

BATAVIA DEVELOPMENT CORPORATION

Microenterprise Assistance Program Information and Grant Application Form

The City of Batavia, through the Batavia Development Corporation (“BDC”), is sponsoring a Microenterprise Assistance Program (MAP) which will provide grants to eligible businesses located within the city. The MAP is intended to assist in the creation and expansion of small businesses and the creation of employment opportunities for low-or-moderate income individuals within the city of Batavia.

The following is important program information that potential applicants should be aware of prior to applying.

- Grants awards will be in a minimum amount of \$5,000 and up to a maximum amount of \$35,000.
- Grants can be used to fund machinery, equipment, furnishings, fixtures, and inventory and for operating costs and other working capital expenses.
- Grants MAY NOT be used for construction, renovations, leasehold improvements, or demolition.
- A ten percent (10%) equity contribution by the business is required.
- Eligible applicants must have **five or fewer** employees, one or more of whom own the business.
- The business can be a sole proprietorship, partnership, corporation, limited liability company or other legal form of business.
- Nonprofit organizations are NOT eligible to participate.
- The business must either be owned by a low-or-moderate income person OR must, as a result of the grant, create one or more full-time equivalent job that is made available to low-or-moderate income persons. Businesses that are required to create a full-equivalent job must provide appropriate documentation of job creation prior to receiving any grant proceeds.
- The business activity to be assisted must be located in the city of Batavia.
- Before receiving grant funding, the business owner must complete an entrepreneurship training course provided through the Brockport SBDC or Niagara SBDC. Training course information can be obtained from BDC.
- Grant applicants must submit an acceptable business plan, including appropriate financial information (historical statements, if available, and financial projections for the business).
- Grant recipients will be required to provide quarterly financial statements to the BDC and will be required to meet with the BDC staff six (6) months after the grant closing and twelve (12) months after the grant closing to review the status of business’s operations and finances.
- The objective of the MAP is to support the creation and expansion of viable businesses that contribute to the economic vitality of our community. To further that goal, the business will be required to continue business operations within the city of Batavia for a minimum period of twelve (12) months from the grant closing. Businesses that fail to do so will be required to repay their grants.
- Grant recipients will be responsible for paying BDC’s costs associated with closing the grant, including BDC’s attorney’s fees and filing fees. These costs may not be paid or reimbursed from the grant.

BATAVIA DEVELOPMENT CORPORATION

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_____

Unique Entity ID: _____

Telephone: () _____ Cell: () _____ E-Mail: _____

Nature of Business: _____

Number of Employees (including owners): _____

Company Attorney: _____ Accountant: _____

Firm Name: _____ Firm Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Ownership (Shareholders / Partners)	%		

(attach additional listing as necessary)

- 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
- Have any of the company's principals ever personally filed for bankruptcy or in any way sought protection from creditors? Yes 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. 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.

Have the owner(s) of the business completed the required entrepreneurial training course within the past 24 months? _____

If Yes, date completed: _____

PART 2. PROJECT INFORMATION

Summary Project Description: _____

Project Costs

Machinery / Equipment	\$ _____
Furnishings / Fixtures	\$ _____
Fees / Soft Costs	\$ _____
Inventory	\$ _____
Working Capital	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
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 through 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 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. BUSINESS PLAN

Please attach a Business Plan for the Company which should include, at a minimum, the following:

1. **Company Description:** a narrative describing the Company's history, current or planned operations, products and/or services currently sold and/or planned, the Company's management and structure (including resumes for key management and employees), and current and projected employment (including number of employees, job titles, whether full-time or part-time, and skills, education and training required.)
2. **Market Analysis and Strategies:** a narrative describing the Company's market analysis and marketing strategy, including a description of customer demand, information regarding the Company's competitors and the Company's competitive advantages/disadvantages, sales projections, and the Company's plan for marketing its products/services.
3. **Project Description and Budget:** information regarding the budget required for the proposed business start-up or expansion activities including a detailed description of the activities and associated costs, identification of the nature of the cost estimates, and information regarding the amount and status of commitment for each funding source.
4. **Financial Information:** most recent personal federal income tax return for all members owning at least 20% of the business, completed personal financial statement for all members owning at least 20% of the business, business historical financial information (financial statements, tax returns), if available, and financial projections including a profit and loss statement, balance sheet and monthly cash flow statement.
5. **Evidence of Site Control:** current deed, lease, or purchase agreement for the project property.
6. **For Existing Businesses Only:** copy of last two quarters NYS-45 (Quarterly Combined Withholding, Wage Reporting, And Unemployment Return) and 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)].
7. **Required Forms:** complete and return with the application the attached Business Certification form and Family Income Form for all owners of the business.

Please include any other material that may serve to document the information provided with this application or that would assist in the consideration of this application.

Conflict of Interest Declaration

Under certain circumstances, an applicant for State or federal funding may have a “conflict of interest” and may need a waiver in order to participate in a program. For example, a conflict of interest may be present if the applicant is related to an employee, officer, or elected official of the City of Batavia or Batavia Development Corporation. There are other cases where conflicts may also be present. Please answer the questions below to help us make that determination. If a conflict does exist, the City of Batavia may request a waiver on your behalf, if necessary and appropriate. Waivers are reviewed and granted, if appropriate, only by the NYS OCR.

Each corporate officer/partner/LLC Member should complete their own disclosure. Make copies as needed. Forms must be signed and dated.

Please place an “X” in the appropriate box for all questions listed below:

1. Are you now, or have you ever been an employee, agent, consultant, an officer, or an elected official of the City of Batavia?

Yes (If yes, please provide details in the box provided below)

No

2. Are you related to an employee, an agent, or an elected or appointed official of the City of Batavia or a consultant working for the City of Batavia or the Batavia Development Corporation?

Yes (If yes, please provide details in the box provided below)

No

3. Do you have a business connection to any of the people listed in #1?

Yes (If yes, please provide details in the box provided below)

No

Family Income Form

For residents of: Genesee County, NY

The employment position for which you are applying has been made available with financial assistance provided from Federal Community Development Block Grant funding. As a result, the employer is required to obtain the following information:

Name: _____

Address: _____

INSTRUCTIONS

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.

Family Size _____	
Below \$20,350 <input type="checkbox"/>	\$54,151 - \$54,250 <input type="checkbox"/>
\$20,350 - \$23,250 <input type="checkbox"/>	\$54,251 - \$56,250 <input type="checkbox"/>
\$23,251 - \$26,650 <input type="checkbox"/>	\$56,251 - \$60,100 <input type="checkbox"/>
\$26,651 - \$32,150 <input type="checkbox"/>	\$60,101 - \$62,000 <input type="checkbox"/>
\$32,151 - \$33,950 <input type="checkbox"/>	\$62,001 - \$64,000 <input type="checkbox"/>
\$33,951 - \$37,650 <input type="checkbox"/>	\$64,001 - \$69,750 <input type="checkbox"/>
\$37,651 - \$38,800 <input type="checkbox"/>	\$69,751 - \$77,500 <input type="checkbox"/>
\$38,801 - \$43,150 <input type="checkbox"/>	\$77,501 - \$83,700 <input type="checkbox"/>
\$43,151 - \$43,650 <input type="checkbox"/>	\$83,701 - \$89,900 <input type="checkbox"/>
\$43,651 - \$48,450 <input type="checkbox"/>	\$89,901 - \$96,100 <input type="checkbox"/>
\$48,451 - \$48,650 <input type="checkbox"/>	\$96,101 - \$102,300 <input type="checkbox"/>
\$48,651 - \$52,350 <input type="checkbox"/>	Over \$102,300 <input type="checkbox"/>
\$52,351 - \$54,150 <input type="checkbox"/>	

Check if you are a female head of household	<input type="checkbox"/>
Check if you are a disabled individual	<input type="checkbox"/>
Check if you are at least 65 years old	<input type="checkbox"/>
Check if you are currently unemployed	<input type="checkbox"/>

Ethnic Origin check one (x)
<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 and White
<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native and Black
<input type="checkbox"/> Other (specify: _____)

In addition to checking a box above, check the following box if applicable:

Hispanic (Spanish origin)

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the U. S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature Date

FOR EMPLOYER USE ONLY				
Hire Date	Job Title	Hrs/Wk	Salary/Wage	Health \$ Offered (Y/N)

PART 5. 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 the City of Batavia, New York and Batavia 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 Batavia 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 Batavia 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:

If Applicant is a corporation, L.L.C., or L.L.P., 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 Genesee)

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 Genesee)

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:

This page for Batavia Development Corporation staff only:

FOR THOSE QUALIFYING AS A LOW-TO-MODERATE INCOME OWNER:

The following information is required ONLY for those applicants/business owners that qualify for the microenterprise program 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.

Complete federal income tax returns for the most recent tax year;

Documentation of current wages for all employed family members of applicant's family such as most recent pay stubs (including applicant if paid as an employee of the business);

Documentation of any other form of income such as Social Security, SSI, SSD, pension, rental properties, interest earned on any assets, etc.; and

Personal bank statements (both checking and savings) for the last two months.

I attest that the above documentation was received and reviewed for accuracy and the determination was made that this applicant DOES / DOES NOT (circle one) qualify as low-to-moderate income and meet the LMCMC National Objective.

Signed

Date