

Greene County Economic Development Corporation

COVID-19 Emergency Loan Fund

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 #: _____

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)

Please Note: Any delinquencies of payments due to the COVID-19 pandemic do not prevent the applicant from receiving a loan.

- 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
- Are any of the company's principals delinquent in any tax or loan obligations? Yes No
- Have any of the company's principals ever personally filed for bankruptcy or in any way sought protection from creditors? 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:

Project Costs

Rent \$ _____

Utilities \$ _____

Payroll \$ _____

Furnishings / Fixtures \$ _____

Fees / Soft Costs \$ _____

Inventory \$ _____

Working Capital \$ _____

_____ \$ _____

_____ \$ _____

Total \$ _____

Sources of Funds

GCEDC Total \$ _____

Instructions: Complete *either* Table 1A or Table 1B. Table 1A should be completed by businesses that have reduced any amount of employment hours as a result of Covid-19. Table 1B should be completed by businesses that have not reduced any employment to date due to Covid-19, but which may be forced to do so if financial assistance is not received.

The EDC has established a ratio of one full-time equivalent job retained for every \$10,000 loan in the COVID-19 Emergency Loan Program.

The National Objective of retaining employment taken by or made available to low-moderate income persons must be met in order to be eligible for the COVID-19 Emergency Loan Program.

Low-Moderate Income Business Owner: If the owner of a microenterprise business (five or fewer employees) is low-moderate income and therefore requesting eligibility under that category, please write Owner and LMI-eligible in the Projected Employment category. The most recent personal tax return will be required to be submitted as evidence of that status. Business owners with more than five employees are not eligible for this provision.

TABLE 1A. Restored Positions. Complete the following table for all positions that were laid off, or had hours reduced, due to closing or reduced operations as a result of Covid-19. Identify which positions are likely to be restored and which employees are likely to be retained when business operations are resumed. Leave column 2 blank for any positions that will be restored, but the former employee is not expected to return. NOTE: *Do not include temporary employees, subcontracted labor, or positions filled by contracted labor through an agency.*

Title of Position to be Restored	Employee to be Restored (if known)	Hours Per Week			Requisite Skills, Education or Experience (only for positions with employee unknown)
		Prior to COVID	Current	Projected after COVID	
(example) Receptionist	Greg Merriam	40	20	40	
(example) Sales Associate		40	0	40	HS degree; some sales exp. preferred

(attach additional listing as necessary)

TABLE 1B. Retained Positions. Complete the following table if the applicant business has continued to operate and has not reduced employment, but requires loan assistance to continue to operate and maintain full employment due to Covid-19. Identify any positions that would likely be subject to full or partial layoff without the assistance. NOTE: *Do not include temporary employees, subcontracted labor, or positions filled by contracted labor through an agency.*

Title of Position to be Retained	Employee to be Retained	Full-Time / Part-Time	Avg. PT Hours per week

(attach additional listing as necessary)

PART 3. REQUIRED EXHIBITS

Exhibit A - Company Background

- A brief narrative describing the company's history, current operations, products, markets, management, etc.;
- A description of the company's current operating facilities - both owned and leased.
- A listing of the names, addresses, social security numbers, driver's license ID numbers, and percentage of ownership for all principals having a 20% or more ownership interest in the company.

Exhibit B - Project Information

- Description of the proposed project and the company's need to undertake it;
- Source of all project costs shown in Part 2 of this application (vendor quotes, negotiated sales prices, engineer's or contractor's estimates, catalog prices, etc.);
- DUNS number reporting form.

Exhibit C - Financial Information

Your business must be located in Greene County, must provide evidence of loss in revenue or cash flow within the last 60 days, and must be currently operating, even if only remotely.

Note - Financial statements must be in a form acceptable to the lender. The applicant may wish to verify the acceptability of its statements prior to preparation.

- Financial statements of the company for the past completed fiscal year;
- Federal income tax returns of the company for the past year;
- Signed personal financial statements (either on SBA Form 413, a standard bank form, or in a comparable format) for each principal owning at least 20% of the company;

PART 4. 2020 Family Income Statement

This business has received Federal assistance through Greene County and its Economic Development Corporation from the Community Development Block Grant (CDBG) program for a job-retaining economic development project. A condition of this assistance is that Federal regulations require that the business provide certain information from people potentially interested in this program regarding their family income status. Please provide the information requested below using a separate form for each retained employee. **Your responses will be kept entirely confidential.**

Applicant Name _____ Interview Date _____

Please check the appropriate number of persons in your family (family is defined as all persons living in the same household who are related by birth, marriage, or adoption). Then **check the one income range on your Household Population's line** that most closely matches the total of the annualized income(s) of your family prior to today's date. **This form is geared to the 2020 HUD Low-Income Limits for Greene County**

Household Population	Income Range		
	Below	Between	Above
1 Person	\$15,550	\$25,850	\$41,350
2 Persons	\$17,750	\$29,550	\$47,250
3 Persons	\$21,720	\$33,250	\$53,150
4 Persons	\$26,200	\$36,900	\$59,050
5 Persons	\$30,680	\$39,900	\$63,800
6 Persons	\$35,160	\$42,850	\$68,500
7 Persons	\$39,640	\$45,800	\$73,250
8 Persons	\$44,120	\$48,750	\$77,950

In order to assure that non-discrimination requirements of this federal program are met, you are requested to complete the following statement: "I consider myself to be one of the following" (check appropriate category):

White Black/African American Asian American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and White
Asian and White Black/African American and White
American Indian, Alaskan Native and Black/African American Other _____ (describe)

Also check the following if applicable:

You are Hispanic (Spanish Origin)?

Your household is female-headed?

You are a handicapped individual?

You are 62 or over?

Were you previously unemployed?

Does this position offer health care benefits?

The information provided above is true to the best of my knowledge.

Applicant's Signature _____ Date _____

EMPLOYER CERTIFICATION

The above person was hired Hire Date _____ Full Time Part Time (check one)

The information provided above is true to the best of my knowledge. I understand that this form will not be accepted as proper documentation of job creation unless it is complete, including signatures of both the applicant and the employer.

Signed _____ Title _____ Date _____

This is an equal opportunity program. Federal law prohibits discrimination on the basis of race, color, national origin, sex, age, disability, political beliefs, sexual orientation or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington, DC 20250-9410 or call 202-720-5964 (voice and TDD).

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of New York)
)ss
County of _____)

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

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

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of New York)
)ss
County of _____)

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

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

Checklist for COVID-19 Emergency Loan Fund Application

The following items are required to be submitted as part of the Application Package so it may be reviewed and processed as soon as possible.

- 1) Completed Loan Application.
- 2) Required Exhibits Materials.
 - a) Description of project and need to undertake it.
 - b) Source of project costs (vendor quotes or other appropriate documentation).
 - c) Personal financial statements and authorization for the owner or owners of 20 percent or more of the business.
 - d) Documentation of loss since the pandemic began.
 - e) Federal personal and business tax return for the most recent year available.
 - f) Financial statements for the most recent full year available, along with any updated information that is available.
- 3) Completion of the 2020 Family Income Statement for each employee that is to be restored or retained to employment as part of the Emergency Loan Project.
- 4) Completion of the Personal Financial Statement form (SBA Form 413)
- 5) Completion of the DUNS Number Submission Form.