Small Business Low to Moderate Income Job Retention Grant Application

**Section 1: Business Information**

Legal Name of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested \_\_\_\_\_\_\_\_\_\_\_\_ maximum $10,000

Business Formation Type : \_\_\_DBA \_\_\_\_LLC \_\_\_\_Corporation \_\_\_\_Partnership

List all legal owners and percentage owned:

Example: John Main Street 100%

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the applying business have a related operating or holding company? \_Yes

\_ No

Type of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NYS MWBE Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applying business received any government grant or loan program

relief funds since March 2020? This includes but is not limited to PPP, EIDL, and NY Forward loan programs.

\_\_\_\_ No \_\_\_\_\_ Yes, I received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have used it for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Section 2: Applicant Information**

Name of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRS Tax ID Number (EIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Status: \_\_\_\_\_ reduced hours \_\_\_\_\_\_ closed location \_\_\_\_\_\_reopened location \_\_\_\_shifted remote/online \_\_\_\_\_ moved location

Please explain any changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Duplication of Benefits Calculation Section

This affidavit must be completed by all general business owners in an applicant business that have applied for and/or received any assistance from the Town of Colonie, Community Development Block Grant COVID-19 Pandemic Recovery (CDBG-CV) Program. The information within this affidavit will provide the Town of Colonie with vital information for processing the application required by the Stafford Act Section 312 on Duplication of Benefits.

|  |
| --- |
| Duplication of Benefits Affidavit and Checklist |
|      A. Identify possible sources of Duplicative Benefits with the last 24 months. Sources of funds include but are not limited to received loan or grant funding received by Applicant Business : | Please Write Yes or No |
| Paycheck Protection Program Loans,  |   |
| Economic Injury Disaster Loans,  |   |
| Express Bridge Loans,  |   |
| Debt Relief Program,  |   |
| Disaster Relief Fund,  |   |
| the Coronavirus Relief Fund, |   |
| Economic Impact Payments,  |   |
| Dislocated Worker Grant,  |   |
| other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|  B. I have received benefits from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ source during the last 24 months (since January 1, 2020) in the amount of \_\_\_\_\_\_\_\_\_\_\_ |   |
| C. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant name, Business Name) have not received benefits from these named sources above or any other similar sources since January 1, 2020. |  Please go to section 3 to sign understanding of completion of affidavit. |

Please complete Section 2 only if you said yes to received funds and completed section 1. B.:

|  |  |
| --- | --- |
| 2.       A. I have received benefits from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ source during the last 24 months (since January 1, 2020) in the amount of \_\_\_\_\_\_\_\_\_\_\_ | Please explain any received benefits from other programs, documenting what you used the benefits for, how much you received, and the amount of payroll or other expenses you were able to cover.  |
| Date of received benefits |   |
| Amount of received benefits |   |
| Uses of received benefits |   |
| Amount used for payroll benefits |   |
| Date range of used payroll benefits |   |
|   |   |
| 2.       B. I have received benefits from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ source during the last 24 months (since January 1, 2020) in the amount of \_\_\_\_\_\_\_\_\_\_\_ |   |
| Date of received benefits |   |
| Amount of received benefits |   |
| Uses of received benefits |   |
| Amount used for payroll benefits |   |
| Date range of used payroll benefits |   |
| Signature of applicant  |   |

The undersigned on behalf of and as a duly authorized agent and representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certifies that it has disclosed to the Town of Colonie in this affidavit all proceeds and other funds received, to be received, or any future payments received as a compensation loss incurred during the COVID-19 Pandemic for which assistance may be provided by the Town of Colonie.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant (Affiant) Signature Print Applicant (Affiant) Name

**Section 3: Document Details**

1. **FTE Worksheet**

Calculate your Full time equivalent (FTE) of workers making Low to Moderate Income on the attached FTE worksheet.

Attach the completed FTE worksheet as Business name\_FTE\_2020.

Example: Main Street Shoes\_FTE\_2020.docx

File name:

Attach most recent tax return to the document labeling it: Business name\_IRS Form number\_year

Example: Main Street Shoes\_1040 Schedule C\_2019.pdf

1. **Most Recent Business Tax Return**

IRS Forms may include 1120,7004,1041, 940,941, 943, 944 or 945, 1040\_Schedule C

Please submit the most recent tax return in the form appropriate for your business. If you received an extension for 2019 please submit that along with 2018’s return. If your business was formed less than a year ago, please submit a personal tax return.

Submit with the file name as Business name\_IRS number\_year

Example: Main Street Shoes\_IRS1041\_2019.pdf

List file name here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Business Formation Document**

Please attach DBA, LLC, or corporation documentation

and/or business license with Business name\_ Document name

Example: Main Street Shoes\_LLC.pdf

List file name here:

1. **Copy of Driver’s License or Passport**

Please attach a copy or scan of official government identification for each owner in business.

and/or business license with Business name\_ Document name

Example: Main Street Shoes\_Passport.pdf

1. **Most recent Balance Sheet and Profit and Loss Statement (2020)**

Please attach DBA, LLC, or corporation documentation

and/or business license with Business name\_ Document name

Example: Main Street Shoes\_Balance Sheet.pdf; Main Street Shoes\_PL.pdf

1. **HUD Demographics Requirement**

On the HUD worksheet, please collect for both Employer **and** Employees.

Attach and name file: Business Name\_Owner Name\_HUD worksheet

Example: Main Street Shoes\_John Main Street\_HUD.docx

List file name here:

1. **Attach your monthly budget and how you will use grant proceed to benefit LMI employees using the budget document attached.**

Attach the completed budget worksheet as Business name\_budget\_2020.

Example: Main Street Shoes\_budget\_2020.docx

File name:

**Section 4: Grant Narrative**

Grant Narrative Requirements

In the following, describe in words, your business’ urgent needs, as well as how the grant proceeds will benefit Colonie Low to Moderate income workers.

Describe how COVID-19 has affected your ability to employ low to moderate income workers.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe if/how you have changed wages for your workers in the past year due to COVID. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the use of the CDBG-CV grant fund enhances the

ability of this business to survive and employ low to moderate income individuals.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other business resource partners that the

business is working with if any (Community Loan Fund, Chamber

of Commerce, Small Business Development Center, or other)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any government grant or loan programs (SBA Bridge Loan (2020 only), Economic Injury Disaster Loan (EIDL loan or Advance), Payroll Protection Program (PPP), or NY Forward loan) that the applying business or related business has received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of applicant business and details of how the business

benefits the town of Colonie and its residents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how you will use grant proceeds (this should MATCH your included budget worksheet): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5: Declarations**

**Please check next to each statement and sign your agreement.**

\_\_\_ The Applicant Business is located within the Town of Colonie.,

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

\_\_\_ The Applicant Business employs no more than 10 employees;

\_\_\_ COVID-19 economic conditions make this grant request necessary to support the

outgoing operations of the Applicant Business;,

\_\_\_ The funds will be used as described in grant proceeds;,

\_\_\_ The Applicant commits to reporting the status of business operations at 3

months and 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.

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