



LEWIS COUNTY ECONOMIC DEVELOPMENT

MICROENTERPRISE GRANT FUND

Application for Financial Assistance

Lewis County Economic Development
Center for Business
7840 State Route 26
Lowville, NY 13367

www.naturallylewis.com
brittany@naturallylewis.com

MICROENTERPRISE GRANT APPLICATION

BORROWER INFORMATION

Applicants Legal Business Name: _____

DBA Name (if applicable): _____ Tax ID: _____

Street Address (no PO Box): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Nature of Business: _____ Phone: _____

Email: _____ Website: _____

Date Business Established (mo/yr): _____ Present Ownership Since (mo/yr): _____ # of employees: _____

Business Structure: Proprietorship General Partnership Limited Partnership
 C-Corporation S-Corporation Professional Corporation
 Limited Liability Company Other:

Your primary business location is (check one): **Leased** Mo. Rent Payment: _____ Lease Expiration: _____

Owned Mo. Mort. Payment: _____ Mortgage Balance: _____ Mortgage Holder: _____

GRANT REQUEST

Please fill in the Sources and Uses table provided below (see example for more information). Provide details on total project costs and sources of financing. All costs associated with the project should be supported by third party quotations, purchase offers, appraisals, contractor estimates or similar documentation as appropriate. Where funding from this program is the only source, provide documented evidence of the unavailability of other funding. (Please print clearly and attach additional sheets as necessary)

Microenterprise – Sources and Uses			
Sources		Uses	
Equity*	\$	Inventory Purchases	\$
Grant	\$	Equipment Purchases	\$
Loan _____	\$	Working Capital	\$
Other _____	\$	Other _____	\$
Total Funds	\$	Total Project Cost**	\$

* Cash equity can be no less than 10% of the total project cost

Microenterprise – Sources and Uses (EXAMPLE)			
Sources		Uses	
Equity*	\$4,200	Inventory Purchases	\$ -
Grant	\$35,000	Equipment Purchases	\$36,000
Loan _____	\$2,800	Working Capital	\$6,000
Other _____	\$ -	Other _____	\$ -
Total Funds	\$42,000	Total Project Cost**	\$42,000

** Total project cost must equal total funds
 Attach any available quotes, estimates, specs or other descriptive information to the application

PROPOSED USE OF GRANT FUNDS

Please choose a category and/or describe how you propose to use the grant (select all that apply):

- Purchase of Inventory Purchase of machinery, furniture, fixtures, equipment
- Operating Capital Reimbursement of the cost of the entrepreneurial training program
- Other:

PROJECT EMPLOYMENT PLAN

Job Title	Annual or Hourly Wages	Current # of Positions	Jobs Created (because of ME Funding)

Total New Jobs Created:

Check box if you understand that any new job created because of Microenterprise funding must be full time equivalent and has to either be held by or made available to LMI persons according to the NYS 2018 Income Guidelines.

BUSINESS DEPOSIT ACCOUNTS

Name of Financial Institution	Type of Account	Current Balance	Average Balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$

BUSINESS DEBTS

Name of Creditor	Loan Type (Term, Line, etc)	Limit or Orig. Amount	Current Balance	Monthly Payment	Collateral Pledged

OWNER INFORMATION

Please provide the following information for each owner with 20% or more ownership of the business for each guarantor:

(1) Owner/Guarantor #1

Name: _____ Social Security #: _____ DOB: _____

Home Address (no PO Box): _____

Previous Address (if less than 2 years at current address): _____

Rent your home or Own your home Monthly Payment: _____ Mortgage Balance: _____

Phone: _____ Business Ownership Percentage: _____ Title/Position: _____

Present Employer: _____ How Long: _____ Gross Mo. Salary: _____

Other Income (Pension, SS, etc. Income from alimony, child support or maintenance need not be revealed if you choose not to rely on such income):

Monthly Amount: \$ _____ Source(s): _____

Monthly alimony, child support or maintenance payments you are obligated to make: _____

ASSETS	
Cash on hands in bank	
Stocks/Mutual Funds	
Other Investments	
Real Estate owned	
Cash Value Life Insurance	
Automobiles	
Total Assets:	

LIABILITIES	
Notes Payable	
Installment Loans	
Amounts owed to Relatives/friends	
Credit Card Debt	
Unpaid Taxes & Interest	
Mortgages	
Other Liabilities	
Total Liabilities	

Real Estate Owned

Location	% Ownership	Purchase Price/Year	Market Value	Mortgage Holder	Balance	Mo. Payment

Please consult the table below for income guidelines for this program. Either the business owner needs to meet the income eligibility requirement, or the business must create at least one job to be made available to individuals whose household income falls below the guidelines listed below.

