

FINANCIAL PROGRAM WORKSHEET

Filling out this form will give the EDC the information needed to determine which financial programs your business can benefit from. If you require assistance, please contact us at (715) 834.0070 or ec.info@eauclaire-wi.com.



PROPOSED PROJECT BUDGET— NEXT THREE YEARS

USES OF FUNDING

(Complete for those applicable)

FUNDING BREAKDOWN BY SOURCE

	Total Budget	Equity	Financial Institution			
Land Costs	\$	\$	\$	\$	\$	\$
Building – New Construction	\$	\$	\$	\$	\$	\$
Building – Purchase of Existing	\$	\$	\$	\$	\$	\$
Building – Renovations	\$	\$	\$	\$	\$	\$
Building – Annual Lease Cost	\$	\$	\$	\$	\$	\$
Leasehold Improvements	\$	\$	\$	\$	\$	\$
Equipment – Purchased	\$	\$	\$	\$	\$	\$
Equipment – Leased	\$	\$	\$	\$	\$	\$
Training	\$	\$	\$	\$	\$	\$
Working Capital	\$	\$	\$	\$	\$	\$
Special Tooling	\$	\$	\$	\$	\$	\$
Other (explain)	\$	\$	\$	\$	\$	\$
TOTAL USE OF FUNDS	\$	\$	\$	\$	\$	\$

PROJECTED FULL-TIME EMPLOYMENT

Position Title	Avg. Starting Hourly Wage	Year One Number Created	Year Two Number Created	Year Three Number Created	Total Retained and Created
	\$				
	\$				
	\$				
	\$				
	\$				

BENEFIT INFORMATION

New Employees will be Provided with Benefits

N/A –Health Insurance Not Provided

% of Health Insurance Premium Paid by Company

Average Deductible Paid by Employee:

Individual	%	\$
Family	%	\$

BRIEF PROJECT DESCRIPTION