

Niagara County Microenterprise Assistance Program Application Form



Any questions, please contact:

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BACKGROUND

The Niagara County Microenterprise program provides resources to support and foster the development of microbusinesses by providing grants in conjunction with capacity building and entrepreneurial assistance. Awards to individual businesses will range up to \$25,000.

ELIGIBLE APPLICANTS

Applicants must be a private for-profit business entity; corporation, partnership, or sole proprietorship that is legal, licensed and operating.

Applicants must be new or expanding businesses with five or fewer employees at the time of application including the owner(s).

PROGRAM RULES AND GUIDELINES

Grant recipients must locate or intend to locate their business within Niagara County. Proof of Niagara County location must be provided. *Please Note: The Cities of Niagara Falls, Lockport, and North Tonawanda are not eligible as they have programs to assist microenterprise businesses.*

Grant recipient's business must remain in existence through the term of the grant agreement and remain in Niagara County or the recipient may be required to repay the full award amount.

Grant recipients must contribute at least 10%, in cash equity, of the cost of the project; Microenterprise Grant Program funds may not exceed 90% of the total project cost.

Grant recipients must create one (1) full time equivalent (FTE) new job, taken by or made available to persons from low-to-moderate income (LMI) families OR be owned by a person defined as LMI.

New jobs must start within the 14-month grant period. Businesses must report back to the NCIDA on the number of jobs created and if more than one (1) FTE is created, 51% of jobs must benefit LMI persons.

ELIGIBLE USES OF FUNDS

Grant funds must be used within the 14 month grant period, which begins on the executed contract date between New York State and Niagara County.

Grant funds must be used by the recipient for:

- Inventory
- Purchase of machinery, equipment, furniture and fixtures
- Working capital

Grant funds shall not be used to purchase real estate, to repay existing debt, or to undertake building façade or interior renovations (no construction work).

SBDC ENTREPRENEURIAL TRAINING PROGRAM *[Grant Requirement]*

All grant recipients are required to complete an Entrepreneurial Training Program and receive a Certificate of Completion.

The County has partnered with the Small Business Development Center to provide a training program that is free of charge. To get started go to [SBDC Online Training-SUNY Niagara](#)

Some topics to be covered in the training include; legal issues, taxes, recordkeeping, accounting, financing, marketing and advertising, and employee issues.

APPLICATION PROCESS

Completed applications must be submitted to:

Niagara County Industrial Development Agency
Attn: Susan Barone
6311 Inducon Corporate Drive, Suite 1
Sanborn, NY 14132-9099

NCIDA Staff will review all applications to determine eligibility and completeness. Applications that are not complete with all required information and additional documents submitted will not be considered by the MAP Grant Committee.

Following NCIDA review, applications will be forwarded to the Microenterprise Assistance Program Grant Committee for review and recommendations.

All applicants will be notified in writing as to the status of their submission.

APPLICATION REVIEW CRITERIA

All applications will be reviewed and preference will be given to those that:

- Are owned or proposed to be owned by individuals who are low-to moderate income persons (LMI).
- Show a commitment to utilize services and/or equipment from other businesses located within Niagara County.
- Show a commitment of funds for required equity.
- Demonstrate the reasonableness of project costs.
- Create high quality, well-paying jobs.
- Have not previously received Microenterprise grant funds

GRANT AGREEMENT

A formal agreement between the business and the County will be executed. This agreement will constitute the means by which the County enforces compliance with program requirements. The program will include regular periodic monitoring of each business to ensure that it is making good faith efforts to achieve employment goals and other program objectives.

DISBURSEMENT OF FUNDS

Grant funds will be disbursed based upon documented incurred costs. The type of documentation required will vary based upon expense but a proof that costs have been incurred by the business will be required prior to reimbursement.

