



Program Guidelines and Application for New Business / Small Business Matching Grant Programs

July 1, 2018 - June 30, 2019

Believe.



City of Rochester, NY
Lovely A. Warren, Mayor
Rochester City Council



Program Guidelines & Application for New Business Small Business Matching Grant Programs

July 1, 2018 – June 30, 2019

Maximum (50/50 Matching) Grant* Amount \$5,000

Small Business Grant (up to \$5,000 for):

- Advertising
- Computer

Small Business Sign Grant (up to \$1,000 for):

- Exterior Sign

Small Business Security Equipment Grant (up to \$2,000 for):

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

Small Business FF&E Grant (up to \$2,000 for):

- Furniture, Fixture & Equipment
(only items which require no installation are eligible)

***Note: Grants are paid out as cost reimbursements**

Incomplete applications cannot be processed.

Small Business Matching Grant Program Guidelines – Effective July 1, 2018

Eligible Businesses:

New retail and select consumer services with annual gross revenues of Five Million Dollars or less, serving the low/moderate income areas of the City of Rochester, located within commercial zoned areas. Eligible businesses must be located in low/moderate income residential neighborhoods and must meet the U.S. Department of Housing and Urban Development (HUD) eligibility guidelines in one of two ways:

1. The business provides an essential product or service to low/moderate individuals as defined by HUD;
or
2. The business is a microenterprise with five or fewer employees and the business owner is low/moderate income; or meets other eligibility requirements:
 - A. Then business is not a home based
 - B. The business meets financial guidelines
 - C. The business is current on sales and property taxes
 - D. Has no outstanding code violations and/or nuisance points for City properties owned.
 - E. Business is a for profit entity.

Small Business Matching Grant Programs:

Small Business Grant - Provides a 50/50 matching grant up to \$5,000 for any combination of the following: Advertising, Computers (hardware & software).

- Advertising: For example, print, radio, TV, web-based, promotional items, direct mail. All advertising must be approved by a city representative.
- Computer: Purchases may include hardware, software and ancillary equipment (P.O.S. systems are eligible).

Small Business Sign Grant:

- Exterior Sign: You may purchase a new sign and or repair an existing sign. New signs will require a permit and approval from the City's Zoning Department.
- **If the total project cost exceeds \$2,000** the **Davis Bacon Act** will be in effect. No reimbursement will be available without submission of certified project payroll demonstrating that prevailing wage rates were applied.

Small Business Security Equipment Grant: -

- Alarm System: Purchase of hardware is eligible. Grants cannot be used for maintenance contracts.
- Exterior Lighting: A licensed electrician is required to install the lighting and obtain electrical permits from the City's Zoning Department.
- Security Camera: You may purchase a security camera system from a company authorized to sell and install security camera systems; or you may purchase the camera system from an authorized dealer and install the system yourself
- Security Fence: Fencing around the perimeter of your property. Security gates/grills are not eligible.

Federal requirements may impact the installation expense associated with alarms, lighting and fencing. Please review the project budget with NBD staff to determine if federal regulations apply.

Small Business FF&E Grant – Provides a 50/50 matching grant up to \$2,000 for furniture, fixtures and/or equipment.

You may purchase furniture, fixtures and/or equipment for your business. Eligible FF&E items include movable furniture and items that are not permanently affixed to a wall, ceiling or facility. FF&E Does not include windows, doors or affixed flooring. Installation/set-up fees may be no more than 14% of the cost.

