



City of West Allis Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
R-2008-0193	Resolution	In Committee
	Initial Resolution Regarding Industrial Development Revenue Bond Financing For Cleveland Gear Company, Inc.	
	Introduced: 9/2/2008	Controlling Body: Administration & Finance Committee
		Sponsor(s): Administration & Finance Committee

COMMITTEE RECOMMENDATION *Adopt*

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>SEP 02 2008</u>			Barczak				
			Czaplewski				
			Kopplin	✓			
		X	Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt				
			Sengstock				
		X	Vitale	✓			
			Weigel				
		TOTAL		5	0		

SIGNATURE OF COMMITTEE MEMBER

Kurt Kopplin
 Chair _____ Vice-Chair _____ Member _____

COMMON COUNCIL ACTION **ADOPT**

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>SEP 02 2008</u>		✓	Barczak	✓			
			Czaplewski	✓			
		✓	Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Roadt	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
		TOTAL		10	-		



City of West Allis

7525 W. Greenfield Ave.
West Allis, WI 53214

Resolution

File Number: R-2008-0193

Final Action:

Sponsor(s): Administration & Finance Committee

SEP 02 2008

Initial Resolution Regarding Industrial Development Revenue Bond Financing For Cleveland Gear Company, Inc.

WHEREAS, Section 66.1103 of the Wisconsin Statutes (the "Act") authorized the City of West Allis, Wisconsin (the "Issuer"), to authorize the issuance and sale of bonds by the Issuer to construct, equip, re-equip, acquire by gift, lease or purchase, install, reconstruct, rebuild, rehabilitate, improve, supplement, replace, maintain, repair, enlarge, extend or remodel industrial projects; and

WHEREAS, Cleveland Gear Company, Inc., a Delaware corporation (the "Borrower"), desires to complete a project consisting of (i) the purchase and renovation of an approximately 74,000 square-foot manufacturing facility located at 404 South 116th Street, in the City of West Allis, Wisconsin (the "Facility") and (ii) the acquisition and installation of equipment at the Facility (collectively with the purchase and renovation of the Facility, the "Project") to be owned by the Borrower and operated as a contract metal machining facility, all of which would contribute to the well-being of the City of West Allis, Wisconsin; and

WHEREAS, the cost of the Project is currently estimated to be greater than \$14,000,000, and the amount proposed to be financed with one or more series of tax-exempt and/or taxable industrial development revenue bonds does not exceed \$10,000,000; and

WHEREAS, the Borrower has requested that the Issuer now approve an initial resolution (the "Initial Resolution") providing for the financing of the Project in an amount not to exceed \$10,000,000; and

WHEREAS, the Issuer is a municipality organized and existing under and pursuant to the laws of the State of Wisconsin, and is authorized to enter into revenue agreements with eligible participants with respect to the Project whereby eligible participants agree to cause said Project to be constructed and to pay the Issuer an amount of funds sufficient to provide for the prompt payment when due of the principal and interest on said industrial development revenue bonds.

NOW, THEREFORE, BE IT RESOLVED by the Common Council of the City of West Allis, Wisconsin, as follows:

1. Based upon representations of the Borrower, it is the finding and determination of the Common Council that the Project is a qualified "project" within the meaning of the Act and that the Borrower is an "eligible participant" within the meaning of the Act. The Issuer shall:

(a) Finance the Project in an amount not to exceed \$10,000,000; and

(b) Issue industrial development revenue bonds in one or more series of tax-exempt and/or taxable bonds (the "Bond(s)"), in an amount not to exceed \$10,000,000 in order to finance costs of the Project.

2. The aforesaid plan of financing contemplates, and is conditioned upon, the following:

- (a) The Bonds shall never constitute an indebtedness of the Issuer within the meaning of any state constitutional provision or statutory limitation;
- (b) The Bonds shall not constitute or give rise to a pecuniary liability of the Issuer or a charge against its general credit or taxing powers;
- (c) The Project shall be subject to property taxation in the same amount and to the same extent as though the Project were not financed with industrial development revenue bonds;
- (d) The Borrower shall find a purchaser for all of the Bonds; and
- (e) The City's out-of-pocket costs, including but not limited to legal fees and Trustee's fees, in connection with the issuance and sale of the Bonds shall be paid by the Borrower.

