

# ALBANY COUNTY COVID-19 SMALL BUSINESS GRANT PROGRAM

Community Loan Fund of the Capital Region, Inc.  
255 Orange St., Suite 103, Albany, NY 12210  
[www.mycommunityloanfund.org](http://www.mycommunityloanfund.org)

## Albany County COVID-19 Small Business Grant Application

Date \_\_\_\_\_

### Part I. Contact Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip code \_\_\_\_\_

### Part II. Business Information

Name of Business _____
Business Phone _____ Business Fax _____
Business Address _____
City and State _____ Zip code _____
Web Site Address _____
E-mail Address _____
Employer Identification Number/Federal Tax I.D.: _____
Number of Full Time Employees (FTE): _____
Number of Part Time Employees (PTE): _____
Business start date: ____ / ____ / ____
Business owners and percentage of ownership: _____
_____
_____
Are any business owners also owners of another business or have common management with another business: ___ Yes ___ No If yes, explain: _____
_____

### Type of Business Entity (check all that apply):

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> C-Corporation
<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> Locally Owned Franchise			
<input type="checkbox"/> Veteran Owned Business	<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Woman Owned Business		
<input type="checkbox"/> Immigrant Owned Business	<input type="checkbox"/> Certified MWBE			

Have you received any COVID related federal loans or grants such as Economic Injury Disaster Loan or Grant (EIDL), Paycheck Protection Program (PPP)? \_\_\_ Yes \_\_\_ No

Grant Amount Request Up to \$5,000: \$ \_\_\_\_\_

### Part III. Business Financials

[Type here]

Annual business revenue: \$ \_\_\_\_\_  
 Average monthly payroll \$ \_\_\_\_\_  
 Current business bank balance: \$ \_\_\_\_\_

**Provide a monthly budget with use of grant proceeds:**

Cost to adapt business model to sustain or retrofit during COVID-19		
	Current Monthly Cost	Use of Grant proceeds
Rent (not to exceed 2 months back rent)	\$ _____	\$ _____
Purchase of perishable goods (not to exceed 2 weeks worth)	\$ _____	\$ _____
COVID related expenses (PPE, contactless purchasing, Online ordering services, physical Modifications)	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

**Part IV. Business Narrative**

1. How has COVID-19 impacted your business and how will you use grant proceeds:

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2. Description of applicant business and details of how the business benefits Albany County and its residents:

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[Type here]

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**Part V. Documentation**

(You must submit all documentation to be considered for this grant program.)

Document Checklist:

- Copy of Driver’s License
- 2020 Balance sheet (latest available)
- 2020 Profit and Loss (latest available)
- Most recent Federal Tax Return (2019 acceptable)

Attach all documents with application. File name must include last name and/or business name along with type of documentation.

**Part VI. Declarations**

The authorized representative of the Applicant must certify in good faith to all of the below by initialing next to each one:

\_\_\_\_\_ The Applicant Business is located within Albany County;

\_\_\_\_\_ The Applicant Business revenue has decreased at least 25% due to COVID-19;

\_\_\_\_\_ The Applicant Business employs no more than 50 employees;

\_\_\_\_\_ COVID-19 economic conditions make this grant request necessary to support the ongoing operations of the Applicant Business;

\_\_\_\_\_ The funds will be used as described above;

\_\_\_\_\_ The Applicant commits to reporting the status of business operations at three (3) months and at six (6) months after receiving grant award.

I/we attest that to the best of my/our knowledge, the information contained in this 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 Community Loan Fund of the Capital Region, Inc. and may be illegal under the laws of the State of New York.

[Type here]

If applicant is a sole proprietorship, LLC, or partnership, sign below:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicant is a corporation, sign below:

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

[Type here]