



Department of Planning & Development

Monroe County, New York

Adam J. Bello
County Executive

Ana J. Liss
Director

Small Business Micro Loan Application

Section 1: Eligibility

Are you (the applicant) over the age of 18?

(Circle your reply) Yes No

Is your business headquartered in Monroe County?

(Circle your reply) Yes No

Please enter the zip code of your business address:

Is your business a registered For-Profit LLP, LLC, Sole Proprietorship, Partnership, C-Corp or S-Corp or other For-Profit entity?

(Circle your reply) Yes No

Please provide the **month** and **year** your business was created:

Do you certify your company does not deny services, employment or membership to persons based on political preference, race, religion, age, gender, sexual preference, disabled or marital status?

(Circle your reply) Yes No

Is your business one of the following?

- Lending Institution
- Passive business engaged in owning, purchasing, leasing or reselling real estate or other assets
- Adult
- Cannabis
- Religious organization
- Non For Profit business

Does your business operate within all New York State, Federal and Local laws?

(Circle your reply) Yes No

Is your business New York State MWBE certified or a certified New York State Service Disabled Veteran Owned business?

(Circle your reply) Yes No

If a MWBE, is your business Monroe County certified?

(Circle your reply) Yes No Not Applicable

Does your business have **25 or fewer** W2 employees?

(Circle your reply) Yes No

Does your last annual financial statement report **less than \$4 million dollars** in revenue?

(Circle your reply) Yes No

Does any government elected official, or their immediate household members, have an ownership interest in this company?

(Circle your reply) Yes No

Is the company currently delinquent on any state, local or federal taxes ?

(Circle your reply) Yes No

Please describe the ways your business was negatively impacted by the COVID -19 pandemic after March 2020 (check all that apply)

- Business was a “non-essential” business during the New York State Governor’s state of emergency
- Loss of revenue
- Increased costs of materials and supplies
- Increased costs of labor (compared to pre-pandemic levels)
- Shortage of labor impacting business operations and loss of earnings
- Shortage of materials and supplies impacting business operations
- Economic uncertainty that resulted in delaying capital expenditures or investments in growing your business
- Business primarily served one of the following industries: travel, childcare, restaurants, retail, clothing or entertainment
- Reduced access to capital due to inflation, increased interest rates or other factors
- Other (please specify in more detail below)

Please explain how your business was negatively impacted by COVID-19?

Section 2: Contact Information

(Please enter the following information)

Please enter preferred language:

First Name

Last Name

Preferred Phone #

Preferred Email Address

Date of Birth

Section 3: Company Profile - Part 1

(Please enter the following information)

Corporate Legal Name

Must match the name registered with the IRS for your Tax ID (ex: Pat's Family Restaurant, Inc.)

Company DBA (if applicable)

Company Website (if applicable)

Federal Tax ID Number

Address where your business is physically located

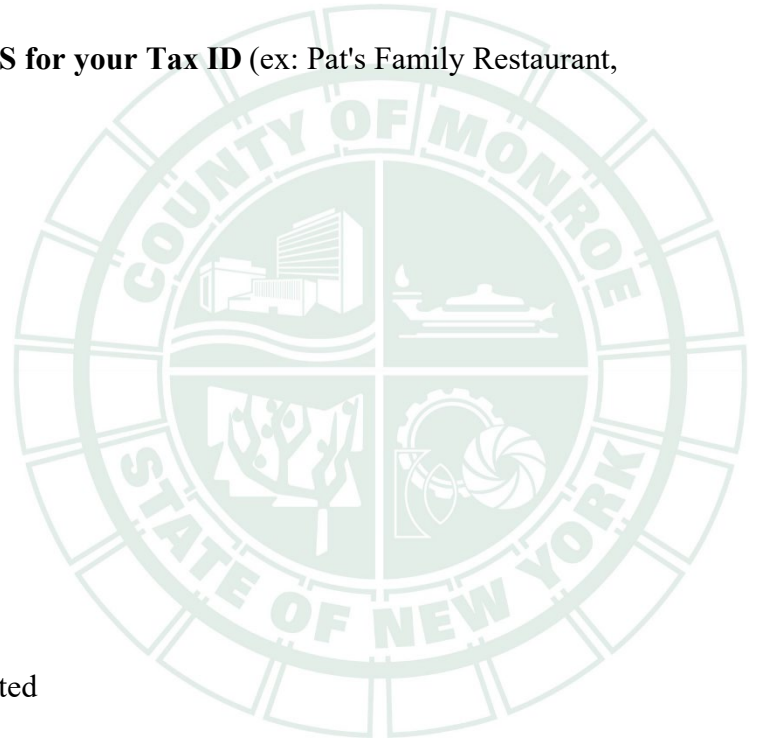
City, State, Zip Code

What year was the company established?

Is the company mailing address different from where the business is located?

