



Wayne Economic Development Corporation (WEDC) Microenterprise Microburst Program Application

This funding program is made possible through a collaboration between Wayne County and the WEDC. It is part of the Wayne County KickStart initiative which fosters a culture of entrepreneurship among our county residents. If you are a Wayne County resident with a new business idea, let us help you KickStart your business.

First, read and complete this Microburst Grant Program Application in its entirety. You will be providing information to fund your small business project. If a question is not applicable to your project, please enter "N/A".

When complete, please return the application by mail, email, or fax to the contact below. If you have any questions about the details of the application, please contact Ariel Cardiel at 315-946-5975 or acardiel@co.wayne.ny.us.



Wayne Economic Development Corporation
Attn: Ariel Cardiel
9 Pearl Street, 2nd Floor
Lyons, NY 14489
Email: acardiel@co.wayne.ny.us

The WEDC staff will review your application for completeness. See the Application Checklist on page 2 for a complete list of required documents. We will contact you after our initial review.

SUMMARY: Please enter the total dollar amounts for your business project with appropriate grant request. Applicants are required to provide a minimum 10% cash contribution.

Applicant's Legal Business Name: _____

Contact Person: _____

\$ _____ Total Project Cost (See Sections 4 & 5 for Project worksheets)

\$ _____ Microburst Grant Fund Request (\$5,000-\$20,000)

\$ _____ Cash Match from business owner (Must be at least 10% of grant funds requested)



1. Application Checklist:

The following list of items must accompany this completed application.

- 1. Business verification – Please attach a copy of your IRS Employer Identification Number/ Letter, along with one of the following documents:
 - Corporate Resolution
 - Articles of Incorporation / Certificate of Incorporation
 - Partnership Agreement
 - For joint ventures between two or more businesses, please provide a copy of the Joint Venture Agreement

- 2. Full Business Plan.

- 3. Completion of the SCORE Entrepreneurial Training and submitted supported materials: *
 - Business Model Canvas, and
 - Financial Statements

- 4. If an existing business, please provide most recent year’s Profit/Loss statements and Balance Sheet dated at year-end, and most recent Federal tax return.

- 5. Schedule of all installment debts, notes, etc., including to whom payable, purpose, original amount, original date, present balance, rate of interest, maturity date, monthly payment, collateral and status (current/past due).

- 6. Most recent federal tax returns from all owners of more than 20% ownership.

- 7. Signed personal financial statements from all owners of more than 20% ownership.**

- 8. Quotes or invoices of equipment costs. (See page 7)

*WEDC can provide you with these materials and the links to the online SCORE Entrepreneurial Training Workshops.

** If you need a sample personal financial statement form, WEDC can provide you with an example.

2. Applicant and Business Background and Information:

Business Information

Business Name: _____ Phone: _____

Business Address: _____

E-mail: _____ Fax: _____

Website: _____

DUNS Number: _____ Federal ID#: _____

Business Location is (check one): Leased Owned

Individual Completing Application (Business contact person):

Name: _____ Title: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

E-mail: _____

Company Counsel (if applicable):

Name: _____ Firm: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

E-mail: _____

Business Organization (check appropriate category):

- | | |
|---|---|
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> C Corporation | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Public Corporation | <input type="checkbox"/> Other (please specify) _____ |

Business start date: _____ State in which Organization is established: _____

Current Number of Employees: _____



Including the individual completing the application, list all stockholders, members, or partners with greater than 5% ownership (if needed, add an additional page):

Name: _____ Percent of ownership: _____

Name: _____ Percent of ownership: _____

Name: _____ Percent of ownership: _____

Name: _____ Percent of ownership: _____

Will a real estate holding company be utilized to own the Project property/facility?

Yes No

If yes, what is the name of the Real Estate Holding Company: _____

Federal ID#: _____ State and Year when established: _____

List all stockholders, partners, or members: _____

Are there any delinquent taxes owed by the business or any owner/guarantor?

Yes No

Does any owner/guarantor have any contingent liabilities?

Yes No

Is any owner/guarantor a partner or officer in any other venture?

Yes No

Has any owner/guarantor ever declared bankruptcy?

Yes No

Is there a pending litigation or unsatisfied judgements for the business or any owner/guarantor?

Yes No

Is any owner/guarantor an endorser, co-maker or guarantor of other debt?

Yes No

If any of the questions above were answered “yes,” please provide additional information on a separate piece of paper.



3. Business Description:

Describe in detail the background, products, customers, goods and services. Description is critical in determining eligibility.

| SALES PROJECTIONS | Estimated Sales | Percent of Sales |
|---|-----------------|------------------|
| Within County | | |
| Outside County, but within New York State | | |
| Outside New York State, but within the U.S. | | |
| Outside the U.S. | | |
| Percent to Equal 100% | | 100% |

Has the Project Beneficiary (Applicant or business) received assistance from WCIDA, WEDC or New York State in the past? Yes No

If yes, please give year, project name, description of benefits, and address of project.

4. Project Information:

Project Location: List the location where the investment will take place. If company is moving, the new location should be entered here and the current location should be in Section 2.

Street Address: _____

Village/Town: _____ State: NY Zip Code: _____

Tax Map Parcel ID(s): _____

Current Assessed Value: _____ Sq. Footage of Existing Building: _____

Business Legal Address (if different from above): _____

Environmental Information

Have any environmental issues been identified on the property? Yes No

If Yes, please explain: _____

Type of Business Activities:

- | | |
|---|--|
| <input type="checkbox"/> Accommodation & Food Services (including restaurants) | <input type="checkbox"/> Professional, Scientific, and Technical Services |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Management of Companies & Enterprises |
| <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Real Estate Rental and Leasing |
| <input type="checkbox"/> Educational Services | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Transportation & Warehousing |
| <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Information (production, dissemination/data processing) | <input type="checkbox"/> Other (specify) _____ |

Description of Project: Please provide a detailed narrative of the proposed Project.

5. Capital Costs

Project Costs

| Description of Costs | Amount |
|-----------------------------|--------|
| Furniture and Fixtures* | |
| Equipment* | |
| Inventory* | |
| Operating Capital* | |
| Employee training expenses* | |
| Finance Charges | |
| Legal and Accounting costs | |
| Other | |
| Other | |
| Total Project Costs | |

* Items that are reimbursable through the Microburst Program

Attach any available quotes, estimates, specs or other descriptive information to the application.
This funding cannot be used for construction costs.

Sources of Funds

| Source | Amount |
|---|--------|
| Microburst Grant Request (\$5,000 to \$20,000) | |
| Equity by Applicant/Owner (must be at least 10% of total) | |
| Other sources (explain): _____ | |
| Other sources (explain): _____ | |
| Total Amount of Funding | |

Identify any or each state and federal grant/credit:



6. Employment:

For the Microburst Program, at least one FTE* must be created, for persons of low- and moderate- income (LMI) families. This can be achieved in one of two ways:

*Full Time Equivalent (FTE) is defined as one employee working no less than 40 hours per week or two or more employees together working a total of 40 hours per week.

1. By creating a minimum of one (1) permanent FTE job for persons from LMI families. If more than one (1) FTE job is created as a result of Microburst (a.k.a. NYS CDBG) assistance, a minimum of fifty-one percent (51%) of the jobs must benefit persons from LMI families.

| Current & Planned Full Time Occupations (Job Titles) | Current Number of FTEs | Salary (Annual or Hourly) | Estimated Number of FTE Jobs After Project Completion | |
|---|------------------------|---------------------------|---|--------|
| | | | Year 1 | Year 2 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Job Creation Subtotal | | | | |

2. An entrepreneur receiving the grant may qualify as LMI for himself/herself. For microenterprises that are owned and operated by more than one individual, a majority of the owners must qualify as LMI in order to meet the Limited Clientele Microenterprise (LMCMC) National Objective. However, the business owner(s) cannot be counted towards the jobs reporting as requested in the information shown in #1 above.

| Family Size | 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Income Limit | \$50,250 | \$57,400 | \$64,600 | \$71,750 | \$77,500 | \$83,250 | \$89,000 | \$94,750 |
| Check one | | | | | | | | |

Actual Income: _____

Is the majority business owner's(s) household annual income below the income limits outlined above? Yes No

If yes, please attach one of the following as proof of information:

- a. Tax Return b. Social Security c. Disability or d. Other



7. Representations, Certifications, and Indemnification:**

**This section of the Application can only be completed after the Applicant receives WEDC Staff confirmation that Section 1 through Section 8 of the Application are complete.

_____, (name of CEO or other authorized representative of Applicant) confirms and says that he/she is the _____ (title) of _____ (name of corporation or other entity) named in the attached Application (the “Applicant”), that he/she has read the foregoing Application and knows the contents thereof, and hereby represents, understands, and otherwise agrees with the Agency and as follows:

A. First Consideration for Employment: In accordance with §858-b (2) of the New York General Municipal Law, the Applicant understands and agrees that if the Project receives any Financial Assistance from the Agency, except as otherwise provided by collective bargaining agreements, where practicable, the Applicant will first consider persons eligible to participate in the federal job training partnership (P.L.No. 97-300) programs who shall be referred by administrative entities of service delivery areas created pursuant to such act or by the community services division of the department of labor.

B. Other NYS Facilities: In accordance with §862 (1) of the New York General Municipal Law, the Applicant understands and agrees that projects which will result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one or more plants or facilities of the project occupant within the state is ineligible for Agency Financial Assistance, unless otherwise approved by the Agency as reasonably necessary to preserve the competitive position of the project in its respective industry or is reasonably necessary.

C. Outstanding Bonds: The Applicant understands and agrees to provide on an annual basis any information regarding bonds, if any, issued by the Agency for the project that is requested by the Comptroller of the State of New York.

D. Employment Reports: The Applicant understands and agrees that, if the Project receives any Financial Assistance from the Agency, the Applicant agrees to file, or cause to be filed, with the Agency, at least annually or as otherwise required by the Agency, reports regarding the number of people employed at the project site, salary levels, contractor utilization and such other information (collectively, “Employment Reports”) that may be required from time to time on such appropriate forms as designated by the Agency. Failure to provide Employment Reports within 30 days of an Agency request shall be an Event of Default under the Agreement between the Agency and Applicant and, if applicable, and Event of Default under the Agent Agreement between the Agency and Applicant.



E. Absence of Conflicts of Interest: The Applicant has received from the Agency a list of the members, officers and employees of the Agency. No member, officer or employee of the Agency has an interest, whether direct or indirect in any transaction contemplated by this Application.

F. Compliance: The Applicant understands and agrees that it is in substantial compliance with applicable local, state, and federal tax, worker protection, and environmental laws, rules, and regulations.

G. The Applicant understands and agrees that the provisions of Section 862(1) of the New York General Municipal Law, as provided below, will not be violated if Financial Assistance is provided for the proposed Project.

H. § 862. Restrictions on funds of the Agency. (1) No funds of the agency shall be used in respect of any project if the completion thereof would result in the removal of an industrial or manufacturing plant of the project occupant from one area of the state to another area of the state or in the abandonment of one of more plants or facilities of the project occupant located within the state, provided, however, that neither restriction shall apply if the agency shall determine on the basis of the application before it that the project is reasonably necessary to discourage the project occupant from removing such other plant or facility to a location outside the state or is reasonably necessary to preserve the competitive position of the project occupant in its respective industry.

I. The Applicant confirms and acknowledges that the owner, occupant, or operator receiving Financial Assistance for the proposed Project is in substantial compliance with applicable local, state, and federal tax, worker protection and environmental laws, rules and regulations.

J. The Applicant confirms and acknowledges that the submission of any knowingly false or knowingly misleading information may lead to the immediate termination of any Financial Assistance and the reimbursement of an amount equal to all or part of any tax exemption claimed by reason of the Agency's involvement the Project.

K. The Applicant confirms and hereby acknowledges that as of the date of this Application, the Applicant is in substantial compliance with all provisions of Article 18-A of the New York General Municipal Law, including, but not limited to, the provision of Section 859-a and Section 862(1) of the New York General Municipal Law.

L. The Applicant and the individual executing this Application on behalf of Applicant acknowledge that the Agency and its counsel will rely on the representations and covenants made in this Application when acting hereon and hereby represents that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statement contained herein not misleading.



8. Hold Harmless Agreement:

Applicant hereby releases Wayne Economic Development Corporation and its members, officers, servants, agents and employees thereof (the "Agency") from, agrees that the Agency shall not be liable for, and agrees to indemnify, defend and hold the Agency harmless from and against any and all liability arising from or expense incurred by: (A) the Agency's examination and processing of, and action pursuant to or upon, the attached Application, regardless of whether or not the Application or the Project described therein or the tax-exemptions and other assistance requested therein are favorably acted upon by the Agency, (B) the Agency's acquisition, construction, and/or installation of the Project described therein and (C) any further action taken by the Agency with respect to the Project, including without limiting the generality of the foregoing, all cause of action and attorney's fees and any other expenses incurred in defending any suits or action which may arise as a result of any of the foregoing. If, for any reason, the Applicant fails to conclude or consummate necessary negotiations, or fails, within a reasonable or specified period of time, to take reasonable, proper or requested action, or withdraws, abandons, cancels or neglects the Application, or if the Agency or the Applicant are unable to reach final agreement with respect to the Project, then, and in the event, upon presentation of an invoice itemizing the same, the Applicant shall pay to the Agency, its agents or assigns, all costs incurred by the Agency in the process of the Application, including attorney's fees, if any.

Name of Officer or Authorized Representative _____

Signature of Officer or Authorized Representative _____

Title of Officer or Authorized Representative _____

Date _____



STATE OF NEW YORK
COUNTY OF WAYNE

_____ (Applicant Representative), being first duly sworn, deposes and says:

1. That I am the _____ (Corporate Officer) of _____ (Applicant Business) and that I am duly authorized on behalf of the Applicant to bind the Applicant.
2. That I have read the attached Application, that I know the contents thereof, and that to the best of my knowledge and belief, this Application and the contents of this Application are true, accurate and complete.
3. I/we hereby certify that this company does not deny services, employment, or membership to persons based on political preference, race, religion, sexual preference, handicap, marital status, age or national origin.
4. I/we authorize Wayne Economic Development Corporation (WEDC) to research the company and its principal(s) history, make credit checks, obtain credit reports, contact the company's financial institution, and perform other related activities in connection with this Application, and any update, renewal or extension thereof.
5. I/we authorize Wayne Economic Development Corporation (WEDC), the lender, to share information I have provided on this Application and any other information relevant to this loan Application with WEDC Board of Directors and Loan Review Committee.
6. I/we understand this Application in no way guarantees or implies funding and/or service through Wayne Economic Development Corporation (WEDC), its agents and/or assignees.

(Signature of Officer)

Subscribed and affirmed to me under penalties of perjury this _____ day of _____, 20____.

(Notary Public)