Application, Agreement and Reimbursement

If the application is completed, reviewed and approved, a grant agreement will be executed by the City of Rochester and the business owner. Once the agreement has been approved you will be notified that you can proceed with the matching grant for the eligible categories. **This grant is a reimbursement grant program.** Once the product/service is purchased you must provide the following cost documentation for reimbursement by the City of Rochester:

1. Copy of invoice
2. Proof of payment: cancelled check (copy of front & back), credit card receipt, certified check (copy of front & back), money order (copy of front & back). **PAYMENT IN CASH IS NOT ACCEPTABLE.**
3. **A maximum of four reimbursement draws may be submitted over the term of the agreement.**
4. Copy of permit if applicable (e.g., sign, electrical for exterior lighting)
5. **Only expenses that occur following the date found on the executed agreement will be considered for reimbursement, for a period of twelve months. Any expenses occurring prior to the date found on the executed agreement are not eligible for reimbursement.**
6. Businesses are eligible to reapply 24 months following the date of the last reimbursement from a prior grant.

If you have any questions, please contact the specialist listed below for your quadrant:

Northeast
Southeast
Northwest
Southwest and Downtown

Dave Balestiere (585) 428-6817
Matt McCarthy (585) 428-6920
Eric Van Dusen (585) 428-6177
Horace Allen (585) 428-6169

New Business Matching Grant Application

Effective July 1, 2018

Business Name: _____ Applicant Name: _____

Title: _____ Telephone: _____ Fax _____

E-Mail: _____

Website: _____

Address: _____ Rochester, New York, Zip Code: 146_____

Mailing Address if different _____

Please check location: ☐Downtown ☐Northeast ☐Southeast ☐Southwest ☐Northwest

Please check if you are a: ☐Corporation ☐Limited Liability Co. ☐Partnership ☐Sole Proprietorship

Federal Tax I.D. # _____

Dun & Bradstreet No. _____ (If you don't have a number call 1-866-705-5711
or apply on line at iupdate.dnb.com)

Business Start Date _____

Business Type: _____ Essential Business (see list on page 5): ☐Yes ☐No

Current # of Employees: _____ Current # of Employees Who Are City Residents: _____

Anticipated # of additional full-time equivalent employees to be added in the next 3 years? _____

Anticipated # of additional FTE employees to be added in the next 3 years that are City residents? _____

Have you or any principal of the business received a loan from the City of Rochester or its subsidiary, REDCO? ☐Yes ☐No

What was the name of business that received the financing? _____

Check grants that you are applying for and indicate amount (**Maximum Grant Amount is \$5,000**).

_____ Small Business Grant (maximum \$5,000)	\$ _____
_____ Small Business Sign Grant (maximum \$1,000)	\$ _____
_____ Small Business Security Grant Amount (maximum \$2,000)	\$ _____
_____ Small Business FF&E Grant Amount (maximum \$2,000)	\$ _____

Total \$ _____ (Not to exceed \$5,000)

To qualify for the Grants the business applying must meet ONE of the following HUD criteria. If the business is located downtown (inside inner loop) they must meet criteria number 4. (City Staff will circle the qualifying definition)

1) The business is an essential neighborhood business that provides an area wide benefit to low/moderate income areas (please circle eligible business from attached list on the following page). and indicate service area:

or

2) The business is a microenterprise with five employees or fewer and the owner of the business being assisted is from a low or moderate income household as defined by HUD (please circle household income level on following page - 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 low and moderate income households. Provide total payroll list and pay rate for 51% of the employees meeting the low/moderate income guidelines. Businesses will need to provide the entire payroll to demonstrate the required 51%.

4) **Downtown** businesses (within the Inner Loop) should create new low/moderate income job(s). Otherwise, payroll record must be provided for all employees to determine eligibility to meet eligibility requirements.