3. The aforesaid plan of financing shall not be legally binding upon the Issuer nor be finally implemented unless and until:

- (a) The details and mechanics of the same are authorized and approved by a further resolution of the Common Council which shall be solely within the discretion of the Common Council;
- (b) The City Clerk shall cause notice of adoption of this Initial Resolution, in the form attached hereto as Exhibit A, to be published once in a newspaper of general circulation in the City of West Allis, and the electors of the City of West Allis shall have been given the opportunity to petition for a referendum on the matter of the aforesaid Bond issue, all as required by law;
- (c) Either no such petition shall be timely filed or such petition shall have been filed and said referendum shall have approved the Bond issue;
- (d) The City Clerk shall have received an employment impact estimate issued under Section 560.034 of the Wisconsin Statutes;
- (e) All documents required to consummate the financing have been duly authorized and delivered; and
- (f) The Issuer and the Borrower have resolved all land use and special use issues with respect to the affected property and the Project.

4. Pursuant to the Act, all requirements that the Project be subject to the contracting requirements contained in Section 66.1103 are waived, the Borrower having represented that it is able to negotiate satisfactory arrangements for completing the Project and that the Issuer's interests are not prejudiced thereby.

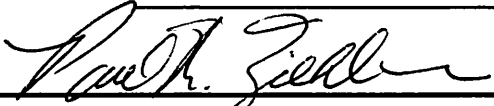
5. The City Clerk is directed, following adoption of this Initial Resolution (i) to publish notice of such adoption not less than one time in the official newspaper of the City of West Allis, Wisconsin, such notice to be substantially the form attached hereto as Exhibit A and (ii) to file a copy of this Initial Resolution, together with a statement indicating the date the Notice to Electors was published, with the Secretary of Business Development of the State of Wisconsin within twenty (20) days following the date of publication of such notice.

Cc: Development
Finance

DEV-R-521-9-2-08

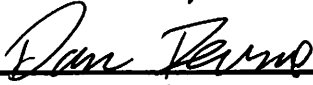
Published
9-18-08
Diane - Dev
received 2
Certified Res
copies for
Borrower

ADOPTED **SEP 02 2008**



Paul M. Ziehler, City Admin. Officer, Clerk/Treas.

APPROVED 9/8/08



Dan Devine, Mayor

EXHIBIT A

**NOTICE TO ELECTORS OF
THE CITY OF WEST ALLIS, WISCONSIN**

TAKE NOTICE that the Common Council of the City of West Allis, Wisconsin (the "City"), at a regular meeting held at City Hall, 7525 West Greenfield Avenue, West Allis, Wisconsin, on September 2, 2008, adopted an Initial Resolution pursuant to Section 66.1103 of the Wisconsin Statutes, as amended, expressing the intention to issue not to exceed \$10,000,000 of industrial development revenue bonds of the City (the "Bonds") on behalf of Cleveland Gear Company, Inc., a Delaware corporation (the "Borrower"). The Bonds are for financing (i) the purchase and renovation of an approximately 74,000 square-foot manufacturing facility located at 404 South 116th Street, in the City (the "Facility") and (ii) the acquisition and installation of equipment at the Facility (collectively with the purchase and renovation of the Facility, the "Project") to be owned by the Borrower and operated as a contract metal machining facility, all of which would contribute to the well-being of the City. The Borrower has represented that the Project is expected to maintain 82 full-time jobs and to create 17 full-time jobs at the Project site.

Pursuant to the terms of Section 66.1103 of the Wisconsin Statutes, all requirements that the Project be subject to the contracting requirements contained in Section 66.1103 are waived, the Borrower having represented that it is able to negotiate satisfactory arrangements for completing the Project and that the City's interests are not prejudiced thereby.

THE BONDS SHALL NEVER CONSTITUTE AN INDEBTEDNESS OF THE CITY, NOR SHALL THE BONDS GIVE RISE TO ANY PECUNIARY LIABILITY OF THE CITY, NOR SHALL THE BONDS BE A CHARGE AGAINST THE GENERAL CREDIT OR TAXING POWERS OF THE CITY. RATHER, THE BONDS SHALL BE PAYABLE SOLELY FROM THE REVENUES AND OTHER AMOUNTS TO BE DERIVED PURSUANT TO THE REVENUE AGREEMENT RELATING TO SAID PROJECT TO BE ENTERED INTO BETWEEN THE CITY AND THE BORROWER.

