



Application for Neighborhood Commercial Assistance Programs July 1, 2008 - June 30, 2009

Small Business Grant

50/50 Matching Grant Up To \$3,000 for:

- **Advertising**
- **Architect Assistance**
- **Computer**
- **Interior Design Assistance**

Small Business Exterior Grant

50/50 Matching Grant Up to \$2,000 for:

- **Painting**
- **Roof**
- **Sign**
- **Storefront (windows & doors)**

Small Business Security Grant

50/50 Matching Grant Up to \$2,000 for:

- **Alarm System**
- **Exterior Lighting**
- **Security Camera**
- **Security Fence**



Matching Grant Applications
Effective July 1, 2008 – June 30, 2009

Applicant Name: _____ Title: _____ Sector _____
Business Name: _____ Telephone: _____ Fax _____
Address: _____ Rochester, New York, Zip Code: _____
E-Mail: _____ Fed. Tax I.D. # _____
Dun & Bradstreet No. _____ (If you don't have a number call 1-800-627-3867
or apply on line at www.Dun & Bradstreet.com)
Business Type: _____ Essential Business: Yes or No (see list on page 4)
Current # of Employees: _____ Current # Employees Who Are City Residents: _____
Business Start Date _____ (If in business less than one year, provide a business plan, or if you have operated
or owned a similar business for five years or more you may provide a resume in lieu of a business plan.)
Business Plan/Resume Received: Yes or No (circle) If no, hold application until business plan/resume is received.
Annual Sales Revenue \$ _____
Is the sales revenue of the business less than five million dollars. Yes No (If no you are not eligible for programs.)
Have you or any principal of the business received a loan from the City of Rochester or its subsidiary, REDCO?
Yes No If YES, has the loan been paid as agreed? Yes No

Required Documents:

- Read and sign City of Rochester Disclosure Statement (page 5 & 6)
- Personal Federal Tax Return (required if your business does not provide an essential neighborhood service)
- Recent Business Federal Tax Return (if a loss is shown, previous 2 years of business tax return is required)
- Employee Payroll (required if your business does not provide an essential neighborhood service and the business owner is not in the low/moderate income household).
- Proof of worker's compensation and disability insurance or signed notarized waiver
- Proof of General Liability Insurance up to \$100,000 naming the City of Rochester Additional Insured.
- Evidence of New York State Sales Tax paid to date (copy of receipt or canceled check)
- Evidence of City Property Taxes paid to date (copy of receipt or canceled check)
- Evidence of Monroe County Property Taxes paid to date (copy of receipt or canceled check)
- Business Permit
- Copy of most recent phone bill.
- Copy of most recent utility bill (gas & electric)
- Proof rent/lease/mortgage payments are up to date
- Copy of organizational paperwork (D/B/A, Partnership Agreement or Corporate Resolution)
- Proof of financial capability to match grant amount (bank statement) maximum \$5,000

Check grants that you are applying for and indicate amount.

_____ Small Business Grant (maximum \$3,000)	\$ _____
_____ Small Business Exterior Grant (maximum \$2,000)	\$ _____
_____ Small Business Security Grant Amount (maximum \$2,000)	\$ _____

Total Grant(s) _____ Total amount verified \$ _____

To qualify for the Grants the business applying must meet ONE of three criteria. If the business is located downtown they must meet criteria number 4.

1) The essential neighborhood business and project provide an area wide benefit to low/moderate income areas (please circle eligible business from attached list) and indicate service area:

or

2) Owner of the business being assisted is from a low or moderate income household (please circle household income level on attached HUD Income Guideline Sheet) Required documentation: Provide current Federal Income Tax Return of each owner.

or

3) Projects that retain/create jobs for low and moderate income persons; 51% of the total employees are from the low and moderate income households. Provide total payroll list and pay rate for 51% of the employees meeting the low/moderate income guidelines.

or

If Business is located in the Downtown area (inside of inner loop) the business must be creating new low/moderate income jobs and be able to provide documentation (payroll record).

4) Business must create new low/moderate income job. Provide payroll record of new employee.

I acknowledge receipt of the Business Application Program Guidelines and I am eligible because I meet criteria number _____ listed above.

The statements made in this application are correct and true.