FY 2018 Income Limits - Eligibility Guidelines								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limit	36,050	41,200	46,350	51,450	55,600	59,700	63,800	67,950

Is the majority business owner's household annual income below the income limits outlined? (Y/N) _____

- If yes – complete Schedule A and attach to application
 Include documentation of income as required including:
 a) Tax Return c) Social Security b) Disability d) Other

(2) Owner/Guarantor #2 (if applicable)

Name: _____ Social Security #: _____ DOB: _____

Home Address (no PO Box): _____

Previous Address (if less than 2 years at current address): _____

Rent your home or Own your home Monthly Payment: _____ Mortgage Balance: _____

Phone: _____ Business Ownership Percentage: _____ Title/Position: _____

Present Employer: _____ How Long: _____ Gross Mo. Salary: _____

Other Income (Pension, SS, etc. Income from alimony, child support or maintenance need not be revealed if you choose not to rely on such income):

Monthly Amount: \$ _____ Source(s): _____

Monthly alimony, child support or maintenance payments you are obligated to make:

ASSETS	
Cash on hands in bank	
Stocks/Mutual Funds	
Other Investments	
Real Estate owned	
Cash Value Life Insurance	
Automobiles	
Total Assets:	

LIABILITIES	
Notes Payable	
Installment Loans	
Amounts owed to Relatives/friends	
Credit Card Debt	
Unpaid Taxes & Interest	
Mortgages	
Other Liabilities	
Total Liabilities	

Real Estate Owned

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 a) Tax Return c) Social Security b) Disability d) Other

SCHEDULE A - INCOME VERIFICATION FORM

Name:	
Address:	Phone:

This form (including schedules on Page 2) must be completed by the owner of any business applying for assistance under the Microenterprise Program that is using their income as the basis for eligibility.

Documentation to verify income must be attached.

INCOME SUMMARY	Income from Prior Year	Current Amounts	Projected Income for next 12 months
Salary or Wages, Tips, etc.	\$	\$(/ wk/mo/	\$
Social Security (incl. Medicare)	\$	\$(/ wk / mo	\$
Pensions, Annuities, other Retirement Income	\$	\$(/ wk / mo / yr)	\$
Unemployment Compensation	\$	\$(/ wk / mo	\$
Disability Compensation	\$	\$(/ wk / mo	\$
Child Support or Alimony Income	\$	\$(/ wk / mo / yr)	\$
Armed Forces Income (not including student financial aid)	\$	\$(/ wk / mo / yr)	\$
Welfare Assistance*	\$	\$(/ wk / mo	\$
Other _____	\$	\$(/ wk / mo	\$
Personal Assets	\$	\$(/ wk / mo	\$
Real Estate Income	\$	\$(/ wk / mo	\$
Business Income	\$	\$(/ wk / mo	\$
Totals	\$		\$

CERTIFICATION

I certify that all of the information on this form and the attached documentation are complete and accurate to the best of my knowledge and belief.

Signed: _____ Printed Name: _____ Date: _____

*If the welfare assistance includes an amount specifically designated for shelter and utilities, income is calculated as the welfare allowance *minus* the actual amount for shelter and utilities, *plus* the *maximum* amount that the welfare assistance agency could allow for shelter and utilities.

NOTE: U.S. Law provides a penalty of \$10,000 fine and 5 years imprisonment for false, fraudulent or misleading statements under this program (U.S.C. Title 18, Section 1001).