The Initial Resolution may be inspected in the office of the City Clerk at 7525 West Greenfield Avenue, West Allis, Wisconsin, during business hours.

TAKE FURTHER NOTICE THAT THE ELECTORS OF THE CITY OF WEST ALLIS MAY PETITION FOR A REFERENDUM ON THE QUESTION OF THE BOND ISSUE. Unless within thirty (30) days from the date of the publication of this Notice a petition signed by not less than five percent (5%) of the registered electors of the City of West Allis is filed with the City Clerk requesting a referendum on the question of the issuance of the Bonds, the City will issue the Bonds without submitting the proposition for the electors' approval. If such petition is filed as aforesaid, then the Bonds shall not be issued until approved by a majority of the electors of the City of West Allis voting thereon at a general or special election.

Paul Ziehler, City Administrative Officer
and Clerk/Treasurer,
City of West Allis, Wisconsin

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.:

SECTION I-PROSPECT/APPLICANT INFORMATION

Type of Business :	<input checked="" 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: Cleveland Gear Company, Inc.

Trade Name:

Address: 404 South 116th Street

City, State, Zip: West Allis WI 53214	County: Milwaukee
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FEIN #: 34-1586566 <small>(Federal Employee Identification Number - Tax ID or Social Security Number)</small>	State of Organization: Delaware <small>(Per Articles of Incorporation/Organization)</small>
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WWW: Milwaukeeemachineworks.com

Tele. #: 440-838-4700 ext 225	Fax #: 440-526-1300
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CEO Name: Dana C. Lynch	CEO Title: President
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Individual To Contact Regarding Questions About The Company:

Co. Contact: John V. Curci	Title: Vice-President
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Email Address: jcurci@mfgco.com

Tele. #: 440-838-4700 ext 225	Fax #: 440-526-1300
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Address: 6950 South Edgerton Road

City, State, Zip: Brecksville OH 44141-3184

Individual To Contact Regarding Questions About The Project:

Project Contact: John V. Curci	Title: Vice-President
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Email Address: jcurci@mfgco.com

Tele. #: 440-838-4700 ext 225	Fax #: 440-526-1300
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Address: 6950 South Edgerton Road

City, State, Zip: Brecksville OH 44141-3184

SECTION II-BUSINESS INFORMATION

Date Established: July 20, 1987	SIC or NAICS: 332710
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Minority Owned: <input type="checkbox"/> Yes Hawaiian <input type="checkbox"/> Hispanic	<input checked="" type="checkbox"/> No If Yes, the Minority Classification is: <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
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Women Owned: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Owned by a Person with a Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Foreign Owned: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: Country:	% of ownership:
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Primary Product or Service: Contract Machining (Metal)

Total Company Employment:	Full Time: 175	Part Time:
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Total Wisconsin Employment:	Full Time: 82	Part Time: 1
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Total Project Location Employment:	Full Time: 82	Part Time: 1
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% of Project Location Full Time Employees that are WI Residents: 100%

Provide the Following for All Other Existing Wisconsin Operations:

Address(Street, City, Zip):	Number of Full Time Employees:
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SECTION III-PROJECT INFORMATION

Project Location: City Town Village Of: West Allis County: Milwaukee

Project Street Address 404 South 116th Street Square Footage of Project Facility(ft²): 74,000

Brief Project Summary:

SECTION IV-PROJECT TIME-LINE

Secure all financing by: Have secured financing Break ground/lease by: N/A

Begin production by: Continuing in lease facility Achieve full production by: N/A

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: Ind Mfg Co (Parent)	SOURCE #2 NAME: KeyBank	SOURCE #3 NAME:	
Building	3,010,000				\$ 3,010,000
Building Improvements/Rehab	2,496,000				\$ 2,496,000
New Equipment	4,494,000	2,076,000			\$ 6,570,000
Working Capital		2,000,000			\$ 2,000,000
Used Equipment		240,000			\$ 240,000
TOTAL	\$ 10,000,000	\$ 4,316,000	\$ -0-	\$	\$ 14,316,000

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

Source	Source Name:	Contact Name:	Contact Title	Email Address	Phone Number
1.	Industrial Manufacturing Company LLC (Parent)	John V. Curci	Vice-President	jcurci@mfgco.com	440-838-4700 ext 225
2.	KeyBank NA	Robert Montgomery	Mg. Director	rmontgomery@keybancom.com	216-689-4229
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	
18.09	48	Machine Operators	16.50	4	4	4	12
14.91	6	Manual Machines	13.50				
18.72	4	Maintenance Employees	16.50		1		1
19.08	1	Tool Room	17.00				
19.08	3	Quality Inspectors	17.00	1		1	2
19.24	4	Others	17.00				
	17	Salaried Positions		1	1		2
	83	TOTAL		6	6	5	17

SECTION VII-BENEFIT INFORMATION

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

Percent of Health Insurance Premium Paid by Company: 94 % 94 %

Average Deductible Paid by Employee: \$ 250 \$ 750

Other Benefits Provided to the Majority of the Workforce: Life Insurance Pension 401(k) Childcare
 Tuition Reimbursement Other: (Specify) LTD & STD, Dental

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.	Industrial Manufacturing Company LLC	440-838-4700 ext 225	<input type="checkbox"/> YES	100 %
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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No
Does the applicant, any owner, officer, subsidiary or affiliate have any outstanding tax liens?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Please attach a detailed explanation of any YES responses. Routine litigation, normal for business. Generally all litigation covered by insurance. *An Application will be deemed ineligible and denied based on the falsification of information	

SECTION X MARKET INFORMATION

THREE MAJOR CUSTOMERS:	% OF SALES
1. Winergy	Confidential
2. Caterpillar	Confidential
3. Case/New Holland	Confidential
THREE MAJOR COMPETITORS	LOCATION (City and State)
1. Stanley Machining	Carpentersville, IL
2. Kocsis Brothers Machine Co.	Alsip, IL
3. Bley Its	Elk Grove, IL

SECTION XI SUMMARY OF HISTORICAL FINANCIAL INFORMATION

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

SECTION XII SUMMARY OF PROJECTED FINANCIAL INFORMATION

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

**ATTACHMENT A
SUPPORTING DOCUMENTATION**

OVER 5 YEARS – N/A

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 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">• balance sheets• cash flow statements• income statements• accountant's notes |
| <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">• balance sheets• cash flow statements• income statements• detailed notes on all significant accounting assumptions used The first year should be presented on a monthly basis so that the Department can analyze the applicant's working capital needs.
(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. A sample form is attached. 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**

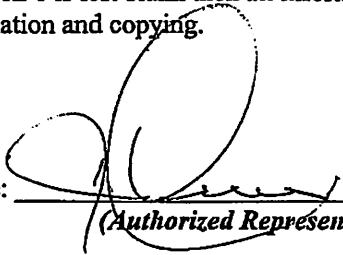
THE APPLICANT:

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 checked="" type="checkbox"/>
B.	Personal or business tax returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C.	Historical business financial statements. Parent company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Business financial projections.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E.	Plan or study to be funded by Commerce.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Business Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: August 15, 2008
(Authorized Representative)

Name: John V. Curci Title: Vice-President
(Authorized Representative)

**ATTACHMENT C
PERSONAL FINANCIAL STATEMENT**

N/A

Please complete the following for EACH owner with 20% or more interest. Make additional copies as necessary.

Name: _____ Social Security Number: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Phone: _____

ASSETS		LIABILITIES	
Cash (Schedule 1)		Secured Notes Payable (Sch. 5)	
Listed Securities (Schedule 2)		Unsecured Notes Payable (Sch. 5)	
Unlisted Securities (Schedule 3)		Accounts Payable	
Real Estate Owned (Schedule 4)		Unpaid Income Taxes	
Automobiles		Real Estate Mortgages (Sch. 4)	
Personal Property		Real Estate Taxes	
Cash Value Life Insurance		Credit Cards	
Vested Profit Sharing/Pension		Other Debts (list below)	
Other Assets (list below)			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		EQUITY (Total Assets - Total Liabilities)	

INCOME	CONTINGENT LIABILITIES
Salaries/bonuses	Endorser/Co-maker/Guarantor
Dividends/interest	Legal Claims
Other:	Other:

Personal Financial Statement Page 2

Schedule 1 Cash and Equivalents

Type	Financial Institution	Amount	Account Name	PLEGGED?

