to Common Council \square No \square Yes	Date of Meeting:					
Application is \square Approved \square Denied						