

TOWN OF MASSENA

MICROENTERPRISE FUND

APPLICATION PACKET

Microenterprise Grant Program

- Purpose:** Grants of up to \$30,000 target qualified microenterprises to create and retain job opportunities, for low- to moderate-income residents with a focus on improvements to the local tourism economy and established commercial corridors. The program provides access to grant funds and stimulates small business development activity through start-up and expansion projects.
- Area of Availability:** Businesses in the Town of Massena
- Eligibility Requirements:**
- Owner of a microenterprise (five or fewer employees including the owner(s))
 - Located in the Town of Massena
 - Income eligible (see application instructions for more information)
 - A: The owner meets the low- to moderate-income guidelines
 - B: The business will be creating at least one job to be filled by or made available to someone from a low- to moderate-income household.
 - Making an investment in working capital, equipment and inventory purchases or other business needs (excluding construction)
 - Able to contribute 10% of total project cost as cash equity
- Eligible Activities:** Acquisition of machinery and equipment, working capital, furniture, fixtures, inventory.
- Funding Limitations:** Grants can be up to \$30,000 (including any amounts provided for technical assistance), and will not exceed 90% of total project costs, whichever is less.
- Equity Participation:** Cash equity participation of at least ten (10) percent of the total project costs.
- Repayment Terms:** If the requirements of the grant agreement are not met within the grant term, the business owner will be required to repay the grant to the Town of Massena.
- Administered by:** Business Development Corp. for a Greater Massena (BDC)
60 Main St., Room 8
Massena, New York 13662
- Application Deadline:** Applications will be accepted on a rolling basis until all funds are committed. Review by the Program Review Board will occur monthly.
- Point of Contact:** Jim Murphy
Jamesmurphy52@me.com
315-769-8484

TOWN OF MASSENA MICROENTERPRISE GRANT PROGRAM

APPLICANT QUALIFICATION FORM

This program is available to a limited number of businesses that meet specific requirements set by the CDBG Microenterprise Program and specific priorities intended to advance economic development in the Town of Massena. Please refer to program information available from the Massena Business Development Corp. to determine if your business or project is eligible. Questions can be directed to Jim Murphy, BDC Executive Director, at (315) 769-8484 or jamesmurphy52@me.com

Name of Potential Applicant: _____

Phone: _____ **E-Mail Address:** _____

Name of Business: _____

Business Address: _____ **Town/Village:** _____

Type of Business: Corporation Partnership Sole Proprietorship

How Long Have You Been In Business? Check one:

Start-up (not in business yet) 6 Months or less Longer than 6 Months

MICROENTERPRISE REQUIREMENTS

Applicants must be a microenterprise, meaning they have five or fewer employees, including the owner, at the time of application. Does your business meet this requirement?

Current Number of Employees: Full-Time: _____ Part-Time: _____
[Including owner(s)]

Anticipated Employees to Add: Full-Time: _____ Part-Time: _____

INCOME REQUIREMENTS

To qualify, a microenterprise must either be owned by someone from a low- to moderate-income (LMI) household OR the project must result in the creation of at least one full-time equivalent position to benefit a person from a low- to moderate-income (LMI) household. Income limits are as follows:

CDBG MICROENTERPRISE PROGRAM LOW TO MODERATE INCOME REQUIREMENTS TO QUALIFY								
HOUSEHOLD SIZE (ALL PERSONS)	1	2	3	4	5	6	7	8
MAXIMUM HOUSEHOLD INCOME TO QUALIFY	\$37,650	\$43,000	\$48,400	\$53,750	\$58,050	\$62,350	\$66,650	\$70,950

[For example, if you have two adults and two children in a household, you would have to show that the total household income (including both adults) is less than \$53,750.]

Based on these income limits, please note whether you will qualify. Check all that apply:

- The owner is from an LMI household
- The project will create at least one full-time equivalent position for a person from a LMI household

PROPOSED USE OF GRANT FUNDS:

The following categories may be eligible for grant funds. Check all that apply to your project:

- | | | |
|--|---|---|
| <input type="checkbox"/> Purchase of Inventory | <input type="checkbox"/> Purchase of machinery, furniture, fixtures, or equipment | <input type="checkbox"/> Marketing Assistance |
| <input type="checkbox"/> Operating Capital | | <input type="checkbox"/> Employee Training |

Please note that property acquisition, construction and remodeling costs are not eligible for grant funding.

PROJECT PRIORITIES:

The following priorities have been established for this program. Check all that apply:

- Retail, tourism or service business who will fill a vacant commercial storefront in a downtown area
- Retail, tourism or service business currently operating in an existing location in a downtown area
- New retail, tourism or service business in a downtown area
- Retail, tourism-based or service business that offers a product or service that provides for a demonstrated need that is unmet or insufficiently available in the community
- Value-added agriculture businesses (i.e. a business that uses or improves on an agricultural product)

If your project doesn't directly fit one of these priorities, please indicate why you feel it is important in the Project Description on page 4.