Essential Neighborhood Services (HUD)
Please check the type of business from the eligible list below

- _____ Appliance sales, repair and rental
- _____ Auto - parts, repairs, sales
- _____ Barber shop/Hair Salon/Beauty Supply
- _____ Cell Phone Stores
- _____ Clothing
- _____ Computer equipment, sales & service
- _____ Convenience store with gas pumps
- _____ Day care center
- _____ Drug stores
- _____ Financial Services
- _____ Funeral homes
- _____ Furniture sales, repair
- _____ Grocery stores, Mini Marts, Supermarkets
- _____ Hardware Store
- _____ Home Improvement
- _____ Insurance Agency
- _____ Laundromats
- _____ Medical offices, Medical Supplies, Medical Transportation
- _____ Plumbing and Heating
- _____ Restaurants
- _____ Shoe sales/repair
- _____ Tax Services
- _____ Veterinary Clinic

If business is not on the essential neighborhood service list, the business may qualify as a small business enterprise where the owner of the business is low/moderate income, they must meet the 2018 Federal Income Guidelines: 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	\$41,450
2	\$47,400
3	\$53,300
4	\$59,200
5	\$63,950
6	\$68,700
7	\$73,450
8	\$78,150

Required Documentation Section to be Submitted with Completed Application

For businesses in existence up to 1 year:

What is your most recent year's projected annual Sales Revenue \$ _____

How much additional funding do you anticipate investing in the business within the next 2 years? \$ _____

Required Documents (to be submitted with application):

- ☐ Personal Federal Tax Return for last year
- ☐ A detailed Business Plan (see attachment A)
- ☐ Year to date financial reports if business start-up is more than 120 days old
- ☐ Current worker's compensation and disability insurance certificate or provide approved NY State Worker's Comp. Form CE-200 (apply on-line at www.wcb.state.ny.us.)
- ☐ Current General Liability Insurance certificate up to \$1,000,000 naming the City of Rochester Additional Insured (attach a copy of the policy endorsement reflecting that the City is an additional insured) and including 30 day cancellation notification (see Sample on the following pages)
- ☐ Evidence of New York State Sales Tax paid to date (copy of receipt or canceled check)
- ☐ Copy of Business Permit
- ☐ Copies of Business Licenses needed for your business (e.g., Monroe County Health, Liquor License)
- ☐ Copy of Lease (if tenant)
- ☐ Proof that Rent/lease/mortgage payments are current
- ☐ Copy of organizational paperwork (D/B/A, Partnership Agreement, Corporate Resolution, Member Resolution)

Other Documentation - Attached

- ☐ Signed credit check consent form from each owner/partner with 20% interest or more (Attached)
- ☐ City of Rochester Disclosure Statement
- ☐ W-9 Form/OMB Circular A-133 Certification Letter (Attached) – W-9 Instructions may be found here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- ☐ Proof that City property taxes are current (if owner of real property)
- ☐ Proof of code compliance if owner of real property within the city of Rochester.
- ☐ Hiring Preference Agreement (if required, see note below)

Note: The City reserves the right to ask for further documentation and/or clarification as part of the financial and economic development review. Grant Applications will not be reviewed for approval until all documents and information has been submitted.

Some eligible businesses will be required to provide follow-up job creation information. If needed, a Hiring Preference Agreement will be provided by your City staff representative should this condition apply to your grant.

**I acknowledge receipt and review of the Small Business Matching Grant Program Guidelines.
The statements made in this application are correct and true.**

Applicant Signature

Print Name & Title

Date

Reviewed By

Date

Manager Approval

Approved Date

Business Plan

Example

- I. Executive Summary
- II. Type of Business
 - a) Description of product or service
 - b) Space, parking and loading requirements
- III. Industry Analysis
- IV. Market Analysis
 - a) Target Market Segment
 - 1) Customers
 - 2) Geographic area
 - b) Competitive Evaluation
- V. Meeting Plan
 - a) Advertising
 - b) Pricing policy
- VI. Organization and Management Structure
 - a) Form of ownership (sole proprietorship, limited partnership, S-Corp, C-Corp)
 - b) Experience, background/ownership of owners and key management personnel
 - c) Labor Force- Number of employees, projected job growth and employee residences
 - d) Job Training
- VII. Operations
 - a) Operating hours
 - b) List of other retail locations
- VII. Financial Information
 - a) Historical financial statements of existing business for past 3 years if applicable:
 - 1) Income statement, balance sheet and cash flow statement.
 - 2) Income statements and tax returns for past 3 years.
 - b) 3 year projected financial statements (profit/loss + balance sheet)
 - c) 3 year cash flow projections, by month, for the next 12 months
 - d) Sources and use of funds
 - e) Current credit report, personal financial statement, personal tax returns for past 3 years for all owners and guarantors.

