
**OTSEGO COUNTY MICROENTERPRISE
COVID-19 PROJECT APPLICATION**

PLEASE SUBMIT COMPLETED APPLICATION TO:



OTSEGO NOW – IDA

ATTENTION: JODY ZAKREVSKY, ED

JZAKREVSKY@OTSEGNOW.COM

CC: MEAGHAN MARINO AT MMARINO@OTSEGNOW.COM

189 MAIN STREET, SUITE 500

ONEONTA, NY 13820

607-267-4010

INFO@OTSEGNOW.COM

**PLEASE COMPLETE THE FOLLOWING APPLICATION AND SUBMIT WITH
REQUIRED INFORMATION ON OR BEFORE:**

JUNE 30, 2020

OTSEGO COUNTY
MICROENTERPRISE PROGRAM 868ME133-19
Reprogramed – COVID-19
PROJECT APPLICATION

I. GENERAL INFORMATION:

To be completed by all applicants – Corporation and partnerships shall attach a separate sheet with the following information provided for all corporate officers and partners; specify position in corporation)

Name: _____

Social Security #: _____

Mailing Address: _____

Business Name: _____

Property Address: _____

Business Phone#: _____ Cell Phone #: _____

DUNS # (See Attachment #4) _____

E-Mail Address: _____

Applicant/Business is: State certified Minority or Women-Owned Business (MWBE)

II. LOW-TO-MODERATE INCOME QUALIFYING CRITERIA: (check one)

- Applicant/Business Owner is low-to-moderate in income {proceed to Part IV}
- Project will result in the creation of new low-to-moderate income jobs; specify number of new FTE (full time employees) _____; complete appropriate chart under section III.
- Project will result in the retention of low-to-moderate income jobs; specify number of retained FTE (full time employees); complete appropriate chart under section III.

III. JOBS INFORMATION: EXISTING/RETAINED/NEW

EXISTING BUSINESS: Check here if project involves an existing business and list all 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; The reviewing agency will determine the total number of full-time equivalents, which must be five or less to qualify for Microenterprise assistance:

Summary of Existing Jobs:

Position	# Full-Time Jobs	# Part-Time Jobs	Total Part-Time hours worked	Wages
For office use only: FTEs				

Date Business was established: _____

RETENTION OF EXISTING JOBS: Check here if project involves the retention of current jobs as specified above. Indicate the number of full-time jobs to be retained (37.5 hours or more); indicate the number of part-time jobs to be retained and number of hours to be worked for each part-time job to be retained:

Summary of Jobs to be retained with project proposal:

Position	# Full-Time Jobs	# Part-Time Jobs	Total Part-Time hours worked	Wages
For office use only: FTEs				

NEW BUSINESS/NEW JOBS: Check here if project involves the creation of a new business OR if an existing business is going to create new jobs (**rehiring of personnel due to COVID-19 is considered creating a new job**). 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: **REHIRING OF LAID OFF PERONNEL DUE TO COVID-19 IS CONSIDERED CREATION OF A NEW JOB.**

Summary of New Jobs to be created:

Position	# Full-Time Jobs	# Part-Time Jobs	Total Part-Time hours worked	Wages
For office use only: FTEs				

IV. PROJECT INFOMRATON NARRATIVE AND COST

Total Cost of Project: \$ _____

Amount of Project Cost Requested from County: \$ _____

Provide a detailed description of the proposed Microenterprise Project by component including use of all funds requested (attach additional page if necessary). If you are seeking rental assistance, please include a copy of the existing lease and landlord contact. Rental assistance for qualifying applicants will be for a 3 month period not to exceed 100 days.

V. TRAINING

Training: Have you completed a Business Owner or Entrepreneurship Training program in the past? Yes No

If yes, please provide date: _____ and a copy of the Certificate showing completion of course.

Did you pay for this training? If so, how much? _____

Training will be available through the Small Business Development Center through their online self-paced entrepreneur training course called EntreSkills or through live web-based Zoom training.

The EntreSkills self-paced program will consist of completing certain chapters to be followed up with a one on one advisement from a Certified Business from the SBDC.

The live web-based zoom training will be developed to offer a weekly classroom setting with live Q&A from a business professional.

Please contact : Michelle Catan, Senior Certified Business Advisor, NY Small Business Development Center at mcatan@binghamton.edu or 607-435-8228.

To register for the online self-paced entrepreneur training - you must register with the SBDC to become a client first at:

<http://www.nyssbdc.org/selector/ReqForCons/formo.aspx>

All applicants must provide proof of training to the County. Failure to meet the above requirement is just cause for the County to seek reimbursement of awarded funds.

VI. SUBMISSION REQUIREMENTS CHECKLIST

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

The following information is required for **only** those applicant/businesses owners that qualify for Microenterprise funds as a member of a low-to-moderate income family. Family in the context is defined as all persons that reside in the same household that are related by birth, marriage or adoption. Please check items included with application submission.

- Completed and signed family income verification form (following Part VIII);
- Complete federal income tax returns for the past three years;
- Documentation of wages for all employed family members of Applicant's family (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.
- Copies of birth certificates or adoption documentation for all family members of Applicant's family;
- Copies of personal bank statements {both checking and savings} for the last two months.

B. THE FOLLOWING INFORMATION IS REQUIRED FROM **ALL** APPLICANTS: (Applications without all of the items listed below may not be considered for funding. Please check items included with application submission)

- A current business plan showing the microenterprise assistance and how it will be applied to current operations;
- Documentation of source of the owner's 10% equity in the project award;
- Documentation of source of all other funds required to complete the project if the total project costs exceeds \$35,000 maximum.
- Cash flow projections (Income and Expenses) for one year; should be provided on a monthly basis;
- Vendor and/or contractor quotes for all components of the project;

- Proof of site control for project (i.e. deed, long-term lease, executed purchase option etc.)
- Contact information; Name, Address, Phone and email of landlord if applicable
- For projects that involve job creation or retention, provide title and number of each position to be created or retained; timetable for hiring if new, salaries or wages for each position; description of each position; and number of hours for each position.
- List of all properties owned by the Applicant/Business in Otsego County
- 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));
- Resume(s) of Applicant/Business Owner/Partners/Corporate Officers; resumes should include (at a minimum) education and employment histories.
- Current financial statements of applicant’s business (within last two months), to include: balance sheet and income statements;
- Complete copies of the last three income tax statements filed (NYS and Federal). Both personal and business tax statements are required. Partnerships also shall provide personal income tax statements for all partners, and corporations shall provide personal income tax statements from all corporate officers.
- List of credit references to include banks and suppliers, which may be verified. Also, a full credit report may be requested by the County, at its discretion.

VII. CONFLICT OF INTEREST DISCLOSURE

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 Otsego County. There are other cases where a conflict of interest may also be present. Please answer the questions below to help us make the determination. If a conflict does exist, the County will request a waiver on your behalf is necessary and appropriate. Waivers are reviewed and granted by the NYS Office of Community Renewal.

“DISCLOSURE”

Please place an “X” in the appropriate box for all questions listed below so that we may make a determination of whether any conflicts may be applicable to your project. Answer for all applicants if there is more than one applicant.

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

If **yes**, please provide details, with dates, in the space below:

2. Are you related to an employee, an agent, or an elected or appointed official of Otsego County, or a consultant working for the County, (i.e.: are you related to the County Clerk, a Member of any County Board, an employee of the Department of Public Works, etc.)? Yes NO

If so, please indicate to whom you are related and the relationship on the space below:

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

Yes No

If yes, please provide details below:

Have you or associated partners and/or corporations ever received prior small business,

VIII. CERTIFICATION OF PRIOR FINANCIAL ASSISTANCE FROM OTSEGO COUNTY

microenterprise, economic development, housing or other related grant and/or loan funding from Otsego County, IDA or other municipality?

Yes No

If **yes**, please provide details below including but not limited to dates, amount, funding source, and agency or municipality associated with funding.

IX. CERTIFICATION/CREDIT AUTHORIZATION/SIGNATURE

By signing below, I 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 Otsego County Microenterprise Assistance Reprogramed COVID-19 Program. I further certify that all information submitted has been examined and approved by me and is true, correct and complete. I understand that this information will be used to assess my proposed project and that additional information may be needed in order to rate and rank my project in accordance with funding criteria. I agree to abide by all requirements to be set forth in connection herein or fraudulent misrepresentation of my business could result in criminal and/or civil penalties applicable to local, state and federal laws. Lastly, I agree that verification of any information contained herein, or to be provided in support of this funding request may be obtained, and a formal credit check may be undertaken by any source deemed appropriate by the County or its representative thereof.

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

RETURN COMPLETED APPLICATION TO

OTSEGO NOW

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OR BY EMAIL TO:

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FAMILY INCOME FORM

FORM 1-6B

MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM