

# FRANKLIN COUNTY MICROENTERPRISE GRANT PROGRAM

## APPLICANT QUALIFICATION FORM

This program is available to a limited number of businesses that meet specific requirements set by the CDBG Microenterprise Program and specific priorities intended to advance economic development in Franklin County. Please refer to program information available from the Franklin County Office of Economic Development to determine if your business or project is eligible. Questions can be directed to Russ Kinyon, Director of Economic Development, at (518) 481-1421 or rkinyon@franklincony.org.

**Name of Potential Applicant:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Town/Village:** \_\_\_\_\_

**Type of Business:**     Corporation                       Partnership                       Sole Proprietorship

**How Long Have You Been In Business? Check one:**

Start-up (not in business yet)                       6 Months or less                       Longer than 6 Months

### MICROENTERPRISE REQUIREMENTS

**Applicants must be a microenterprise, meaning they have five or fewer employees, including the owner, at the time of application. Does your business meet this requirement?**     Yes (Required)

**Current Number of Employees:** Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_  
[Including owner(s)]

**Anticipated Employees to Add:** Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

### INCOME REQUIREMENTS

To qualify, a microenterprise must either be owned by someone from a low- to moderate-income (LMI) household OR the project must result in the creation of at least one full-time equivalent position to benefit a person from a low- to moderate-income (LMI) household. Income limits are as follows:

CDBG MICROENTERPRISE PROGRAM LOW TO MODERATE INCOME REQUIREMENTS TO QUALIFY								
HOUSEHOLD SIZE (ALL PERSONS)	1	2	3	4	5	6	7	8
<b>MAXIMUM HOUSEHOLD INCOME TO QUALIFY</b>	\$36,050	\$41,200	\$46,350	\$51,450	\$55,600	\$59,700	\$63,800	\$67,950

[For example, if you have two adults and two children in a household, you would have to show that the total household income (including both adults) is less than \$51,450.]

**Based on these income limits, please note whether you will qualify. Check all that apply:**

- The owner is from a LMI household
- The project will create at least one full-time equivalent position for a person from a LMI household

## PROPOSED USE OF GRANT FUNDS:

The following categories may be eligible for grant funds. Check all that apply to your project:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Purchase of Inventory | <input type="checkbox"/> Purchase of machinery, furniture, fixtures, or equipment | <input type="checkbox"/> Purchase of Real Property |
| <input type="checkbox"/> Operating Capital     |   | <input type="checkbox"/> Employee Training         |

Please note that construction and remodeling costs are not eligible for grant funding.

## PROJECT PRIORITIES:

The following priorities have been established for this program. Check all that apply:

- Retail, tourism or service business who will fill a vacant commercial storefront in a downtown area
- Retail, tourism or service business currently operating in an existing location in a downtown area
- New retail, tourism or service business in a downtown area
- Retail, tourism-based or service business that offers a product or service that provides for a demonstrated need that is unmet or insufficiently available in the community
- Value-added agriculture businesses (i.e. a business that uses or improves on an agricultural product)

If your project doesn't directly fit one of these priorities, please indicate why you feel it is important in the Project Description on page 4.

## PROJECT FUNDING:

Grant funding is intended to fill a gap between the funding you have available and a project need. It is not intended to be the first or primary funding for a project. You must show your financial information, demonstrate that you can contribute funds to the project, and do not have the total resources needed to complete the project.

### REIMBURSEMENT

This funding is a reimbursement grant. This means that, if you are awarded, you would be reimbursed after spending funds that you have on hand or have borrowed for an eligible use. It is not retroactive and cannot be used to reimburse spending prior to a grant award. If awarded, this program may assist you in finding gap financing to provide funds prior to reimbursement. Once documentation is received, you or your funder would be reimbursed by the program.

- I am able to provide funds for project expenses and can await reimbursement
- I will need financial assistance to secure funding for project expenses

### EQUITY REQUIREMENT

You are required to contribute 10% of the requested grant amount. For example, the equipment you are requesting a grant for costs \$15,000 and you are able to contribute \$1,500 of this amount that will not be reimbursed.

- I am able to provide 10% of the approved project costs eligible for a grant

**BUSINESS AND PROJECT DESCRIPTION:** [You may attach a 1-2 page document instead.]

Please describe the nature and history of your business, including the products or services offered. For new businesses, please briefly describe your planned business.

PROJECT DESCRIPTION: [YOU MAY ATTACH A 1-2 PAGE DOCUMENT INSTEAD.]

Please describe the plans or project you are seeking grant funds to accomplish. Include ALL of the following:

- Briefly describe your project
- Generally describe the amount and of grant funds you are seeking and what they will be used for
- Generally explain what funds you have available for the project
- How this project satisfies one of the priorities indicated above or why you feel it is important
- Why this grant funding is *necessary* to accomplish your project and what it would mean to you

## ECONOMIC AND COMMUNITY IMPACT

Please describe the positive impact your project will have on the local economy and community.

Please return this form to:

Russ Kinyon, Director of Economic Development  
Franklin County Local Development Corporation  
355 W. Main Street, Suite 428, Malone, NY 12953

Or, preferred, you may send by email to [rkinyon@franklinida.org](mailto:rkinyon@franklinida.org).

Questions? Contact Russ at (518) 483-9472 or at the email above.