



ALBANY COUNTY, NY
AMERICAN RESCUE PLAN ACT (ARPA)
SMALL BUSINESS GRANT PROGRAM

Administered by the Community Loan Fund of the Capital Region, Inc.
255 Orange St., Suite 103, Albany, NY 12210
(518) 436-8586
www.mycommunityloanfund.org

Small businesses eligible for assistance are those that experienced negative economic impacts or disproportionate impacts of the pandemic and meet the following requirements:

- Must be an existing for-profit business located in the County of Albany, NY.
- Demonstrate that they were in operation prior to March 1, 2020 and continue to be in operation upon submission of this application
- Have no more than 100 employees (full time and part time)
- At least one (1) full-time equivalent employee (including the business owner)
- Small businesses are those as defined by the [Small Business Act](#) (which includes, among other requirements, that the business is independently owned and operated and is not dominant in its field of operation).
- Demonstrate a sustainability plan for maintaining the business
- Be current on all taxes and fees owed to Albany County and all of its municipalities
- Must be in good standing with the County and Federal government.

Ineligible Businesses:

- Businesses not currently in operation as of the date of the application submission
- Businesses which commenced operations on or after March 1, 2020
- Businesses that have already received any ARPA funds from Albany County
- Banks and/or financial institutions
- Franchises or chain businesses
- Businesses temporarily or permanently closed due to illegal activity
- Businesses engaged in illegal activity
- Nonprofit organizations, churches, etc.
- Businesses not in good standing with the County or Federal government

Examples of negative impacts to small businesses incurred due to the COVID pandemic include:

- Decreased revenue or gross receipts
- Financial insecurity
- Increased costs
- Capacity to weather financial hardship
- Challenges covering payroll, rent or mortgage, and other operating costs

Financial assistance to small businesses can be used for the following enumerated purposes:

- Loans or grants to mitigate financial hardship, such as by supporting payroll and benefits, costs to retain employees, and mortgage, rent, utility, and other operating costs
- Technical assistance, counseling, or other services to support business planning
- Rent, utilities and other everyday costs
- Awarded funds **MAY NOT** be used to pay taxes, fees, or any other payments due to Albany County and its municipalities

Application Grading Criteria – applications will be graded based on the following:

- Overall quality of the application and narrative for use of funds
- Greater consideration will be given to those businesses that can demonstrate greatest negative impacts from COVID and economic shutdown
- Greater consideration will be given to those businesses who have not already received some form of COVID-related government assistance
- Greater consideration will be given to the smallest of businesses
- Greater consideration will be given to veteran-owned businesses or MWBEs
- Greater consideration will be given to businesses operating within a qualified census tract (economically disadvantaged)
- Greater consideration given to those leveraging outside, non-county sources of funds
- Sustainability of future business activities in the County of Albany

It is preferred that applications be submitted online at the Community Loan Fund website <https://mycommunityloanfund.org/albany-county-arpa-grant-program/>

Applications can also be submitted in person at 255 Orange St., Suite 103, Albany, NY 12210

For questions on eligibility or anything else related to this application, please contact the Community Loan Fund at (518) 436-8586 or via email at info@mycommunityloanfund.org.

All applications must be submitted no later than April 4, 2025 5pm.

Part I. Contact Information

Name _____ Primary Phone _____
Cell Phone _____ E-mail Address _____

Part II. Business Information

Name of Business _____
Business Phone _____ Business Fax _____
Business Physical Address(es) _____
City and State _____ Zip code _____
How long at this address? _____
If Different, Mailing Address _____
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: ____ / ____ / ____
Names and addresses of 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) ⁽¹⁾:

<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"/> Certified Veteran Owned Business <input type="checkbox"/> Certified MWBE
Business Primary Industry _____

(1) If a business is submitting application as a veteran or MWBE, certification will be required upon application submission.

Have you received any COVID related Federal loans or grants such as Economic Injury Disaster Loan or Grant (EIDL), Paycheck Protection Program (PPP), or other Town, City, or County Grant Programs? ___Yes ___No

If yes, below please list source, specific program, dollar amounts received and if all applicable grant requirements have been satisfied (or the standing of such requirements):

What is the Primary Function of Your Business (Select Best Option:)	
Arts, Entertainment, Recreation	
Child Care, Education, Instruction	
Construction, Engineering, Design Services	
Distribution, Logistics, Warehousing	
Finance, Insurance, Real Estate	
Health, Medical Services	
Hotel & Accommodations	
Information Technology, Broadcasting, Publishing	
Manufacturing	
Personnel Services (Barber, Nail Salon, Fitness, Dry Cleaner)	
Repair & Maintenance	
Restaurant, Food Services	
Retail	
Social Services	
Transportation	
Other (<i>Please Specify</i>)	

Grant Amount Request (Up to \$25,000): \$ _____

Did you sustain losses during COVID (March 2020 through April 2023)? ___ Yes
 ___ No

Part III. Business Financials

Current 6 (six) month’s business gross revenue: \$ _____

Loss sustained during COVID (year’s loss occurred and amounts:
 _____2020 _____2021 _____2023
 \$ _____

Part IV. Business Narrative

1. Identify the loss your business sustained during COVID:

2. Describe the impact on your business from COVID losses:

3. How will you use grant proceeds to recover, sustain operations and/or expand workforce?

(1) *Please note, applicants that are considered for funding may be requested to supply the County with a prospective budget to identify the intended use of funds.*

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

Part V. Supporting Documentation

Attach the following supporting documentation:

____ Driver's License / Federal ID of each and all business owners;

____ W-9 for Business;

____ 2019 Business tax returns;

____ 2020 Business tax returns;

____ 2021 Business tax returns;

____ 2022 Business tax returns

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 suffered losses due to COVID;

____ The Applicant Business meets the SBA definition of a small business and additionally employs no more than 100 full time or part time employees;

____ COVID recovery 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 Business is in good standing with the County and Federal government;

_____ The Applicant commits to reporting the status of business operations at three (3) months and at six (6) months after receiving grant award, as well as at any other time requested by Albany County.

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.

Should the County allocate ARPA funds, I am able to and pledge to adhere to all [compliance and reporting requirements of the U.S. Treasury](#) as it relates to any state and local fiscal recovery funds. If for any reason I am unable to comply with the U.S. Treasury's compliance and reporting requirements I will immediately notify the County in writing by email or letter.

The County is careful about identifying and avoiding conflicts of interest, especially with grants awarded through the County. A conflict of interest arises when a person's self-interest and professional interest or public interest intersect. In this situation, there is the potential for biased professional judgment and lack of objectivity which creates a serious conflict when one of the interests can benefit financially or personally from actions or decisions made in the official capacity. A conflict of interest exists whether or not decisions are affected by a personal interest; there only needs to be the possibility of bias for a conflict. If your organization knows of a possible conflict of interest with your application for funds please disclose that information below. Otherwise write "None."

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 _____