Insurance Example



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER
Anytown Insurance Agency
1234 Main Street
Rochester, NY 14614

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
My Business Name
Business Street Address
Rochester, NY 146XX

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Insurance Company Name

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC		7/1/2017	6/30/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ \$
		AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
THE CITY OF ROCHESTER IS INCLUDED AS AN ADDITIONAL INSURED PER THE ATTACHED ENDORSEMENT (INCLUDE ENDORSEMENT NUMBER, IF APPLICABLE)

CERTIFICATE HOLDER

City of Rochester
City Hall, Room 005A
Rochester, NY 14614

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

Clear All

*Sample Additional Insured Endorsement
where city is specifically named*

POLICY NUMBER: [REDACTED]

COMMERCIAL GENERAL LIABILITY
ISSUE DATE: [REDACTED]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED-DESIGNATED PERSON
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of person or organization:

THE CITY OF ROCHESTER

**30 CHURCH STREET
ROCHESTER**

NY 14614

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your acts or omissions.

Credit Check Consent Form

It is standard procedure for the City of Rochester to complete a credit check of any company and its principals seeking financial assistance from the City. The information obtained through the credit check is confidential and shared only with those City staff directly involved in the evaluation of the financing request. Please fill in the applicable information below:

Name _____

Address _____

City/ State/Zip Code _____

Social Security # _____

I hereby give my permission to research the company's file and its principal(s) history, make credit checks, contact the company's financial institution and perform other related activities for the reasonable evaluation of this proposal.

Your Signature

Please print your title

Date

City of Rochester Disclosure

The Program for which you are applying may be 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 Solutions Grant (ESG) Program, HOME Investment Partnerships (HOME) Program, Housing Opportunities with 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 generally limit the participation of employees, agents, consultants, officers, or elected 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 federally assisted housing and community development programs, this applies unless an exception is granted by the **U.S. Department of Housing and Urban Development (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 Neighborhood and Business Development, Office of the Commissioner, is responsible for conflict of interest determinations and the coordination of the exception process for federally assisted housing and community development programs.

Name of Applicant(s):

Applicant 1: _____

Applicant 1: I am employed at _____ in the position of _____

Applicant 2: _____

Applicant 2: I am employed at _____ in the position of _____

Business Name (if applicable): _____

Property Address: _____

Program Name: _____

I/We certify that **(Please ONLY check one option (1 or 2)):**

___ 1. I/we **am/are NOT** an **employee**, agent, consultant, officer, or elected or appointed official of the City of Rochester, and am **NOT** a **relative** of an employee, agent, consultant, officer or elected or appointed official of City of Rochester, **nor part of 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 I/we am/are a relative of an employee**, agent, consultant, officer or elected or appointed official of the City of Rochester, or **I/we am/are** part of a designated public agency or worked any such agency within the last year, business or sub-recipient receiving CDBG or other Program funds.

I (___do) or (___do not) perform any duties relating to the Program.

For Family/Relative Affiliation:

_____ is the family member to whom I am related. (_____
(Name) (Relationship)

This family member is employed at _____ in the position of _____.

This family member (___ does) or (___does not) perform any duties relating to the program.

Applicant #1

Signature _____ Date _____

Applicant #2

Signature _____ Date _____

STATE OF NEW YORK)

COUNTY OF MONROE) ss.:

On the _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me, or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public/Commissioner of Deeds

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ ☐ Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here
Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



City of Rochester

Neighborhood and Business Development
City Hall Room 224B, 30 Church Street
Rochester, New York 14614
www.cityofrochester.gov

OMB CIRCULAR 2 CFR PART 200 CERTIFICATION LETTER

Important Compliance Document-Small Business Matching Grants

Company Name: _____

Pursuant to the requirements of OMB Circular 2 CFR Part 200, the City of Rochester is requesting that you check one of the following, provide all appropriate documentation regarding your organization's compliance with Circular 2 CFR Part 200 audit requirements, sign and date, and return this letter to the City of Rochester within **thirty (30) days** of receipt.

1. _____ We are not subject to a Circular 2 CFR Part 200 audit because we expended less than \$750,000 in total federal awards during our fiscal year ended _____.
2. _____ We are subject to Circular 2 CFR Part 200 but have not received an audit.
3. _____ We expended more than \$750,000 in total federal awards and have completed our Circular 2 CFR Part 200 audit for fiscal year ended _____. Our audit report and schedule of federal programs have no material findings that affect the City of Rochester's funding. Issue date of audit report: _____.
4. _____ We have expended more than \$750,000 in federal awards and have completed our Circular 2 CFR Part 200 audit for fiscal year ended _____. Our audit report and schedule of federal programs have material findings that affect the City of Rochester's funding. We are including a copy of the required audit report along with our corrective action plan for your information. Issue date of audit report: _____.

Additional Comments:

Type or Print Name: _____

Title: _____

Signature: _____

Signature Date: _____

Please return this completed document with supporting documentation to:

City of Rochester
Neighborhood & Business Development
Attention: Mary Kay Kenrick
30 Church Street – Room 224B
Rochester, NY 14614

HIRING PREFERENCE AGREEMENT (CDBG Funds)

This **LETTER OF AGREEMENT**, is made this _____, day of _____, 201_, between the **City of Rochester**, specifically its Neighborhood and Business Development Department, located at City Hall, 30 Church Street, Rochester, New York 14614, and _____, with offices located at _____, hereafter referred to as the "Employer."

WHEREAS, The City of Rochester's Neighborhood and Business Development Department (NBD) provides financial and economic development assistance designed to attract new businesses to the City and to enable existing businesses to expand and create jobs and,

WHEREAS, The City of Rochester seeks assurances from Employers who receive assistance that City of Rochester residents shall benefit from the creation of these new jobs and,

WHEREAS, The City of Rochester has entered into an Agreement with the United States of America Department of Housing and Urban Development (HUD) under the Community Development Block Grant (CDBG) Program and,

WHEREAS, The source of the financial assistance being provided to the Employer by the City of Rochester is CDBG funds and,

WHEREAS, The City of Rochester needs to ensure that, per HUD guidelines, any jobs created by the Employer are made available to or filled by low- and moderate-income (LMI) persons, as defined in this Agreement.

NOW, THEREFORE, the Employer agrees to the following:

I. Term

The term of the agreement is _____ through _____.

II. General Terms

- A. The Employer shall give first priority to hiring LMI persons for at least 51% of the _____ (_____) new positions (computed on a full-time basis) projected to be created by virtue of the project described in the letter of commitment.
- (1) The following requirements apply for jobs to be considered available to or held by LMI persons:
- > Created jobs are only considered to be *available* to LMI persons when:
 - > Special skills that can only be acquired with substantial training or work experience or education beyond high school are not a prerequisite to fill such jobs, or the Employer agrees to hire unqualified persons and provide training; and
 - > The Employer takes actions to ensure that LMI persons receive first consideration for filling such jobs.
 - > Created jobs are only considered to be *held* by LMI persons when the job is actually filled by an LMI person.
- (2) In determining whether a job is made available to or held by an LMI person, a person is **presumed** to be low- or moderate-income if:
- > He/she resides in a Census tract or block numbering area (BNA) that meets certain requirements (**detailed below**); or
 - > He/she resides in a Census tract or BNA with at least 70% LMI persons; or
 - > The Employer is located in an eligible Census tract or BNA (**see below**) and the job will be located within that same Census tract.
- (3) An eligible Census tract or BNA is one that is located within a Federally-designated Empowerment Zone or Enterprise Community or a Census tract that:
- > Has a poverty rate of at least 20% (30% if the area includes the central business district);