Signature

Print Name & Title

Sworn to before me, this _____ day of _____, 2008

Notary Public

EDD Representative

EDD Approved Date

This program and funding availability subject to change without notice – Revised 6/25/08

Essential Neighborhood Services

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
Community Development Block Grant (CDBG)

Please circle the type of business from the eligible list below

Appliance sales, repair and rental
Auto - parts, repairs, sales
Barber shop/Hair Salon/Beauty Supply
Clothing
Convenience store with gas pumps
Laundromats
Day care center
Drug stores
Financial Services (cash checking)
Funeral homes
Furniture sales, repair
Grocery stores, Mini Marts, Supermarkets
Hardware Store
Home Improvement
Insurance Agency
Medical offices, Medical Supplies, Medical Transportation
Plumbing and Heating
Restaurants
Shoe sales/repair
Tax Services

If business is not on the essential neighborhood service list, they must meet the Federal Income Guidelines

Income Guidelines 2008--Percent of Area Median Family Income

Please circle family size and income level from the list below.

<u>Low/Moderate Family Size</u>	<u>Income</u>
1	\$35,900
2	\$41,050
3	\$46,150
4	\$51,300
5	\$55,400
6	\$59,500
7	\$63,600
8	\$67,700

City of Rochester Disclosure Form

Applicant Name(s): _____

Business Name: _____

Program Name: **Small Business Grant and/or Small Business Exterior Grant and/or Small Business Security Grant**

The subsidy (grant and/or loan program) or property disposition for which you are applying may be a part of one or more City of Rochester (hereinafter the “City”), Federal, State, or other programs, including, but not limited to, the Community Development Block Grant (CDBG) Program, Emergency Shelter Grant (ESG) Program, HOME Investment Partnerships (HOME) Program, Housing Opportunities for Persons with AIDS (HOPWA) Program, Asset Control Area (ACA) Program, Rochester Economic Development Corporation (REDCO) or City Development Fund (CDF). Each of these programs has rules and regulations prohibiting conflicts of interest. Conflicts generally arise where the applicant or his or her family or business may have an economic or employment interest in the program or the entity providing the program.

Program regulations like CDBG regulations generally limit the participation of employees, agents, consultants, officers, or elected or appointed officials of the City or any designated public agencies, or sub-recipients receiving Program funds, and those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For CDBG Programs, this applies unless an **exception is granted by HUD**. In order for HUD to grant an exception to such persons there must be a public disclosure of the application and the City’s Corporation Counsel must determine that the participation does not violate state or local law.

The objective of this form is to identify applicants that may have a conflict under the rules and regulations. The City will then determine whether an exception should be granted or requested. The City’s Department of Community Development is responsible for the coordination of the exception process for CDBG Programs.

I/We certify that: _____
(Name of applicant(s))

_____ 1. I/we am/are **NOT** an employee, agent, consultant, officer, or elected or appointed official of the City of Rochester, or relative of an employee, agent, consultant, officer or elected or appointed official, of the City of Rochester or any designated public agencies, business, or sub-recipients receiving CDBG or other Program funds.

_____ 2. I/we **AM/ARE** an employee, agent, consultant, officer, or elected or appointed official of the City of Rochester, or relative of an employee, agent, consultant, officer or elected or appointed official, of the City of Rochester or any designated public agencies, business, or sub-recipients receiving CDBG or other Program funds.

I would like to be granted an exception, or for CDBG Programs to have the Department of Community Development request an exception from HUD, to participate in this Program.

I am employed at _____ in the position of _____. I (___ do) (___ do not) perform any duties relating to the Program.

_____ is the family member to whom I am related. (Relationship: _____). This family member is employed at _____ in the position of _____. This family member (___ does) (___ does not) perform any duties relating to the Program.

Signature _____ Date _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Application reviewed by: _____

Low/Mod ___ Yes ___ No; BAS ___ Yes ___ No; RC ___ Yes ___ No; EZ ___ Yes ___ No

Census Tract _____

Business Plan Required Yes/No Business Plan Received _____ Business Plan Approved _____

Federal Tax Returns received _____

Payroll List received _____

Disclosure form received _____

Legal Opinion Required: Yes/No If Yes, date legal opinion received _____ (HUD exception is also required)

HUD exception approved: Yes/No Date of approval or denial _____

Application Status: Approved ___ Denied ___