(Circle your reply) Yes No

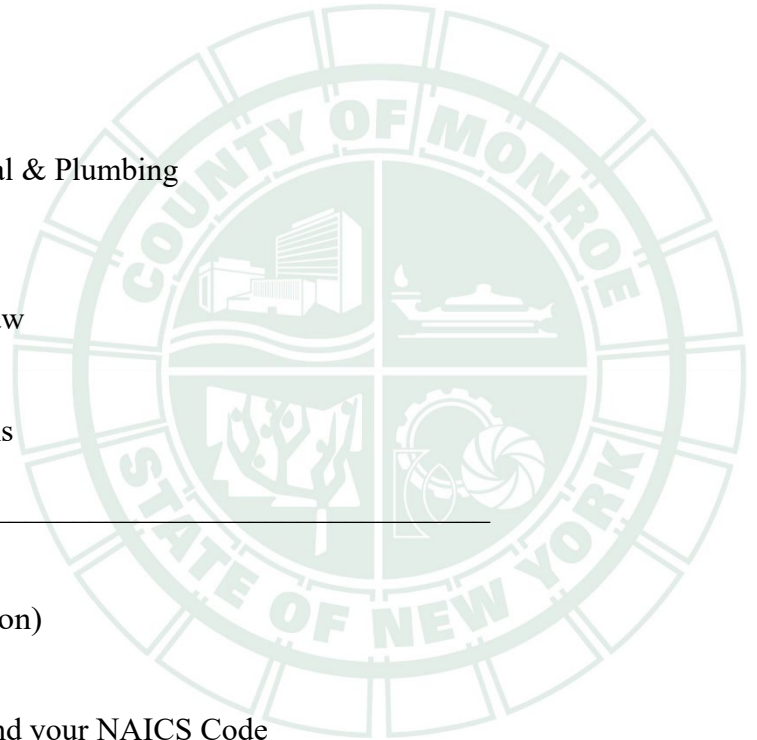
If yes, _____



What industry best describes your business?

(Check your reply)

- Agriculture & Mining
- Construction, HVAC
- Creative Services, Photographers, etc.
- Engineering
- Childcare Center
- Grocery & Convenience Stores
- Gyms, Fitness Studios
- Healthcare & Life Sciences
- High Tech, IT & Software
- Hotels, Hospitality
- Landscaping, Home Repairs, Electrical & Plumbing
- Manufacturing
- Mechanics & Car Repair
- Media & Communications
- Professional Services, Accounting, Law
- Restaurants & Food Service
- Retail & Consumer Goods
- Spas, Salons, Barbershops, Nail Salons
- Travel & Transportation
- Other (Please describe) _____



(Please enter the following information)

What is your NAICS Code?

Refer to your Federal business tax return to find your NAICS Code

How many W-2 based people, including yourself, does your company currently employ?
Count each full-time employee as 1 and each part-time employees as 0.5 (W-2 based employees only, no 1099s or consultants)

Number of W2 employees _____

Does your organization identify as a diverse or disadvantaged business? Check all that apply.
Note: Diverse business enterprises are defined as companies that are at least 51% owned and operated by a member of one of the historically disadvantaged groups. In the U.S., these groups are identified as:

(Check all that apply)

- Women-owned business
- Minority-owned business
- LGBTQI-owned business enterprise
- Persons with a Disability-owned business (including Service-disabled Veteran)
- Decline to state
- None of the above

Section 4: Company Profile - Part 2

What is the majority owner's race or ethnicity?

(Check all that apply)

- American Indian or Alaska Native
- Asian (including East, Southeast, or South Asian)
- Black or African-American
- Hispanic
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Two or more races
- Decline to state

What is the majority owner's gender pronoun?

(Check your reply)

- She/Her
- He/Him
- They/Them
- Prefer to Not Disclose

Need to tell us more? :

Section 5: Use of Loan Proceeds

(Please enter the following information)

What is your prior year's gross revenue/receipts?

\$ _____

What is your year-to-date revenue?

\$ _____

Have you applied for, been approved, and received PPP, EIDL, or other COVID relief funding?

(Check all that apply)

- PPP
- EIDL
- Other COVID relief funding
- None

If yes, how much did you receive?

\$ _____

Did you receive forgiveness on any debt? Yes No

If so, how much? _____

Detail your planned use of funds if approved for the small business micro loan. Please utilize this worksheet to detail your use of proceeds.

Equipment \$ _____

Working Capital \$ _____

Supplier Payments \$ _____

Physical building adaptation, including interior and exterior updates

\$ _____

Technology and digital resources including tools and services as well as purchases for remote access \$ _____

Website Development/Enhancements \$ _____

Marketing/Advertising \$ _____

Business related fees \$ _____

Other \$ _____

Total Sum Entered

\$ _____

Section 8: Terms and Conditions

Upon request, Applicant will submit additional information and documentation in support of this application. Any further information or documentation submitted by Applicant in connection with this Application shall also be subject to these acknowledgements.

I AGREE _____ (signed initials)

All information and statements contained in this application, and all documents and exhibits submitted with this application, to the best of the applicant's knowledge are true, accurate, complete and not misleading, as of the date of this application. The person submitting this application has the authority of the Applicant to submit the Application on its behalf.

I AGREE _____ (signed initials)

The Applicant certifies that its business is in good standing, has no debts to the COUNTY.

I AGREE _____ (signed initials)

Applicant recognizes that there is no assurance that Applicant will be approved for any loan of any size, regardless of what the Applicant may have been told or read with respect to this loan program.

I AGREE _____ (signed initials)

The Applicant has fully complied with, and will fully comply with, all federal, state, and local laws and regulations applicable to this loan application and Applicant's business, assets and/or operations, and the Applicant is not currently under investigation with respect to any violation of, or failure to comply with, any such applicable law or regulation.

I AGREE _____ (signed initials)

All decisions and recommendations with respect to this application and this loan are final and non-appealable. Applicant acknowledges that loan determinations will be made based on both objective and subjective analysis of information available and that approval determinations need not follow strictly or consistently the scoring methods utilized.

I AGREE _____ (signed initials)

By signing below, you confirm that you have read and agree to be bound by the Loan Terms and Conditions. You certify that the information you have provided in this application is true and accurate, and that you have the authority to consent to the Small Business Micro Loan Program Agreement and submit this application on behalf of the applicant company

I AGREE _____ (signed initials)

Signature _____

Date _____