

County of Cattaraugus Microenterprise Assistance Program

GRANT APPLICATION FORM

PART 1. APPLICANT INFORMATION

Name of Applicant: _____ Corporation Year _____ State _____

Business Address: _____ Partnership Year _____ State _____

_____ L.L.C. Year _____ State _____

Contact Person: _____ L.L.P. Year _____ State _____

Federal ID #: _____ Sole Proprietorship Year _____

Telephone: () _____ Cell: () _____ E-Mail: _____

Nature of Business: _____

Company Attorney: _____ Accountant: _____

Firm Name: _____ Firm Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Ownership (Shareholders / Partners) interest	%	Company Officers	Position

(attach additional listing as necessary)

- Is the company delinquent in the payment of any state or municipal property taxes? Yes No
- Is the company delinquent in the payment of any income tax obligation? Yes No
- Is the company delinquent in the payment of any loans? Yes No
- Is the company currently in default on any of its loans? Yes No
- Are there currently any unsatisfied judgments against the company? Yes No
- Are there currently any unsatisfied judgments against any of the company's principals? Yes No
- Has the company ever filed for bankruptcy? Yes No
- Have any of the company's principals ever personally filed for bankruptcy or in any way sought protection from creditors? Yes No
- Has the company received any assistance under any COVID-19 relief program (such as the Paycheck Protection Program or Economic Injury Disaster Loans)? If yes, please provide information about the amount and use of funding received below. Yes No

If the answer to any of the questions above is "Yes," please provide additional comments in the space below and on additional pages if necessary.

PART 2. PROJECT INFORMATION

Summary Project Description (use additional pages, if necessary):

Project Costs

Property Acquisition	\$ _____
New Construction	\$ _____
Renovation	\$ _____
Machinery / Equipment	\$ _____
Furnishings / Fixtures	\$ _____
Fees / Soft Costs	\$ _____
Inventory	\$ _____
Working Capital	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Sources of Funds

Bank	\$ _____
Micro Grant	\$ _____
Equity / Cash	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

PART 3. Project Checklist

Please initial your acknowledgement of the following requirements and that you have provided documentation required along with this completed application:

- Business is located in Cattaraugus County and is a for-profit business (Sole Proprietor, LLC or Corporation)
 - Must provide a copy of DBA, Articles of Organization or Articles of Incorporation
- Business has 5 or fewer employees (*including* the owner)
- Applicants Project is *not* being used to reimburse costs that were paid for with funding from any other business assistance or relief program (Paycheck Protection Program, Economic Injury Disaster Loan, etc.)
- Applicant must select a minimum of 6 of the following courses to complete with an SBDC Advisor prior to receiving any funds:
 - Start Up of A Small Business (this course is required for all startup applicants)
 - Accounting for Small Business
 - Human Resources for a Small Business
 - Marketing and Branding Your Small Business (recommended for all applicants)
 - Cost Accounting and Product Pricing for a Small Business
 - Customer Relations (recommended for all applicants)
 - Sustaining Your Business (recommended for all applicants)
 - Website and Ecommerce (this course is required if your application indicates you will be using funds in order to create a website or ecommerce site for your business)
- Completed Business Plan must be submitted with the application
- A copy of the business' most recent tax return must be submitted (established businesses only)

Ownership:

- Owner is low- to moderate- income as defined by HUD. Must provide recent tax return and complete the Family Income Form OR;
- If the owner does not meet low- to moderate- income requirements the applicant must have identified how the business activity they have described in their application will *directly result* in the creation of at least 1 full-time equivalent job for a low- to moderate-income individual. In this event the awardee will be required to show documentation of the job creation prior to any funds being awarded

PART 4. BUSINESS PLAN

Please attach a Business Plan for the Company which should include, at a minimum, the following:

1. **Company Description:** a narrative describing the Company's history, current or planned operations, products and/or services currently sold and/or planned, the Company's management and structure (including resumes for key management and employees), and current and projected employment (including number of employees, job titles, whether full-time or part-time, and skills, education and training required.)
2. **Market Analysis and Strategies:** a narrative describing the Company's market analysis and marketing strategy, including a description of customer demand, information regarding the Company's competitors and the Company's competitive advantages/disadvantages, sales projections, and the Company's plan for marketing its products/services.
3. **Project Description and Budget:** information regarding the budget required for the proposed business start-up or expansion activities including a detailed description of the activities and associated costs, identification of the nature of the cost estimates, and information regarding the amount and status of commitment for each funding source.
4. **Financial Information:** historical financial information (financial statements, tax returns), if available, and financial projections including a profit and loss statement, balance sheet and monthly cash flow statement.

Please include any other material that may serve to document the information provided with this application or that would assist in the consideration of this application.

PART 5. DECLARATIONS

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true. I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the County of Cattaraugus, New York and the Cattaraugus County Economic Sustainability and Growth Corporation and may be a felony under the laws of the State of New York. I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

I (we) further authorize the Cattaraugus County Economic Sustainability and Growth Corporation to order credit reports and/or other information on my (our) personal financial background and on the financial background of the company seeking financial assistance.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving grant monies. This grant request may be withdrawn at any time prior to a formal closing of the grant, subject to the terms and conditions of any written grant commitment offered by the Cattaraugus County Economic Sustainability and Growth Corporation. However, this application is being submitted in good faith as a request for grant funds.

If Applicant is a sole proprietorship or partnership, sign below:

If Applicant is a corporation, L.L.C., or L.L.P., sign below:

Signature Date

Name of Corporation or Company

Printed Name and Title

Authorized Signature Date

Signature Date

Printed Name and Title

Printed Name and Title

Business Owners (Signatures required):

Signature Date

Signature Date

No person in the United States shall, on the ground of race, color, creed, religion or national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project assisted with Community Development Block Grant Funds.

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of New York)
)ss
County of Cattaraugus)

On the _____ day of _____ in the year 20____ before me, the undersigned, a Notary Public in and for said state, personally appeared _____ to me known or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Signature of Notary Public

Grant Applicant:
Office or Capacity of signatory(ies):
Notary Stamp:

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of New York)
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County of Cattaraugus)

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Signature of Notary Public

Grant Applicant:
Office or Capacity of signatory(ies):
Notary Stamp: