

County of Greene 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: _____

Check this box if you are a certified Minority/Women Business Enterprise (MWBE)

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the company delinquent in the payment of any income tax obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the company delinquent in the payment of any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the company currently in default on any of its loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there currently any unsatisfied judgments against the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there currently any unsatisfied judgments against any of the company's principals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the company ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the company's principals ever personally filed for bankruptcy or in any way sought protection from creditors?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Machinery Equipment	\$ _____
Furnishings / Fixtures	\$ _____
Fees / Soft Costs	\$ _____
Inventory	\$ _____
Working Capital	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

Sources of Funds

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

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 though 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 Greene 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. 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 Greene County, New York and Greene County Economic Development 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 Greene County Economic Development 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 Greene County Economic Development 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:

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.

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of New York)
)ss
County of Greene)

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 Greene)

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:

**County of Greene
Microenterprise Assistance Program
Required Exhibits Checklist**

Exhibit 1: Company Background -

- A)** A brief narrative describing the company's history, current or planned operations, products and/or services currently sold and/or planned; and
- B)** Company's management and structure including resumes for key management and employees with 20% or more ownership in the company; and
- C)** Current and projected employment (including number of employees, job titles, whether full-time or part-time, and skills, education and training required)

Exhibit 2: Project Information -

- D)** Narrative regarding the associated project's budget for the proposed startup/expansionary activities including detailed description of activities
- E)** Documented cost estimates for all project expenses, including items that are not anticipated to be reimbursed with MULTI Grant funds
- F)** Detailed description of costs associated with the proposed activities and the nature of their origins displayed in budget format outlining the uses of all funding sources, including MULTI Grant proceeds (expense tracking spreadsheet available online)
- G)** Details regarding other project financing sources including their respective commitment statuses

Exhibit 3: Market Analysis and Strategies -

- H)** Narrative describing Company's market analysis and marketing strategy including a description of customer demand
- I)** Analysis of company's competitors and Company's competitive advantages/disadvantages
- J)** Overall Company plan for marketing its products/services

Exhibit 4: Financial Information -

- K)** Historic Financial Information (if applicable)
 - a. 3 years balance sheet, income statement, and company federal tax returns
 - b. 1 year monthly cash flows
- L)** Projected Financial Information
 - a. 3 years projected annual balance sheet and income statement including expected projected sales of proposed startup/expansionary activities
- M)** Additional Financial Information
 - a. Signed personal financial statements for each principal owning at least 20% of the company including Schedule of collateral on SBA Form 4, Schedule A
 - b. Individual tax returns for each principal for the past 3 years

Exhibit 5: Additional Information -

- N)** Completed Credit Check Authorization Form
- O)** DUNS/UEI number reporting form
- P)** Documentation of other required financing including bank and other public lending agency commitment letters, bond inducements, and evidence of availability and commitment of cash equity requirements
- Q)** Any other information that may serve to document the information provided with this application or that would assist in the consideration of this application