

COVID Relief for Small Business Grant Fund Application Form



BACKGROUND

The Niagara County COVID Relief for Small Business Grant funds will provide resources to support small businesses that have been negatively impacted by the COVID-19 pandemic to assist in the revitalization of the community. Awards to individual businesses will range up to \$50,000.

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 existing businesses with 25 or fewer employees.

Applicants must be able to explain the negative affect of the COVID-19 pandemic on their business and if applicable, exhibit at least 20% loss in revenue between 2019 and 2020.

PROGRAM RULES AND GUIDELINES

Grant recipients must be located within Niagara County.

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 create or retain 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 a 12-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 toward activities that prevent, prepare for, and/or respond to the COVID-19 pandemic. These costs must be reasonable, clearly identified, and committed to those activities.

Grant funds can be used by the recipient for the following items based on your response to your recovery from the COVID-19 pandemic:

- 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 (construction work).

Grant funds must be used within the grant period, which begins on the executed contract date between New York State and Niagara County and ends on September 8, 2022.

APPLICATION PROCESS

Completed applications must be submitted to:

Niagara County Industrial Development Agency
6311 Inducon Corporate Drive, Suite 1
Sanborn, NY, USA 14132-9099

NCIDA Staff will review all applications to determine eligibility and completeness.

Following NCIDA review, applications will be forwarded to a committee for review and recommendations.

All applicants will be notified 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).
- Maximize “leverage” by taking advantage of other grant and loan programs.
- 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.

GRANT AGREEMENT

A formal agreement between the business and the Niagara County Development Corporation 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
- Credit Card Statements

APPLICATION

Applicant and Owner Information

Date:	
Applicant Information	
Name of Business:	
Name of Principal Contact:	
Federal ID #:	
Mailing Address:	
Email:	
Phone:	

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

Business Information

Business Information	
Business Address:	
Business Type:	LLC S Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> DBA Other:
Date Business Established:	
Total Number of Employees including Owner(s):	
Type of Project: (Check all that apply)	Fixtures Inventory Working Capital Equipment Machinery Other:
DUNS Number:	

Family size	What is the number of individuals in your household? _____		
(Check)	Corresponding Income	My Family Income (Check A for Above or B for Below)	Ethnic Origin
1	\$44,200	A B	Check one (✓) <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 & White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black <input type="checkbox"/> Other (specify: _____)
2	\$50,500	A B	
3	\$56,800	A B	
4	\$63,100	A B	
5	\$68,150	A B	
6	\$73,200	A B	
7	\$78,250	A B	
8	\$83,300	A B	
(Check)			Also check the following box if applicable: <input type="checkbox"/> Hispanic (Spanish origin)
	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.

Project Description and COVID Connection

Project Description

Please provide a brief scope of work for the business.

COVID Connection

Please explain how the proposed business activities and the intended use of funds will prepare, prevent, and/or respond to COVID-19. (Attach additional sheets if necessary)

COVID Effect on Business

Please explain how the COVID-19 pandemic negatively effected your business.

Job Creation Information

Job Classification	Job Title	Skills Required	Full-Time Jobs		Part-Time Jobs	
			Total #	Total # LMI	Total #	Total # LMI
Average Number of Hours Worked per Week for Part-Time Jobs:						
Normal Hours of Operation:						

Job Retention (if applicable, payroll report will be required)

Did your revenue decrease 20% or more from 2019 to 2020? If so, _____%

Full-Time Jobs		Part-Time Jobs		Average Number of Hours Worked per Week for Part-Time jobs:
Total #	Total # LMI	Total #	Total # LMI	
				Normal Hours of Operation:

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:	

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				

Additional Business Assistance

Are you receiving any additional or similar assistance? (SBA Grants/Loans including PPP and EIDL, Private Insurance claim, other government assistance, etc.) If yes, include amount and date.

Application Affirmation

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 (if applicable)</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.)
	Business Federal Income Tax Returns for 2019 & 2020
	Cash flow projections for 2 years
	Profit and Loss projections including debt schedule for 2 years
	Profit and Loss Statements for 2 years
	Balance Sheets for 2 years