

# Chapter 7



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## Wisconsin Business Incentives

The Wisconsin economic development team includes many partners, from the Department of Commerce and other state agencies to local economic development officials, utilities, the state's technical college and university systems and other groups. Through these partners, a wide variety of business incentive programs are available. For more information on financial assistance and incentive programs, contact [Wisconsin Department of Commerce](#).

### **Business Employees' Program (BEST)**

Established by the Wisconsin Legislature to help small businesses in industries that are facing severe labor shortages upgrade the skills of their workforce. Under the BEST program, Commerce can provide applicants with a tuition reimbursement grant to help cover a portion of the costs associated with training employees. For further information call 1-800-HELP-BUS (1-800-435-7287).

### **Community Development Block Grant for Economic Development Revolving Loan Fund (CDBG-ED/RLF)**

Funded through the federal Small Cities CDBG Program, provides grants to communities to promote local job creation and retention. Local governments then lend the funds to businesses for start-up, retention, and expansion projects through grant funding. Funding levels depend on the number of jobs to be created or retained.

### **Customized Labor Training Fund**

Provides training grants to businesses that are implementing new technology or production processes. The program can provide up to 50 percent of the cost of customized training if it is not available from the Wisconsin Technical College System.

### **Dairy 2020 Initiative**

Awards grants for business and feasibility planning to dairy producers and processors considering a modernization or expansion project.

### **Early Planning Grant Program (EPG)**

Helps individual entrepreneurs and small businesses throughout Wisconsin obtain the professional services necessary to evaluate the feasibility of a proposed start up or expansion.

### **Enterprise Development Zone Program**

Promotes a business start-up or expansion on a particular site in any area of the state that suffers from high unemployment, declining income and property values, and other indicators of economic distress. The program offers tax credits for such activities as hiring disadvantaged workers and undertaking environmental remediation. Tax credits can be taken only on income generated by business activity in the zone. The maximum amount of tax credits per zone is \$3 million.

### **Tax Incremental Financing (TIF)**

Helps cities in Wisconsin attract industrial and commercial growth in underdeveloped and blighted areas. A city or village can designate a specific area within its boundaries as a TIF district and develop a plan to improve its property values. Taxes generated by the increased property values pay for land acquisition or needed public works.

### **Industrial Revenue Bonds (IRBs)**

These are a means of financing the constructing and equipping of manufacturing plants and a limited number of non-manufacturing facilities. The municipality is not responsible for debt service on IRBs, nor is it liable in the case of default. IRBs are also exempt from federal income tax.

### **Major Economic Development Program**

Offers low-interest loans for business development projects that create a significant economic impact.

**Rural Economic Development Program**

Makes individual awards up to \$30,000 for feasibility studies and other professional assistance to rural businesses with fewer than 25 employees. Businesses that have completed their feasibility evaluations are eligible for individual micro loans up to \$25,000 for working capital and the purchase of equipment.

**Technology Development Fund**

Helps businesses finance Phase I product development research. Firms completing Phase I projects can receive Phase II product-commercialization funding.

**Wisconsin Transportation Facilities Economic Assistance and Development Program**

Funds transportation facilities improvements (road, rail, harbor, airport) that are part of an economic development project.

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# Energy Credits for Businesses

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## Business Overview

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### What is Focus on Energy?

Helping businesses make smart, energy efficient decisions is our mission. All types of businesses, large and small, can benefit from Focus on Energy's energy efficiency expertise. Focus on Energy works with eligible Wisconsin businesses to install cost effective energy efficiency and renewable energy projects. Its efforts help businesses manage rising energy costs, promote in-state economic development, protect our environment and control the state's growing demand for electricity and natural gas. For more information, visit [About Us](#).

### What can Focus do for you?

- Show you practical ways to implement energy strategies
- Reward your business with financial incentives for these strategies
- Suggest energy tips that are no-cost or low-cost
- Offer training opportunities on energy efficiency

Want quick tips right now? Take a look at [tips to save money on electricity and natural gas](#).

### Who do we serve?

Agriculture & Rural Businesses

Commercial Businesses (including healthcare, hospitality, food service, grocery)

Industrial Businesses (pulp/paper, plastics, metals, wastewater, food processing)

Schools & Government Facilities

Apartments & Condos

New Business Construction

### Ways to Save Energy

How will your business handle the rising energy prices this year? View the presentation and fact sheets below to identify no-, low- and moderate-cost options to increase your business's bottom line and lower its energy usage. Each step taken will help manage rising natural gas and electric costs now and in the future.