Schedule 2 Listed Securities

Cost	Description	Market Value	Account Name	PLEGGED?

Schedule 3 Unlisted Securities

Cost	Description	Market Value	Account Name	PLEGGED?

Schedule 4 Real Estate Owned

Property Type and Address	Cost	Market Value	Mortgage Amt

Schedule 5 Notes Payable

Secured?	Financial Institution	Original Balance	Current Balance	Date Due

LEGAL INFORMATION*	YES/NO
Have you been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you 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
Do you have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detail on any YES responses:	

I hereby certify that to the best of my knowledge and belief, this represents a full and accurate disclosure of my assets and liabilities as of the date signed below. I also certify that I have 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. I also understand submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

Signature

Date

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

 Cleveland Gear Company, Inc.

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

Trade Name:
 Individuals: Leave Blank
 Sole Proprietorships: Enter Business Name
 All Others: Complete only if doing business as a D/B/A

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.

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

34-1586566

Order Address: Address where order should be mailed PO Box or number and street, City, State, ZIP+4

 [NOT APPLICABLE]

Check Only One

Social Security Number (SSN)
 Employer Identification Number (EIN)
 Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Primary Address: Address where 1099 should be sent if different from remit address
 PO Box or number and street, City, State, ZIP+4

 6950 South Edgerton Road, Brecksville OH 44141-3184

Certification: Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, AND
- 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.
- I am a U.S. person (including a US resident alien).

Printed Name John V. Curci	Printed Title Vice-President	Telephone Number 440-838-4700 ext 225
Signature 		Date (mm/dd/ccyy) 08/15/2008

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.

N/A

ATTACHMENT E

PERSONAL INFORMATION

(Please complete for each individual that owns 20% or more of the company.)

Submitted to:

WISCONSIN DEPARTMENT OF COMMERCE

Name: _____ Social Security Number: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____ Phone: _____

LEGAL INFORMATION*	YES/NO
Have you been involved in any lawsuits in the last 5 years or have any lawsuits pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you 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
Do you have any outstanding tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide detail on any YES responses:	

Applicant understands submitting false or misleading information in connection with an application may result in the applicant being found ineligible for financial assistance under the funding program and may be subject to civil and/or criminal prosecution.

Applicant Signature

Date



commerce.wi.gov

P. O. Box 7970
Madison, Wisconsin 53707
(608) 266-1018
TDD #: (608) 264-8777
http://commerce.wi.gov

Jim Doyle, Governor
Jack L. Fischer, A.J.A., Secretary

COM315 (11/89)

IRB JOB RETENTION CERTIFICATION FORM

Under Section 66.1103 (4s) (b) Wis. Stats., a municipality may not enter into a revenue agreement with any employer that employs individuals in this state at a site other than a project site unless the employer certifies that the project is not expected to result in any lost jobs or the employer agrees to all of the following: (1) Offer employment at any new job first to persons who were formerly employed at the lost jobs. "Lost job" means an employment position with an employer that is eliminated at a site in this state other than a project site when the employer moves any part of its operation to a project site. (2) Offer compensation and benefit terms at the project site at least as favorable as those of the lost jobs; (3) Certify compliance with this subsection to the Department of Commerce, to the governing body of each municipality within which a lost job exists and to any collective bargaining agent in this state with which the employer has a collective bargaining agreement at the project site or at a site where a lost job exists; and (4) Submit a report to the Department of Commerce every three months during the first year after the construction of the project is completed. The report shall provide information about new jobs, lost jobs, and offers of employment made to persons who were formerly employed at the lost jobs. NOTE: Copies of this form may be used for compliance with (3) above.