PROJECT FUNDING:

Grant funding is intended to fill a gap between the funding you have available and a project need. It is not intended to be the first or primary funding for a project. You must show your financial information, demonstrate that you can contribute funds to the project, and do not have the total resources needed to complete the project.

REIMBURSEMENT

This funding is a reimbursement grant. This means that, if you are awarded, you would be reimbursed after spending funds that you have on hand or have borrowed for an eligible use. It is not retroactive and cannot be used to reimburse spending prior to a grant award. If awarded, this program may assist you in finding gap financing to provide funds prior to reimbursement. Once documentation is received, you or your funder would be reimbursed by the program.

- I am able to provide upfront funds for project expenses
- I will need financial assistance to secure funding for project expenses

EQUITY CONTRIBUTION

You are required to contribute 10% of the requested grant amount. For example, the equipment you are requesting a grant for costs \$15,000 and you are able to contribute \$1,500 of this amount that will not be reimbursed.

- I am able to provide 10% of the approved project costs eligible for a grant

BUSINESS DESCRIPTION:

In an attached 1-2 page document, please describe the nature and history of your business, including the products or services offered. For new businesses, please briefly describe your planned business. Applicants are also encouraged to include business plans, current/projected financials, resumes and other materials that help describe your business.

PROJECT DESCRIPTION:

In an attached 1-2 page document, please describe the plans or project you are seeking grant funds to accomplish. Include ALL of the following:

- Briefly describe your project
- Generally describe the amount and of grant funds you are seeking and what they will be used for
Generally explain what funds you have available for the project
- How this project satisfies one of the priorities indicated above or why you feel it is important
- Why this grant funding is necessary to accomplish your project and what it would mean.
- Describe the positive impact your project will have on the local economy and community.

[Please return this form to:](#)

Jim Murphy, Executive Director, Massena BDC
PO Box 5217
Massena Town Hall, Suite 8, Massena, NY 13662

Or you may send the application package by email to jamesmurphy52@me.com

Questions? Contact Jim at (315) 769-8484 or at the email above.

DECLARATIONS

I, the undersigned, attest that to the best of my knowledge and belief, the information contained in the foregoing application is correct and true and that I am aware that the filing of a false instrument in connection with this application constitutes an attempt to defraud the Town of Massena, and the New York State Division of Housing and Community Renewal and may be a felony under the laws of New York State. I authorize the Business Development Corporation for a Greater Massena (BDC) to disclose all information submitted in connection with this application and hereby waive all claims against the Town of Massena and the BDC with respect to this pre-application and determination of eligibility.

I, the undersigned, give to the Office of Community Renewal (OCR) the unrestricted right to use, for any lawful purpose, any photographs taken of property in this application, which I own and/or for which I have the authority to grant such permission, and to use my name in connection therewith if it so chooses. I release and discharge OCR from any and all claims or causes of action arising from the use of such photographs, including, without limitation, claims for libel or invasion of privacy. I have read this release and understand its contents. This release is binding upon heirs, my successors, assigns and me.

I, the undersigned, attest that I have received a copy of and have read the “Administrative Plan” and “Declaration Form” produced for the Town of Massena Microenterprise Program (“Program”) and that I understand that:

- My proposed project (“Project”) **must be approved by the Program Committee before costs are incurred.**
- If awarded Program assistance, I will enter into a contract with the Program based on the agreed scope of work and that **the contract for assistance can be cancelled** if (a) the work done is inconsistent with the agreed scope of work, (b) I am in violation of the contract, or (b) adequate hazard insurance is not maintained on my property.
- The submission of this application or any other documentation or request to the Program does not entitle me to any assistance and the Program may reject any application that is inconsistent with the Administrative Plan and other requirements of the Program.

Business Owner’s Signature

Date

Return completed applications to:
Massena BDC.
60 Main St
Massena, NY 13662

Questions may be addressed to:
Jim Murphy
jamesmurphy52@me.com
(315) 769-8484

Schedule C

Bankruptcy, Litigation and Felony History

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

YES **NO**

1. Are any of the officers, owners, or management of the business presently under indictment, on parole, or probation? If yes, describe below:

2. Have any of the owners, officers, or management of the business ever been charged with or arrested for any criminal offense other than a minor traffic infraction? If yes, describe below.

3. Have any of the owners, officers, or management of the business ever been convicted of any criminal offense, other than a minor traffic infraction? If yes, describe below.

4. Has the business, its present owners, officers, or management ever been the subject of bankruptcy proceedings? If yes, describe below.

Signature

Date

Printed Name and Title

Schedule D

CERTIFICATION AND AUTHORIZATION TO RELEASE CREDIT INFORMATION

_____, being duly sworn, deposes and says: that (s)he is the president of _____, the Project occupant (the Company) described in the foregoing application; and authorizes the lender to investigate and obtain a report concerning my (our) credit for the purpose of processing and underwriting my (our) grant application.

President, Project Occupant

Applicant's Full Legal Name

Applicant's Street Address

City/State (Province)/Country, Postal Code

Current Place of Employment

Current Employment Address

Previous Employer

Previous Employer Address

Applicant's SS# or SIN#

Applicant's Date of Birth

Spouse's Name