Examples of documentation accepted include but are not limited to:

- Store Receipts
- Purchase Orders / Invoices
- Credit Card Statements

Reimbursement will not occur until the owner has:

- Approval to receive CDBG Microenterprise grant funds and signed Grant Agreement,
- Completed the Entrepreneurial Training course, and
- Submitted eligible receipts for reimbursement and 10% equity

Also note:

- Costs are not eligible for reimbursement until after Board approval and the date of the signed Grant Agreement.
- The business must also show eligible receipts for the required 10% equity and show proof of LMI hiring or ownership to receive all grant funds.

APPLICATION

Applicant and Owner Information

Date:	
Applicant Information	
Name of Business:	
Name of Principal Contact:	
Social Security Number:	
Full Mailing Address:	
Email:	
Phone:	

Owner Information	
Name of Owner:	
Percent Ownership:	
Name of Owner:	
Percent of Ownership	

Business Information

Business Information	
Business Address: (Physical Location or current/anticipated)	
Federal Employer ID #:	
Business Type:	LLC S Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> DBA Other:
Type of Business:	Start up (Open less than 6 months) Expansion
If Expansion, How Many Years in Business?	
Number of Employees: including owner(s)	
Type of Project: (Check all that apply)	Fixtures Inventory Working Capital Equipment Machinery Other:
UEID Number: *REQUIRED	

[Click HERE](#) to obtain a UEID number for your business.

What is the number of individuals in your household? _____			
Family size (Check)	Corresponding Income	My Family Income (Check A for Above or B for Below)	Ethnic Origin
1	\$54,250	A B	<p>Check one (✓)</p> <p>_____ White</p> <p>_____ Black/African American</p> <p>_____ Asian</p> <p>_____ American Indian/Alaskan Native</p> <p>_____ Native Hawaiian/Other Pacific Islander</p> <p>_____ American Indian/Alaskan Native & White</p> <p>_____ Asian and White</p> <p>_____ Black/African American & White</p> <p>_____ American Indian/Alaskan Native & Black</p> <p>_____ Other (specify: _____)</p> <p>Also check the following box if applicable:</p> <p>_____ Hispanic (Spanish origin)</p>
2	\$62,000	A B	
3	\$69,750	A B	
4	\$77,500	A B	
5	\$83,700	A B	
6	\$89,900	A B	
7	\$96,100	A B	
8	\$102,300	A B	
Check, if applicable			
	Check if you are a female head of household		
	Check if you are a handicapped individual		
	Check if you are at least 65 years old		
	Check if you are currently unemployed		

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.

Fund Request and Source of Funds

Fund Request	
Estimated Project Costs:	
Grant Request:	
Do you have quotes/estimates for project costs	If Yes, please attach. If No, when will those be available?
Anticipated Completion/Business Opening:	

Source of Funds				
Please complete the following chart based on the estimated project costs and identified sources of funds.				
<i>Use of Funds</i>	<i>Estimated Project Total</i>	<i>Owner Equity</i>	<i>Other Sources</i>	<i>Grant Request</i>
Working Capital				
Fixtures				
Equipment				
Machinery				
Inventory				

IMPORTANT: See the Checklist below on Page 9 for additional documents required to complete the Application. Your application will not be considered for review if not complete along with these additional documents.

I have read this Application, I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents are true, accurate and complete.

Signature _____ Date: _____

Credit Check Authorization

I hereby authorize you to investigate my credit worthiness by obtaining a credit report through a credit reporting agency as part of the grant review process.

Signature _____ Date: _____

APPLICATION CHECKLIST

Documents to be included with the Application.

<i>For All Applicants:</i>	
	Completed and Signed Application
	Signed Authorization to obtain a credit report.
	Documentation to support use of funds and amount requested (quotes, cost estimates etc.)
	Copy of Certificate of Incorporation, DBA Certificate, Partnership filing, or signed letter of joint venture agreement
	Cash flow projections for 3 years
	Profit and Loss projections for 3 years
	Signed copy of most recent federal tax return for owner(s) (personal)
<i>For existing, expanding businesses only</i>	
	Profit and Loss Statements
	Balance Sheets
	Signed copies of federal tax returns for past 3 years (business)
<i>For new businesses only</i>	
	Business plan: Business history and description, marketing plan, resume/biography for owner(s)