SCHEDULE B - CERTIFICATION AND AUTHORIZATION TO RELEASE CREDIT INFORMATION

_____, being duly sworn, deposes and says: that (s)he is the president of _____, the Project occupant (the Company) described in the foregoing application; and authorizes the lender to investigate and obtain a report concerning my (our) credit for the purpose of processing and underwriting my (our) grant application.

President, Project Occupant

Applicant's Full Legal Name

Applicant's Street Address

City/State (Province)/Country, Postal Code

Current Place of Employment

Current Employment Address

Previous Employer

Previous Employer Address

Applicant's SS# or SIN#

Applicant's Date of Birth

Spouse's Name

Credit Reporting Agency

SCHEDULE C: BANKRUPTCY, LITIGATION & FELONY HISTORY

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

YES NO

1. Are any of the officers, owners, or management of the business presently under indictment, on parole, or probation? If yes, describe below:

2. Have any of the owners, officers, or management of the business ever been charged with or arrested for any criminal offense other than a minor traffic infraction? If yes, describe below.

3. Have any of the owners, officers, or management of the business ever been convicted of any criminal offense, other than a minor traffic infraction? If yes, describe below.

4. Has the business, its present owners, officers, or management ever been the subject of bankruptcy proceedings? If yes, describe below.

Signature

Date

Printed Name and Title

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Has the business ever declared bankruptcy? Yes No
- Are there any delinquent taxes owed by the business or any owner/guarantor? Yes No
- Does any owner/guarantor have any contingent liabilities? Yes No
- Is any owner/guarantor a partner or officer in any other venture? Yes No
- Has any owner/guarantor ever declared bankruptcy? Yes No
- Is there a pending litigation or unsatisfied judgements for the business or any owner/guarantor? Yes No
- Is any owner/guarantor an endorser, co-maker or guarantor of other debt? Yes No

If any of the questions above were answered "yes," please provide additional information:

Financial Statement Requirements/Additional Documents Needed:

- Most recent, 2 years, business Federal and personal federal income tax returns with W2s and current Pay Stubs for each owner/guarantor.
- Past Year Financial Statements, to include a *Balance Sheet, Income Statement, and Cash Flow Statement*
- Current year-to-date profit & loss if year-end financial information is more than 6 months old

Additional Information, as applicable:

- Invoice, if purchasing equipment
- Copy of Business filing certificate (for new business)
- Business Plan & Project Description (purpose of grant)
- Income & expense/financial projections that will result from this project request (Consult with SBDC if needed)

***Lewis County Economic Development reserves the right to request additional information*

I, the undersigned, attest that to the best of my knowledge and belief, the information contained in the foregoing application is correct and true and that I am aware that the filing of a false instrument in connection with this application constitutes an attempt to defraud Lewis County, and the New York State Division of Housing and Community Renewal and may be a felony under the laws of New York State. I authorize Lewis County to disclose all information submitted in connection with this application and hereby waive all claims against Lewis County with respect to this pre-application and determination of eligibility.

I, the undersigned, give to the Office of Community Renewal (OCR) the unrestricted right to use, for any lawful purpose, any photographs taken of property in this application, which I own and/or for which I have the authority to grant such permission, and to use my name in connection therewith if it so chooses. I release and discharge OCR from any and all claims or causes of action arising from the use of such photographs, including, without limitation, claims for libel or invasion of privacy. I have read this release and understand its contents. This release is binding upon me, my heirs, successors and assigns.

I, the undersigned, attest that I have received a copy of and have read the "Administrative Plan" and "Declaration Form" produced for Lewis County Microenterprise Program ("Program") and that I understand that:

- My proposed project ("Project") **must be approved by the Program Committee before costs are incurred.**
- If awarded Program assistance, I will enter into a contract with the Program based on the agreed scope of activities and that **the contract for assistance can be cancelled** if (a) the work done is inconsistent with the agreed scope of work, (b) I am in violation of the contract and/or do not fulfill program requirements.
- The submission of this application or any other documentation or request to the Program does not entitle me to any assistance and the Program may reject any application that is inconsistent with the Administrative Plan and other requirements of the Program.

Signature _____ Title: _____ Date: _____

Signature _____ Title: _____ Date: _____

For Office Use:

Application Received on this date:
