County of Allegany
Microenterprise Assistance Program

GRANT APPLICATION FORM

PART 1. APPLICANT INFORMATION

Name of Applicant: _____ ☐ Corporation Year_____ State____

Business Address: _____ ☐ Partnership Year_____ State____

_____ ☐ L.L.C. Year_____ State____

Contact Person: _____ ☐ L.L.P. Year_____ State____

Federal ID #: _____ ☐ Sole Proprietorship Year_____

Federal UEI #
or DUNS #: _____

Telephone: ( ) _____ Cell: ( ) _____ E-Mail: _____

Nature of Business: _____

_____ .

Company Attorney: _____ Accountant: _____

Firm Name: _____ Firm Name: _____

Address: _____ Address: _____

_____ _____

Telephone: _____ Telephone: _____

Ownership (Shareholders / Partners) interest	**%**	**Company Officers**	**Position**

(attach additional listing as necessary)

Is the company delinquent in the payment of any state or municipal property taxes?	☐Yes	☐No
Is the company delinquent in the payment of any income tax obligation?	☐Yes	☐No
Is the company delinquent in the payment of any loans?	☐Yes	☐No
Is the company currently in default on any of its loans?	☐Yes	☐No
Are there currently any unsatisfied judgments against the company?	☐Yes	☐No
Are there currently any unsatisfied judgments against any of the company's principals?	☐Yes	☐No
Has the company ever filed for bankruptcy?	☐Yes	☐No
Have any of the company's principals ever personally filed for bankruptcy or in any way sought protection from creditors?	☐Yes	☐No
Has the company received any assistance under any COVID-19 relief program (such as the Paycheck Protection Program or Economic Injury Disaster Loans)? If yes, please provide information about the amount and use of funding received below.	☐Yes	☐No

If the answer to any of the questions above is "Yes," please provide additional comments in the space below and on additional pages if necessary.

_____

_____

_____

PART 2. PROJECT INFORMATION

Summary Project Description: _____

_____

_____

_____

Project Costs		**Sources of Funds**	
Property Acquisition	$ _____	Bank	$ _____
New Construction	$ _____	Micro Grant	$ _____
Renovation	$ _____	Equity / Cash	$ _____
Machinery / Equipment	$ _____	_____	$ _____
Furnishings / Fixtures	$ _____	_____	$ _____
Fees / Soft Costs	$ _____	_____	$ _____
Inventory	$ _____	_____	$ _____
Working Capital	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
Total	$ _____	Total	$ _____

PART 3. EMPLOYMENT

Current Employment: Complete the following table for all employment of the business as the date of this application. Do not include temporary employees, subcontracted labor, or positions filled by contracted labor though an agency.

Job Category	# of Full-Time Positions	# of Part-Time Positions	Average Part-Time Hours Per Week
Totals			

Projected Employment: Complete the table below for all new employment positions expected to be created within two (2) years of the date of this application, assuming that Allegany County grant funding is made available for the project described in this application. Do not consider projected turnover of employees.

Specific Job Title	# Full-Time	# Part-Time	Average Part-Time Hours Per Week	Salary / Wage (average or range)	Requisite Skills, Education or Experience (indicate if training is provided by the company)
Totals					

(attach additional listing as necessary)

PART 4. BUSINESS PLAN

Please attach a Business Plan for the Company which should include, at a minimum, the following:

1. **Company Description**: a narrative describing the Company's history, current or planned operations, products and/or services currently sold and/or planned, the Company's management and structure (including resumes for key management and employees), and current and projected employment (including number of employees, job titles, whether full-time or part-time, and skills, education and training required.)

2. **Market Analysis and Strategies**: a narrative describing the Company's market analysis and marketing strategy, including a description of customer demand, information regarding the Company's competitors and the Company's competitive advantages/disadvantages, sales projections, and the Company's plan for marketing its products/services.

3. **Project Description and Budget:** information regarding the budget required for the proposed business start-up or expansion activities including a detailed description of the activities and associated costs, identification of the nature of the cost estimates, and information regarding the amount and status of commitment for each funding source.

4. **Financial Information**: historical financial information (financial statements, tax returns), if available, and financial projections including a profit and loss statement, balance sheet and monthly cash flow statement.

5. **Personal Financial Information:** most recent personal federal income tax return and completed family income form (see attached) for all owners of the business.

6. **For Existing Businesses Only:** copy of last two quarters NYS-45 (Quarterly Combined Withholding, Wage Reporting, And Unemployment Return) and 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)].

7. **Required Forms:** complete and return with the application the attached Business Certification form and Family Income Form for all owners of the business.

Please include any other material that may serve to document the information provided with this application or that would assist in the consideration of this application.

PART 5. DECLARATIONS

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing 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 Allegany County, New York and Allegany County Industrial Development Agency. and may be a felony under the laws of the State of New York. I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

I (we) further authorize Allegany County Industrial Development Agency to order credit reports and/or other information on my (our) personal financial background and on the financial background of the company seeking financial assistance.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving grant monies. This grant request may be withdrawn at any time prior to a formal closing of the grant, subject to the terms and conditions of any written grant commitment offered by Allegany County Industrial Development Agency. However, this application is being submitted in good faith as a request for grant funds.

If Applicant is a sole proprietorship or partnership, sign below:

_____ _____
Signature Date

_____
Printed Name and Title

_____ _____
Signature Date

_____
_____ _____
Printed Name and Title Date

If Applicant is a corporation, L.L.C., or L.L.P., sign below:

_____
Name of Corporation or Company

_____ _____
Authorized Signature Date

_____
Printed Name and Title

Business Owners (Signatures required):

_____
Signature Date

_____
Signature Date

No person in the United States shall, on the ground of race, color, creed, religion or national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project assisted with Community Development Block Grant Funds.

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of New York)
)ss
County of Allegany)

On the _____ day of _____ in the year 20____ before me, the undersigned, a Notary Public in and for said state, personally appeared _____ to me known or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Signature of Notary Public

Grant Applicant:
Office or Capacity of signatory(ies):
Notary Stamp:

ACKNOWLEDGMENT OF SIGNATORY(IES)

State of New York)
)ss
County of Allegany)

On the _____ day of _____ in the year 20____ before me, the undersigned, a Notary Public in and for said state, personally appeared _____ to me known or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Signature of Notary Public

Grant Applicant:
Office or Capacity of signatory(ies):
Notary Stamp:

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 Allegany County or the Allegany County Industrial Development Agency. There are other cases where conflicts may also be present. Please answer the questions below to help us make that determination. If a conflict does exist, Allegany County may request a waiver on your behalf, if necessary and appropriate. Waivers are reviewed and granted, if appropriate, only by the NYS OCR.

Each corporate officer/partner/LLC Member should complete their own disclosure. Make copies as needed. Forms must be signed and dated.

Please place an “X” in the appropriate box for all questions listed below:

1. Are you now, or have you ever been an employee, agent, consultant, an officer, or an elected official of Allegany County?

☐ Yes (If yes, please provide details in the box provided below)

☐ No

2. Are you related to an employee, an agent, or an elected or appointed official of a Greene County or a consultant working for Allegany County or the Allegany County Industrial Development Agency?

☐ Yes (If yes, please provide details in the box provided below)

☐ No

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

☐ Yes (If yes, please provide details in the box provided below)

☐ No

CERTIFICATION OF BUSINESS

Name of Business:_____

The undersigned does/do solemnly affirm that to the best of my/our knowledge, information and belief, all statements in this application, including all schedules, appendices and additional information submitted in connection herewith, are true and accurate.

A. Is the Company, or any of its principal officers, presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? ☐ Yes ☐ No

B. Has the Company, any of its principal officers, or any of its affiliates, ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors? ☐ Yes ☐ No

C. Has the Company, or any of its affiliates, ever settled debt with a lending institution for less than the full amount outstanding? ☐ Yes ☐ No

D. Has a senior manager or principal of the Company ever been convicted of a felony or misdemeanor, other than a minor traffic violation, or are any such charges pending? ☐ Yes ☐ No

E. Has the Company or any of its affiliates, been cited for a violation of federal, state, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution operating practices? ☐ Yes ☐ No

F. Are there any outstanding judgments or liens pending against the Company other than liens in the normal course of business? ☐ Yes ☐ No

G. Is the Company delinquent on any New York State, federal or local tax obligations? ☐ Yes ☐ No

(NOTE: If your answer is "Yes" for any of the above questions, please provide an explanation.)

H. I understand that information and documentation provided in this application, including but not limited to, any descriptive text, all funding sources and use of funds, may be used by the NYS Office of Community Renewal as part of their Public Information Office's outreach and media efforts. Personal and confidential material will not be shared. ☐ Yes ☐ No

Signature:_____ **Print Name:** _____

Chief Executive Officer

Phone: _____ **Title:** _____

Email: _____ **Address:** _____

Date: _____ _____

Effective: May 1, 2026

Family Income Form

For residents of: Allegany County, NY

The employment position for which you are applying has been made available with financial assistance provided from Federal Community Development Block Grant funding. As a result, the employer is required to obtain the following information:

Name: _____

Address: _____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who ***currently*** resides with you within the same housing unit and enter the number in the space provided. A family member is a person who is related to you by birth, marriage, or adoption. Next, total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who ***currently*** resides with you and check the box for the appropriate range.

Family Size _____

Below	$18,900	□	$50,351	-	$52,150	□
$18,900	- $21,640	□	$52,151	-	$55,720	□
$21,641	- $27,320	□	$55,721	-	$55,750	□
$27,321	- $31,500	□	$55,751	-	$57,550	□
$31,501	- $33,000	□	$57,551	-	$59,350	□
$33,001	- $36,000	□	$59,351	-	$64,750	□
$36,001	- $38,680	□	$64,751	-	$71,900	□
$38,681	- $40,500	□	$71,901	-	$77,700	□
$40,501	- $44,360	□	$77,701	-	$83,450	□
$44,361	- $44,950	□	$83,451	-	$89,200	□
$44,951	- $48,550	□	$89,201	-	$94,950	□
$48,551	- $50,040	□	Over		$94,950	□
$50,041	- $50,350	□				

Check if you are a female head of household □
Check if you are a disabled individual □
Check if you are at least 65 years old □
Check if you are currently unemployed □

Ethnic Origin
check one (x)

- □ White
- □ Black/African American
- □ Asian
- □ American Indian/Alaskan Native
- □ Native Hawaiian/Other Pacific Islander
- □ American Indian/Alaskan Native and White
- □ Asian and White
- □ Black/African American and White
- □ American Indian/Alaskan Native and Black
- □ Other (specify: _____)

In addition to checking a box above, check the following box if applicable:

- □ Hispanic (Spanish origin)

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the U. S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____
Signature Date

FOR EMPLOYER USE ONLY

Hire Date	Job Title	Hrs/Wk	Salary/Wage	Health $ Offered (Y/N)