[Natural Gas Savings Tips for Businesses](#)

[Business Programs Energy Shock Presentation](#)

[Electric Saving Tips for Businesses](#)

### Eligibility

Eligibility is based on your electric and gas utility providers. Also, you must be an owner, operator and/or resident of

buildings with 4 or more units (condo owner associations are eligible). To determine your eligibility, use the **Eligibility Tool** to determine if you are served by a participating utility. If you are not, we encourage you to call your utility to see if they offer a similar program.

**Need further assistance?**

Call Focus on Energy at 800.762.7077 or email us at [focusinfo@focusonenergy.com](mailto:focusinfo@focusonenergy.com).



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# WISCONSIN DEPARTMENT OF COMMERCE

## PROSPECT DATA SHEET

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:
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### SECTION I-PROSPECT/APPLICANT INFORMATION

Type of Business :		<input type="checkbox"/> C Corp	<input type="checkbox"/> S Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
		<input type="checkbox"/> Non Profit					
Legal Name:							
Trade Name:							
Address:							
City, State, Zip:					County:		
FEIN #: <small>(Federal Employee Identification Number –Tax ID or Social Security Number)</small>					State of Organization: <small>(Per Articles of Incorporation/Organization)</small>		
WWW:							
Tele. #:				Fax #:			
CEO Name:				CEO Title:			
<i>Individual To Contact Regarding Questions About The Company:</i>							
Co. Contact:				Title:			
Email Address:							
Tele. #:				Fax #:			
Address:							
City, State, Zip:							
<i>Individual To Contact Regarding Questions About The Project:</i>							
Project Contact:				Title:			
Email Address:							
Tele. #:				Fax #:			
Address:							
City, State, Zip:							

### SECTION II-BUSINESS INFORMATION

Date Established:		SIC or NAICS:					
Minority Owned: <input type="checkbox"/> Yes		<input type="checkbox"/> No If Yes, the Minority Classification is:					
Hawaiian <input type="checkbox"/> Hispanic		<input type="checkbox"/> Eskimo <input type="checkbox"/> Native					
		<input type="checkbox"/> Native American					
		<input type="checkbox"/> Aleut <input type="checkbox"/> Asian-Indian <input type="checkbox"/> Asian-Pacific <input type="checkbox"/> African American					
Women Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No		Owned by a Person with a Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Foreign Owned: <input type="checkbox"/> Yes <input type="checkbox"/> 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:							
Provide the Following for All Other Existing Wisconsin Operations:							
Address(Street, City, Zip):				Number of Full Time Employees:			

**SECTION III-PROJECT INFORMATION**

Project Location:  City  Town  Village Of: \_\_\_\_\_ County: \_\_\_\_\_

Project Street Address \_\_\_\_\_ Square Footage of Project Facility(ft<sup>2</sup>): \_\_\_\_\_

Brief Project Summary:

**SECTION IV-PROJECT TIME-LINE**

Secure all financing by: \_\_\_\_\_ Break ground/lease by: \_\_\_\_\_

Begin production by: \_\_\_\_\_ Achieve full production by: \_\_\_\_\_

**SECTION V-PROPOSED PROJECT BUDGET**

USES OF FUNDING (equip, bldg, work cap, training, etc.)	SOURCES OF FUNDING* (Bank, Equity, SBA, RLF, etc.)			TOTAL
	COMMERCE	SOURCE #1 NAME:	SOURCE #2 NAME:	
				\$
				\$
				\$
				\$
				\$
<b>TOTAL</b>	\$	\$	\$	\$

*\*Please provide the following for the sources listed above*

Source	Source Name:	Contact Name:	Contact Title	Email Address	Phone Number
1.					
2.					
3.					

**SECTION VI-PROJECTED EMPLOYMENT**

Full Time Positions Only (2,080 hours/year)

Existing Positions		Position Title	Positions Created				Total Number Created
Avg. Hourly Wage	Number of Existing		Year One		Year Two	Year Three	
			Avg. Starting Hourly Wage	Number Created	Number Created	Number Created	
<b>TOTAL</b>							

**SECTION VII-BENEFIT INFORMATION**

Check (4) the Health Insurance Provided to Employees:  None  Individual  Family

Percent of Health Insurance Premium Paid by Company: \_\_\_\_\_ % \_\_\_\_\_ %

Average Deductible Paid by Employee: \_\_\_\_\_ \$ \_\_\_\_\_ \$

Other Benefits Provided to the Majority of the Workforce:  Life Insurance  Pension  401(k)  Childcare  
 Tuition Reimbursement  Other: (Specify) \_\_\_\_\_

Will new employees be provided with substantially the same benefits as described above:  Yes  No

**SECTION VIII-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%

**SECTION IX-LEGAL INFORMATION\***

	YES/NO
Has the applicant, any owner, officer, subsidiary or affiliate been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any owner, officer, subsidiary or affiliate ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant, any owner, officer, subsidiary or affiliate 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
Does the applicant, any owner, officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a detailed explanation of any YES responses.	
*An Application will be deemed ineligible and denied based on the falsification of information	

**SECTION X-MARKET INFORMATION**

THREE MAJOR CUSTOMERS:	% OF SALES
1.	
2.	
3.	
THREE MAJOR COMPETITORS	LOCATION (City and State)
1.	
2.	
3.	

**SECTION XI-SUMMARY OF HISTORICAL FINANCIAL INFORMATION**

FYE	/ /	/ /	/ /
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			

**SECTION XII-SUMMARY OF PROJECTED FINANCIAL INFORMATION**

FYE	/ /	/ /	/ /
Total Sales			
Net Income			
Total Assets			
Total Liabilities			
Equity			
WI Income Tax Liability (C Corporations Only)			



**ATTACHMENT A  
SUPPORTING DOCUMENTATION**

**BUSINESS PLAN**

All start-ups or businesses less than 3 years old must submit an up-to-date comprehensive business plan that fully describes the proposed project. Commerce reserves the right to require an up-to-date comprehensive business plan for all projects.

NOTE: If you do not currently have a Comprehensive Business Plan, Commerce may be able to finance a portion of the costs incurred to develop one. Under its Early Planning Grant (EPG) and the Entrepreneurial Training Grant (ETG) programs, Commerce can provide grants to assist with the development of a comprehensive business plan. Visit our website at [www.commerce.gov](http://www.commerce.gov) for additional information on these programs.

**COMPANY INFORMATION**

Check the appropriate box if the information is detailed in your business plan or attached

Business Plan

DATED:

Attached

**INFORMATION NEEDED**

/ /

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | History of the company's operations   |
| <input type="checkbox"/> | <input type="checkbox"/> | Resumes or short summaries of the current management team that detail relevant experience, education and length of time with the company  |
| <input type="checkbox"/> | <input type="checkbox"/> | Description of any affiliates or subsidiaries   |
| <input type="checkbox"/> | <input type="checkbox"/> | Description of the market niche for the company's product or service  |
| <input type="checkbox"/> | <input type="checkbox"/> | A detailed description of the proposed project including environmental remediation  |
| <input type="checkbox"/> | <input type="checkbox"/> | Three years of historical financial statements that include: <ul style="list-style-type: none"><li>• balance sheets</li><li>• cash flow statements</li><li>• income statements</li><li>• accountant's notes</li></ul>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent quarterly financial statements if the year-end was more than 90 days prior to submission  |
| <input type="checkbox"/> | <input type="checkbox"/> | Three years of financial projections that include: <ul style="list-style-type: none"><li>• balance sheets</li><li>• cash flow statements</li><li>• income statements</li><li>• detailed notes on all significant accounting assumptions used</li></ul> The first year should be presented on a monthly basis so that the Department can analyze the applicant's working capital needs.<br>(Not Applicable for those projects only looking for training funds) |
| <input type="checkbox"/> | <input type="checkbox"/> | All individuals that own 20% or more of the company must submit a signed and dated personal financial statement. <del>A sample form is attached.</del> Substitute formats are acceptable provided that the social security number of the individual is also included. (Not applicable for those projects only looking for tax credits).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of commitment letters outlining the terms of the other funding sources in the project budget.  |

**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 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

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**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

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**Order Address:** Address where order should be mailed  
 PO Box or number and street, City, State, ZIP+4  
  
 [NOT APPLICABLE]

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**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:

1. The number shown on this form is my correct taxpayer identification number, AND
2. 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.
3. 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.

**WISCONSIN DEPARTMENT OF COMMERCE  
TECHNOLOGY ZONE PROSPECT DATA SHEET ADDENDUM**

**PROSPECT (COMPANY) INFORMATION**

Company Name:	
Project Location Address:	
Wisconsin Unemployment Insurance Number:	
Tax Preparation Person/Title/Firm Address:	Telephone Number: Fax Number: E-mail:

**PROJECTED CAPITAL INVESTMENT**

(Including the purchase price of depreciable, tangible personal property and the amount that is expended to acquire, construct, rehabilitate, remodel, or repair real property in a technology zone.  
**This does not include working capital.)**

Itemized Detail (attach separate page if necessary)	FYE ___/___/___	FYE ___/___/___	FYE ___/___/___
<b>TOTALS</b>			

**PROJECTED PAYROLL – NEW JOBS**

	FYE ___/___/___	FYE ___/___/___	FYE ___/___/___
Total Payroll for One Year/ New Jobs Created			

**HISTORICAL REAL & PERSONAL PROPERTY TAXES**

	FYE ___/___/___	FYE ___/___/___	FYE ___/___/___

**PROJECTED REAL & PERSONAL PROPERTY TAXES**

	FYE ___/___/___	FYE ___/___/___	FYE ___/___/___