

NIAGARA COUNTY MICROENTERPRISE ASSISTANCE PROGRAM

APPLICATION FORM FOR EXISTING MICROENTERPRISES

Funded by a grant from the U.S. Department of Housing and Urban Development, the Niagara County Microenterprise Assistance Program is intended to provide participants with education, training, technical assistance, and capital, with the overall goal of creating viable and productive small businesses in Niagara County.

To be eligible for assistance under this program, the applicant must be an existing commercial enterprise which employs five (5) or fewer employees, at least one of whom owns the enterprise. The enterprise must have its principal operations located in Niagara County and may be a sole proprietorship, partnership, corporation, and or other recognized form of business.

Generally, the program seeks to strengthen and enhance these businesses, with the ultimate goal of increasing employment opportunities for low and moderate income persons. As a result, acceptance into the program will only be given to those existing microenterprises which can demonstrate an ability to grow and to provide expanded employment opportunities for low and moderate income persons. The sole exception to this criterion will be for owners of microenterprises who are themselves low and moderate income persons, whereby the demonstrated ability to expand employment opportunities will not be mandatory. ***All information provided as part of the application process will be maintained as confidential and will only be used by program staff for determining eligibility and appropriateness for participation.***

Microenterprises selected for participation will be analyzed to identify appropriate areas for business expansion and to identify any technical assistance elements that may be appropriate for achieving that expansion. Participants will also be required to attend a business training course currently expected to be held one weeknight per week for a 12-week period at Niagara County Community College. Each participant will be expected to develop a written business plan under the direction of a technical advisor. Upon completion of the classroom instruction and development of a viable business plan, participants may apply for a loan from the Niagara County Industrial Development Agency's seed capital fund. Businesses developed by graduates of the Microenterprise Assistance Program will maintain a close relationship with program staff during the initial expansion period, with technical assistance remaining available for at least a six-month period. Successful participants will be encouraged to return to the program as instructors or mentors for future trainees.

Since funding is limited for this program, applicants will be selected based on a review of the application information and any follow-up interviews that may be conducted. Those applicants not selected will be informed in writing, and referrals for other available assistance will be provided as appropriate. Applicants not selected for the program will be given priority consideration for future assistance to be provided by the County.

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The information required by this application form will be used by program staff in selecting participants and to provide appropriate documentation with respect to Federal funding. Please provide complete answers to all questions and attach additional information as appropriate. ***Applicants are encouraged to use this application form as a means of conveying the level of motivation, energy, capacity, and creativity which they will bring to the program.***

The Niagara County Microenterprise Assistance Program is being administered by the Niagara County Industrial Development Agency. Questions regarding the application process or other aspects of the program may be directed to the Niagara County IDA at (716) 278-8763. ***Completed applications should be returned either in person or by mail to:***

***Niagara County IDA
Attn: Barbara Gill, Administrative Coordinator
6311 Inducon Corporate Drive, Suite One
Sanborn, NY 14132***

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Each applicant with at least a 20% ownership of the applicant business must complete the following Sections A through F. Please make copies of the blank forms if there are multiple owners.

SECTION A. INCOME STATUS AND GENERAL INFORMATION

Name of Applicant: _____
 Address: _____ City: _____ Zip: _____
 Telephone:(h) _____ (w) _____ Soc. Sec. #: _____
 Cell Phone: _____

(circle)

1. Are you currently a permanent resident of Niagara County? Y N
2. Are you at least eighteen (18) years of age Y N
3. Are you currently unemployed? Y N
4. Are you currently receiving public assistance (welfare) Y N
5. 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.

What is the number of individuals in your household? _____																																	
Check household income level <input checked="" type="checkbox"/>																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">Below</td><td style="width: 15%;">\$37,700</td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr> <tr><td>\$37,700 - \$42,999</td><td></td><td></td><td></td></tr> <tr><td>\$43,000 - \$48,499</td><td></td><td></td><td></td></tr> <tr><td>\$48,500 - \$53,849</td><td></td><td></td><td></td></tr> <tr><td>\$53,850 - \$58,199</td><td></td><td></td><td></td></tr> <tr><td>\$58,200 - \$62,499</td><td></td><td></td><td></td></tr> <tr><td>\$62,500 - \$66,799</td><td></td><td></td><td></td></tr> <tr><td>\$66,800 - \$71,100</td><td></td><td></td><td></td></tr> </table>	Below	\$37,700			\$37,700 - \$42,999				\$43,000 - \$48,499				\$48,500 - \$53,849				\$53,850 - \$58,199				\$58,200 - \$62,499				\$62,500 - \$66,799				\$66,800 - \$71,100				<p style="text-align: center;">Ethnic Origin Check one (✓)</p> <p>_____ White</p> <p>_____ Black/African American</p> <p>_____ Asian</p> <p>_____ American Indian/Alaskan Native</p> <p>_____ Native Hawaiian/Other Pacific Islander</p> <p>_____ American Indian/Alaskan Native & White</p> <p>_____ Asian and White</p> <p>_____ Black/African American & White</p> <p>_____ American Indian/Alaskan Native & Black</p> <p>_____ Other (specify: _____)</p> <p>Also check the following box if applicable:</p> <p>_____ Hispanic (Spanish origin)</p>
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<input checked="" type="checkbox"/>																																	
Check if you are a female head of household																																	
Check if you are a handicapped individual																																	
Check if you are at least 65 years old																																	
Check if you are currently unemployed																																	

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|-----|---|---|---|
| 6. | Have you ever participated in the ownership of a business enterprise? | Y | N |
| 7. | Have you ever filed for personal bankruptcy? | Y | N |
| 8. | Are you currently delinquent in the payment of any State, Federal or municipal property or income tax obligation? | Y | N |
| 9. | Are there currently any unsatisfied judgments against you? | Y | N |
| 10. | Have you ever been convicted of a felony or had a civil judgment rendered against you? | Y | N |
| 11. | Have you ever been indicted or otherwise criminally or civilly charged by a government entity, federal, state or local? | Y | N |

If the answer to any of questions 7-11 is "yes", please provide additional comments and explanation below and on additional pages as necessary:

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SECTION B. EDUCATIONAL BACKGROUND

Highest educational level completed (circle one):

Under 8th grade 8 9 10 11 12 13 14 15 16 over 16

High School Attendance	
Name & Location:	Years Completed:
Name & Location:	Years Completed:
Activities, Interests, Awards, Etc.:	

College/University Attendance	
Name & Location:	Years Completed:
Degree/Year Awarded/Major:	
Name & Location:	Years Completed:
Degree/Year Awarded/Major:	
Activities, Interests, Awards, Etc.:	

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Vocational and Other Training	
Name & Location:	Length of Training:
Certificate/Year Awarded/Subject:	
Name & Location:	Length of Training:
Certificate/Year Awarded/Subject:	

SECTION C. EMPLOYMENT HISTORY

List most recent position first; attach additional pages as necessary.

Employer (Name, Address, Phone Number):

Position Title: Time Period:
Supervisor/Contact Person:
Duties:

Employer (Name, Address, Phone Number):

Position Title: Time Period:
Supervisor/Contact Person:
Duties:

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Employer (Name, Address, Phone Number):

Position Title:

Time Period:

Supervisor/Contact Person:

Duties:

Employer (Name, Address, Phone Number):

Position Title:

Time Period:

Supervisor/Contact Person:

Duties:

SECTION D. PERSONAL HISTORY

This section is designed to give the applicant an opportunity to provide insight into his or her personality, background, and attitude toward entrepreneurship. The applicant is encouraged to provide as much information as possible to assist the program staff in making selection decisions. Additional pages may be attached as necessary.

1. General background, personal history, and reasons for applying to the Microenterprise Assistance Program:

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Advanced mathematics	L	M	H
Computer skills	L	M	H
Personal interaction	L	M	H
Management/supervision	L	M	H

SECTION F. CERTIFICATION AND ACKNOWLEDGEMENTS

I authorize the Niagara County Industrial Development Agency to make inquiries as necessary to confirm the accuracy of the statements made and to obtain a copy of my credit history. I certify that the information contained herein and in the attachments is true and accurate as of this date.

Signature of Applicant

Date

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SECTION 1. APPLICANT INFORMATION

Name of Company: _____

Address: _____

Contact Person: _____

Nature of Business: _____

Telephone #: _____

Fax #: _____

Corporation Year _____ State _____

Partnership Year _____ State _____

Sole Proprietorship Year _____ State _____

Federal ID #: _____

Company Attorney _____

Firm Name _____

Address _____

Telephone #: _____

Company Accountant _____

Firm Name _____

Address _____

Telephone #: _____

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List all company officers (name and position):

List all company principals (shareholders/partners); include name and % interest:

(circle)

- Is the company current in all of its tax obligations? Y N

EXPLAIN:

- Is the company delinquent in the payment of any loans? Y N

EXPLAIN:

- Has the company been declared in default on any of its loans? Y N

EXPLAIN:

- Has the company ever filed for bankruptcy? Y N

EXPLAIN:

- Have any of the company's principals ever personally filed for bankruptcy or in any way sought protection from creditors? Y N

EXPLAIN:

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- Are there currently any unsatisfied judgments against the company? Y N

EXPLAIN:

- Are there currently any unsatisfied judgments against any of the company's principals? Y N

EXPLAIN:

- Have you ever been convicted of a felony or had a civil judgment rendered against you? Y N

EXPLAIN:

- Have you every been indicted or otherwise criminally or civilly charged by a government entity, federal state, or local? Y N

EXPLAIN:

SECTION 2. BUSINESS HISTORY

Describe the nature and history of your business, including the products or services offered, customers, suppliers, sales history, employment pattern, etc. Attach additional pages if necessary.

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Discuss the strengths and weaknesses of your company's performance to date.

SECTION 3. FINANCIAL INFORMATION

Attach a complete copy of the company's most recent Federal tax return if business has been operational a sufficient length of time to require filing of tax return.

SECTION 4. BUSINESS PLANNING

Describe the areas where you feel your business can attain growth. Include a discussion of the markets, anticipated increased sales volumes, expanded employment opportunities, etc.

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What are the impediments to your ability to achieve the business growth described above, and what assistance from the Microenterprise Assistance Program do you think would be of most value to your company?

SECTION 5. CERTIFICATION AND ACKNOWLEDGEMENTS

I (we) authorize the Niagara County Industrial Development Agency to order credit reports and/or other financial background information on my (our) personal and business financial background. I (we) waive all claims against the Niagara County IDA and its consultants. I (we) attest that to the best of our knowledge, information, and belief, the information contained in the foregoing application and its attachments is correct and true.

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

Signature

Date

Signature

Date

If Applicant is a corporation, sign below:

Name of Corporation

Authorized Signature

Date

Printed Name and Title