

Schoharie County
2018 - 2019 Microenterprise Grant Program
Project Application

This application must be submitted to:
Schoharie County Rural Preservation Corporation
Attn: Sarah Nickle, Administrator
349 Mineral Springs Road
Cobleskill, NY 12043

Questions regarding this application should be directed to:
Sarah Nickle at (518) 234-7604 or snsrpc@nycap.rr.com

Please complete the following application and submit with the additional information requested.
Applications that are missing required documentation cannot be considered.

An invitation to submit a full application should not be construed as an acceptance or approval
of the project.

Schoharie County Microenterprise Grant Program
2018-2019 Project Application

I. Personal Information: (Corporations, LLC, Partnerships or Businesses with more than one (1) owner should attach a separate sheet with the name and title of all Officers, Members, Partners, or Owners)

Name: _____

EIN# _____

Mailing Address: _____

Email Address: _____

Business Name: _____

Property Address: _____

Business Phone #: _____ Cell Phone : _____

DUNS #: _____

Check all that apply. I am/propose:

_____ A new business locating on/in a Main Street, Central Business District, or Hamlet

_____ An existing business expanding on/in a Main Street, Central Business District, or Hamlet

_____ A business owned by active military personnel or veteran (provide documentation)

_____ An essential service currently lacking in the neighborhood (explain) _____

_____ An agri-business creation or expansion

II. Low-to-Moderate Income Qualifying Criteria: *Please check one and complete appropriate chart below.*

_____ Applicant/Business Owner is low-to-moderate income.

_____ Project will result in creation of new low-to-moderate income jobs. Specify number of new, full-time jobs: _____.

III. Jobs Information: New or Existing Businesses

_____ **Existing Business:** Check if the project involves an existing business and list only those jobs *currently* at the business. Indicate the number of full-time jobs by position below (full-time jobs are 37.5 hours or more). Indicate the number of part-time jobs by position below and the number of hours worked for each part-time position entered. NOTE: Program Administrator will determine total number of full-time equivalents, which must be five (5) or less to qualify for Microenterprise assistance.

Summary of existing jobs:

Position	# Full-Time Jobs	# Part-Time Jobs	Total Part-Time Hours Worked	

For Office Use Only: Total FTEs: _____

_____ **New Business and/or New Jobs:** Check if project involves the creation of a new business OR if an existing business is going to create new jobs. Indicate the number of full-time jobs to be created by position below (full-time jobs are 37.5 hours or more). Indicate the number of part-time jobs to be created by position below and the number of hours to be worked for each part-time job to be created.

Summary of new jobs to be created:

Position	# Full-Time Jobs	# Part-Time Jobs	Total Part-Time Hours Worked	

For Office Use Only: Total FTEs: _____

IV. Project Costs

Total cost of project: \$ _____
(Total project cost must be documented by vendor quotes)

Amount of project cost requested from County (limited to 90% of total project cost: maximum of \$25,000 per project for LMI Employee projects and a maximum of \$15,000.00 for LMI Owner projects:

\$ _____

Amount of project cost provided by Owner (must be a minimum of 10% of total project):

\$ _____

Indicate in what form and from where the Owner's contribution will be provided. Applicant must provide documentation of contribution availability.

Form of Contribution: _____

Source of Contribution: _____

V. Project Narrative

Provide a description of the proposed Microenterprise Project. Please be concise but, include enough information to educate reviewers about your project. Include a line-by-line budget with each component listed and indicate whether County funds or other funds will be used for each component/item. The cost of each component/item must be backed up with a vendor's quote.

VI. Training

Please indicate whether you have previously completed an entrepreneurial or small business training or are currently enrolled in an entrepreneurial or small business training.

I completed an entrepreneurial or small business training. The training was provided by _____ and completed on _____.
(attach certification)

NOTE: This training may meet the training requirements if completed less than thirty-six (36) months from the date of application submission.

I am currently enrolled in an entrepreneurial or small business training at _____, which will be completed on or about _____.

F. Will the proposed project provide a sharp contrast to current surrounding land use patterns?

Yes

No

If yes, please explain: _____

G. Will there be an effect on existing transportation systems?

Yes

No

If yes, please explain: _____

H. Will the proposed project result in the generation of traffic significantly above present levels?

Yes

No

If yes, please explain: _____

I. Will the proposed project involve planning or zoning decision?

Yes

No

If yes, please explain: _____

J. Will police, fire, emergency medical services, schools, etc. be significantly affected by this project?

Yes

No

If yes, please explain: _____

K. Will energy consumption be greatly increased by this project?

Yes

No

If yes, please explain: _____

L. Will the project generate a significant amount of solid waste?

Yes

No

If yes, please explain: _____

M. Will special permits be required for solid waste disposal?

Yes

No

If yes, please explain: _____

N. Does your project involve any renovations to historic buildings?

Yes

No

If yes, please explain: _____

O. Does your project involve any construction to open and operate?

Yes

No

If yes, please explain: _____

VIII. Conflict of Interest Disclosure - NOTE: Copy and provide one (1) for each Officer, Member, Partner, or Owner.

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 maybe present if the applicant is related to an employee, officer, or elected official of the County of Schoharie or a municipality within the County. There are other cases where a conflict of interest may also be present. Please answer the questions below to help us make that determination. If a conflict does exist, the SCIDA and SCOCDS will request a waiver on your behalf, if necessary and appropriate. Waivers are reviewed and granted by the NYS OCR.

