

<p style="text-align: center;"><b>County of Cattaraugus</b> <b>Microenterprise Assistance Program</b> <b>GRANT APPLICATION</b></p>
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**Complete application package should include:**

- 1. Completed application form, signed and notarized**
- 2. For existing businesses, copies of Federal tax returns for two (2) most recent years**
- 3. For existing businesses, interim financial statements for current year**
- 4. For all applicants, two (2) years of financial projections (income statement and balance sheet)**
- 5. Business Plan, consistent with the requirements of Part 4 of the Application**
- 6. Signed Business Certification form**
- 7. Family Income Forms, completed and signed by all business owners/applicants**

# 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\_\_\_\_\_

DUNS # / Unique Entity ID (UEI): \_\_\_\_\_

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.**

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## PART 2. PROJECT INFORMATION

Summary Project Description: \_\_\_\_\_

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### Project Costs

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

### Sources of Funds

Bank	\$ _____
Micro Grant	\$ _____
Equity / Cash	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total</b>	<b>\$ _____</b>

**PART 3. EMPLOYMENT**

**Current Employment:** Complete the following table for all employment of the business as the date of this application. Do not include temporary employees, subcontracted labor, or positions filled by contracted labor through an agency.

Job Category	# of Full-Time Positions	# of Part-Time Positions	Average Part-Time Hours Per Week
Totals			

**Projected Employment:** Complete the table below for all new employment positions expected to be created within two (2) years of the date of this application, assuming that Cattaraugus County grant funding is made available for the project described in this application. Do not consider projected turnover of employees.

Specific Job Title	# Full-Time	# Part-Time	Average Part-Time Hours Per Week	Salary / Wage (average or range)	Requisite Skills, Education or Experience (indicate if training is provided by the company)
Totals					

(attach additional listing as necessary)

## 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. CONFLICT OF INTEREST

Under certain circumstances, an applicant for State or federal funding may have a "conflict of interest" and may need a waiver to participate in a program. For example, a conflict of interest may be present if the applicant is related to an employee, officer, or elected official of Cattaraugus County. There are other cases where conflicts may also be present. Please answer the questions below to help us make that determination. If a conflict does exist, Cattaraugus County may request a waiver by the NYS OCR on your behalf, if necessary and appropriate. Each corporate officer/partner/LLC Member should complete their own disclosure. Make copies as needed.

1. Are you now, or have you ever been an employee, agent, consultant, an officer, or an elected official of Cattaraugus County or the CCESGC? ☐Yes ☐No
2. Are you related to an employee, an agent, consultant, an officer or an elected official of Cattaraugus County or the CCESGC? ☐Yes ☐No
3. Do you have a business connection to any of the people listed in #1? ☐Yes ☐No

If the answer to any of the questions above is "Yes," please provide additional detail.

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## PART 6. 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 Cattaraugus County, New York and 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 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 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 Date

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.*

**OFFICE USE ONLY:** At least 51% of business ownership has been verified to be low-moderate income. \_\_\_\_\_ (Initials)

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                    )  
                                                  )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:

## CERTIFICATION OF BUSINESS

**Name of Business:** \_\_\_\_\_

The undersigned does/do solemnly affirm that to the best of my/our knowledge, information and belief, all statements in this application, including all schedules, appendices and additional information submitted in connection herewith, are true and accurate.

A. Is the Company, or any of its principal officers, presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? ☐ Yes ☐ No

B. Has the Company, any of its principal officers, or any of its affiliates, ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors? ☐ Yes ☐ No

C. Has the Company, or any of its affiliates, ever settled debt with a lending institution for less than the full amount outstanding? ☐ Yes ☐ No

D. Has a senior manager or principal of the Company ever been convicted of a felony or misdemeanor, other than a minor traffic violation, or are any such charges pending? ☐ Yes ☐ No

E. Has the Company or any of its affiliates, been cited for a violation of federal, state, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution operating practices? ☐ Yes ☐ No

F. Are there any outstanding judgments or liens pending against the Company other than liens in the normal course of business? ☐ Yes ☐ No

G. Is the Company delinquent on any New York State, federal or local tax obligations? ☐ Yes ☐ No

(NOTE: If your answer is "Yes" for any of the above questions, please provide an explanation.)

H. I understand that information and documentation provided in this application, including but not limited to, any descriptive text, all funding sources and use of funds, may be used by the NYS Office of Community Renewal as part of their Public Information Office's outreach and media efforts. Personal and confidential material will not be shared.  
☐ Yes ☐ No

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_  
Chief Executive Officer

**Phone:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Family Income Form****For residents of: Cattaraugus County, NY**

The employment position for which you are applying has been made available with financial assistance provided from Federal Community Development Block Grant funding. As a result, the employer is required to obtain the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**INSTRUCTIONS**

Determine your family size by counting yourself and each family member who **currently** resides with you within the same housing unit and enter the number in the space provided. A family member is a person who is related to you by birth, marriage, or adoption. Next, total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who **currently** resides with you and check the box for the appropriate range.

Family Size _____			
Below	\$18,600	<input type="checkbox"/>	\$49,601 - \$51,350 <input type="checkbox"/>
\$18,600 -	\$21,250	<input type="checkbox"/>	\$51,351 - \$54,150 <input type="checkbox"/>
\$21,251 -	\$26,650	<input type="checkbox"/>	\$54,151 - \$54,900 <input type="checkbox"/>
\$26,651 -	\$31,000	<input type="checkbox"/>	\$54,901 - \$56,650 <input type="checkbox"/>
\$31,001 -	\$32,150	<input type="checkbox"/>	\$56,651 - \$58,450 <input type="checkbox"/>
\$32,151 -	\$35,400	<input type="checkbox"/>	\$58,451 - \$63,750 <input type="checkbox"/>
\$35,401 -	\$37,650	<input type="checkbox"/>	\$63,751 - \$70,800 <input type="checkbox"/>
\$37,651 -	\$39,850	<input type="checkbox"/>	\$70,801 - \$76,500 <input type="checkbox"/>
\$39,851 -	\$43,150	<input type="checkbox"/>	\$76,501 - \$82,150 <input type="checkbox"/>
\$43,151 -	\$44,250	<input type="checkbox"/>	\$82,151 - \$87,800 <input type="checkbox"/>
\$44,251 -	\$47,800	<input type="checkbox"/>	\$87,801 - \$93,500 <input type="checkbox"/>
\$47,801 -	\$48,650	<input type="checkbox"/>	Over \$93,500 <input type="checkbox"/>
\$48,651 -	\$49,600	<input type="checkbox"/>	

  

Check if you are a female head of household	<input type="checkbox"/>
Check if you are a disabled individual	<input type="checkbox"/>
Check if you are at least 65 years old	<input type="checkbox"/>
Check if you are currently unemployed	<input type="checkbox"/>

Ethnic Origin check one (x)
<input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Other (specify: _____)

  

In addition to checking a box above, check the following box if applicable:

☐ Hispanic (Spanish origin)

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the U. S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date