I. Project
A. Employer: Cleveland Gear Company, Inc., Milwaukee Machine Works Division
Address: 6950 South Edgerton Road
Post Office/ZIP: Brecksville OH 44141-3184
B. Project Site: 404 South 116th Street, West Allis WI 53214
C. Other Site(s):
D. Number of employment positions at other site(s) of the employer prior to the project: N/A
E. Is the project expected to result in any lost jobs at the other site(s)? Yes: No: [X]
Estimate of number of lost jobs at the other site(s): N/A
(If answer to E. is Yes, complete II. A. below; if answer to E. is No, complete III. B. below)

II. Agreement (in the event that the project is expected to result in lost jobs)
A. The employer hereby agrees to comply with s.66.521 (4s) (b) 1. Through 4. Wis. Stats.
Signature (employer/eligible participant):
Person completing this form: Phone #:

III. Certification (if the project is not expected to result in any lost jobs)
A. The employer hereby certifies that the project is not expected to result in any lost jobs.
Signature (employer/eligible participant): [Signature]
Person completing this form: John V. Curci Phone #: 440-838-4700 ext 225

Please return the completed form to Wisconsin Department of Commerce, Bureau of Enterprise Development, P.O. Box 7970, Madison, WI 53707



commerce.wi.gov

P. O. Box 7970
 Madison, Wisconsin 53707
 (608) 266-1018
 TDD #: (608) 264-8777
 http://commerce.wi.gov

Jim Doyle, Governor
 Jack L. Fischer, A.I.A., Secretary

COM178 (10/99)

Notice of Intent to Obtain a Municipal Industrial Revenue Bond

Section 66.1103 (4m) (a) 1 of the Wisconsin Statutes requires the person or business who intends to obtain an industrial revenue bond issue from a Wisconsin municipality to notify this intention to the Department of Commerce and to any collective bargaining agent in the state with whom the person or business has a collective bargaining agreement. This notification must occur at least 30 days prior to entering into the revenue agreement or signing the loan contract. The person or business must provide information on the number of full-time jobs that are expected to be eliminated, created, or maintained at the project site and elsewhere in Wisconsin as a result of the project which is the subject of this notice. The person or business named below hereby gives notice of intent to obtain an Industrial Revenue Bond pursuant to s. 66.1103 of the Wisconsin Statutes.

I. Project

A. Person:

Business: Cleveland Gear Company, Inc., Milwaukee Machine Works Division
 Address: 6950 South Edgerton Road
 Post Office/ZIP: Brecksville OH 44141-3184

B. Project site: 404 South 116th Street, West Allis WI 53214
 (Name of city, village or town in which the project is located)

C. Project type: Expansion at Present Location Relocation Within Same Municipality
 & Purchase Leased Facility
 Relocation From Within State Relocation from Out-of-State New Business
 Branch-Wisconsin Operation Branch-Out-of-State Operation Other: Purchase of leased facility where business has been operating over five (5) years

D. Maximum amount of IRB financing: \$10,000,000

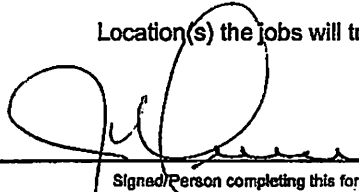
II. Employment Estimates (to result within the next 3 years)

Number of Full-Time Jobs	Before Project	To Be Maintained	To Be Created	To Be Eliminated	Net Total Number of Jobs
A. <u>At the Project Site</u>	83	83	17	0	100
B. <u>At All Other Wisconsin Operations</u>					N/A
C. <u>Net Totals</u>	83	83	17	0	100

D. Will any jobs transfer from one or more locations to the project site? Yes No

Number of jobs to transfer: N/A

Location(s) the jobs will transfer from: (municipality) _____


 Signed/Person completing this form John V. Curci

Vice-President

Title

08/15/2008

Date

440-838-4700 ext 225

Telephone Number

IRB Attachment

- 1. Which community will sponsor your bond request?
What is the expected date for adoption of the
“comfort” resolution”.**

West Allis, Wisconsin

- 2. If you have chosen a bond attorney, please provide
contact information:**

**Marc L. Oberdorff
Michael Best & Friedrich LLP
(312)596-5812**

- 3. Of the total project costs shown on page 2 of the
Prospect Data Sheet, how much is IRB eligible?**

\$10,000,000

- 4. Please provide contact information for the bank or
underwriter that will purchase or guarantee the
bonds.**

**Remarketer – Comerica Bank
Letter of Credit Bank – KeyBank, N.A.**