Disclosure

Please place an “X” in the appropriate line for all questions listed below so that we may make a determination of whether any conflicts maybe applicable to your Project. Answer for all Applicants, if there is more than one (1) Applicant.

1. Are you, or have you ever been an employee, agent consultant, and officer or an elected official of the County? Yes _____ No _____

2. Are you related to an employee, an agent or an elected or appointed official of the County, or a Consultant working for the County (i.e.: are you related to the Supervisor, Mayor, Clerk, Member of any County/Municipal Board, and employee of the department of Public Works, etc.)? Yes _____ No _____

3. Do you have a business connection to any of the people listed in # 1? Yes ___ No _____

If you answered yes to any of the above questions, please note the relationship below with details:

IX. Certifications/Authorizations/Signature(s)

By signing below, I/We certify that all information which has been or will be furnished in support of this application, is given for the purpose of obtaining funds under the Schoharie County Microenterprise Grant Program. I/We further certify that all information submitted has been examined and approved by me/us and is true, correct, and complete. I/We understand that this information will be used to assess my/our proposed Project and that additional information may be needed in order to rate and rank the Project in accordance with funding criteria. I/We agree to abide by all requirements set forth or to be set forth in connection with said Program.

In addition, I/We understand that falsification of any item contained herein or fraudulent misrepresentation of My/Our business and its processes could result in criminal or civil penalties applicable under or pursuant to local, state, and federal laws. Further, I/We agree that verification of any information contained herein, or to be provide in support of this grant request, may be obtained by whatever means the County or its agent determines if appropriate, and a formal credit check maybe undertaken by any source deemed appropriate by the County. (All Corporate Officers, LLC Members, Partners or Business Owners must sign and date below).

Last, I understand that although my business may meet the technical definition of a Microenterprise, the State may, in its opinion, not agree that my business or the Project meets the intent of its Microenterprise Program and can direct the County to exclude the Project or business from participation. I certify that I and/or my business will not pursue any legal recourse as a result.

Signature:

Date:

Signature:

Date:

Signature:

Date:

Signature:

Date:

(Continue to Attachment Six)

Attachment Six
Submission Requirements

A. The following information is required ONLY for those Applicants/Business Owners that qualify for Microenterprise funds as a member of a low-to-moderate income family. Family in this context, is defined as all persons that reside in the same household that are related by birth, marriage, or adoption.

1. Complete federal income tax returns for the past two (2) years (business and personal). If you have been self-employed or held income property make sure the returns include Schedule C and E.
2. Documentation of current wages for all employed family members of the Applicant's family, such as most recent pay stubs (including Applicant if paid as an employee of the business).
3. Documentation of any other form of income such as Social Security, SSI, SSD, pension, rental properties, interest earned on any assets, etc.
4. Copies of birth certificates of all family members of Applicant's family.
5. Personal bank statements (both checking and savings) for the last two (2) months.

B. The following information is required from ALL applicants including those qualifying as a low-to-moderate income owner (in addition to the information requested above):

7. Documentation of source of all other funds required to complete the project if total project exceeds \$25,000 maximum.
8. Documentation of source of owner's 10% cash equity in project.
9. Cash flow projections (income and expenses) for three (3) years; year one should be provided on monthly basis; years two and three can be by year.
10. Vendor and/or contract quotes for all components of the Project.

11. Proof of site control for project (i.e. deed, long-term lease, executed purchase option, etc.).
12. List of all properties owned by the Applicant/Business in Schoharie County.
13. For existing businesses; copy of last two quarters NYS-45 (Quarterly Combined Withholding Wage Reporting and Unemployment Return) or NYS -45-ATT (Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return-Attachment); these forms are needed to document that you are qualified as a Microenterprise (5 or fewer employees including the owner(s)).
14. Resumes of Applicant/Business Owner(s)/Partners/Corporate Officer/LLC Members; resumes should include, at a minimum, education and employment histories.
15. Current financial statements of Applicant's Business (within last two (2) months) to include: balance sheets, income and expense statements.
16. Complete copies of the last two (2) federal income tax returns filed. Both personal and business tax statements are required, if appropriate. Partnerships also shall provide personal income tax statements for all Partners and Corporations shall provide personal income tax returns from all Corporate Officers.
17. For a business to be eligible, the owner(s) cannot have total liquid assets greater than \$150,000. Liquid assets are defined as any asset that can be converted to cash and would be able to be used for project purposes. Assets that are not counted are primary residence, pension assets (401K, IRA's, Life Insurance). Applicants will have to provide documentation of assets, including cash, savings and checking accounts, stocks, bonds, other real estate in addition to the personal residence, and other assets. Fill out and include Asset Disclosure Form.
18. List of credit references to include banks and suppliers. The Applicant should note that credit references will be verified. A full credit report maybe requested from an appropriate source.
19. Business Plan that includes detailed information about the project and all other information typically included in a business plan such as budget, market, competition, etc.