AND

- > The area evidences pervasive poverty and general distress by meeting at least one of the following criteria:
 - All block groups in the Census tract have 20% or greater poverty rates;
 - The activity is undertaken in a block group with a 20% or greater poverty rate; **OR**
 - HUD determines that the tract shows other signs of distress (e.g., crime, homelessness, deteriorated housing, etc.)

- B.** Positions, as projected on this agreement, shall include the Employer's job openings, in the assisted facility located at _____, Rochester, New York 146__ that are created as a result of terminations, promotions, and expansion of the Employer's workforce. The Employer may, but need not, refer job openings to be filled by internal promotion from the Employer's local workforce, executive, mid-level management and highly skilled technical positions to **Rochester Works** or the **NYS Department of Labor**.
- C.** The Employer shall make every active, reasonable effort to achieve the employment objectives described herein within three years from the date of this agreement. Once the total number of new jobs and ratio of LMI persons hired are reached, the Employer is expected to maintain these numbers throughout the term of the loan agreement.
- D.** After the Employer has selected its employees, the City of Rochester shall not be responsible for their actions. The Employer hereby releases the City of Rochester from any liability for employee actions.
- E.** This Agreement shall not be construed as a loan agreement and shall not obligate NBD to provide financial assistance. If, for any reason the proposed loan should be withdrawn or canceled, this Agreement will be null and void.
- F.** This agreement does not supersede other economic development program agreements that the Employer may have with NBD or the State of New York (e.g., New York State Empire Zone Program).

III. Modifications and Sanctions

- A.** The Employer and NBD may mutually agree to modify this Agreement to improve its terms or procedures.
- B.** NBD may terminate the Agreement at any time by written notification.
- C.** Any dispute concerning a question of fact arising under this contract which is not resolved by mutual agreement of the parties, shall be decided by the City which shall reduce its decision to writing and mail or otherwise furnish a copy to the Employer. The decision of the City shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, or capricious, or arbitrary, or so grossly erroneous as necessarily to imply bad faith, or not supported by substantial evidence.

IV. Mandatory Reports

Over the term of this agreement, the Employer is required to report hiring activity and job creation to the City of Rochester for the assisted facility on an annual basis, or more frequently upon written request by the City of Rochester.

With respect to the new jobs created, the records must show:

- > A listing by job title of the specific jobs to be created.
- > A listing by job title of the jobs which are filled.
- > The name and residential address of the person who filled each position.
- > The full time equivalency status of the jobs.

Given the above information reported, if it cannot be ***presumed*** that a person hired for a position is an LMI individual, as discussed in section **II(A)(2)** of this Agreement, the Employer must provide the following additional information for such individuals:

- > Family size (i.e., number of persons living in the household).
- > Total family income.

Where a job is not filled by an LMI person, but the Employer wants credit based on the job being made available to LMI persons, the records must show:

- > The title and description of the jobs made available, and the full time equivalency status of the job at the time.
- > The prerequisites for the job; special skills or education required for the job, if any; and the Employer's commitment to provide needed training for such jobs (and the training that the Employer provided to the person hired, if applicable).
- > How first consideration was given to LMI persons for the job, such as the name(s) and residential addresses of the person(s) interviewed for the job and the date of the interview(s).

IN WITNESS WHEREOF, the parties have duly executed this Agreement on the date first written above.

CITY OF ROCHESTER

Neighborhood and Business Development Department

By: _____

Name: Baye M. Muhammad

Title: Commissioner of Neighborhood and Business Development

Employer Name: _____

By: _____

Name: _____

Title: _____