




**City of Rochester
Business Emergency
Retention Grant Program
2020**



Believe.

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

Program Overview:

This program will be utilized to assist businesses during difficult and challenging times related to economic downturns associated with local and nationwide crisis. Applicants are asked to complete the attached application for potential financial assistance.

The maximum funding received by a business from this program is **\$5,000 (Five Thousand Dollars)** in the form of a grant to **for profit businesses located within the city of Rochester and operating in a commercial facility. Businesses must be operating prior to January 1, 2020.** Eligible funding can be towards working capital uses that will assist in continuing business operations and retaining employees, including: Payroll, insurance, utility expenses, inventory and other similarly related short-term debt and operating expenses necessary to continue operations.

Grant funding from this program cannot provide a duplication of funding for the same items if applicants apply to the SBA's Paycheck Protection Program (SBA PPP). If an organization applies for assistance through the SBA's PPP to assist with payroll expenses, the City's Business Emergency Grant cannot provide funding towards those same expenses.

The City of Rochester reserves the right to request additional information and all applications are subject to the appropriate City of Rochester review and approval processes.

All applicants can send completed applications to the following address:
CityBDRelief@cityofrochester.gov

Each application received will receive a confirmation email stating the application was received. If a confirmation was not sent, please confirm the email was sent to the correct email address.

Thank you for your time and we greatly appreciate what you and your business does for our community.



**APPLICATION FOR
BUSINESS DEVELOPMENT FINANCIAL**

ASSISTANCE

Section I – Contact Information

Please provide the information and supporting documents requested below.

Name of Applicant(s): _____

Business Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____

Federal Tax ID # _____

E-Mail: _____

Website (if available) _____:

Name(s) of affiliated businesses (i.e., DBA): _____

Section II – Business Information

Business Start Date: _____

- Detailed history and description of the business and narrative how your business has been impacted my recent economic concerns caused by health related issues within our community, and **how a grant may positively impact your business to remain in operations and retaining jobs:**

Business Ownership

List all owners/officers of the business, their titles, and percentage of ownership:

<u>Name</u>	<u>Title</u>	<u>Ownership %</u>
_____	_____	_____
_____	_____	_____

Employment Information

Current number of full-time employees: _____

Current number of part-time employees: _____

Number of current employees that are city of Rochester residents: _____

Are these positions at risk of being lost if financial assistance is not received: _____

Attachments:

_____ Most current Federal Business Income Tax Returns for the past year. If 2019 tax returns are not available, please provide 2018 Federal Tax Returns along with interim financial statements (balance sheet and income statement) dated within the past 60 days for the entire 2019 year.

_____ Consent to obtain a personal credit report for principal and guarantors (credit check consent form is attached).

_____ Current workers compensation insurance. If Workers Compensation Insurance is not required, then provide a CE 200 form (apply on-line at the following address:

http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp

Section III – The Project

- **Provide copies of unpaid bills/expenses that will be paid to maintain operations and retain jobs through the use of this grant.** Grant funding may be utilized towards the following daily operating expenses: rent/mortgage, insurance, inventory, utilities and payroll. The business owner certifies that grant funds will be utilized to pay the unpaid bills/expenses provided within this application. **If you are applying for the SBA's PPP, applicants are not eligible to pay the same expenses through this grant:**

Will you be applying for the SBA PPP?

No _____

If yes, what will SBA funding be utilized towards? _____

List what unpaid bills City grant funding will be utilized towards: _____

In order for the City of Rochester to process your request in a timely manner, it is important that the applicant provide all the necessary information found on the financial assistance and/or small business grant application(s). Incomplete applications cannot be considered for review. Any delays in receiving needed information or documentation during application processing or underwriting will result in delays in approval, contracting and closing. Following the submission of a completed application, additional questions may be asked during the underwriting review process. It is the applicant's responsibility to provide answers and additional documentation as requested by the City/REDCO throughout the underwriting and review process. Failure to provide the information requested on a timely basis will delay the review process and ultimately not allow the City/REDCO to make a decision on potential assistance. Once all information has been provided and a complete application has been submitted, you will be notified in writing that your application is under review.

The review process will not take place until a completed application has been received and the applicant has been notified in writing.

By signing this form, you are agreeing and understand that your request for financial assistance will not be considered until all required documentation is received by the City/REDCO, and that delays in providing this information on a timely basis will not only delay the review process but may result in your request for financial assistance being declined.

Acceptance of a completed application does not represent a commitment of funds.

By signing below, the applicant is confirming that the statements made in this application are accurate and correct and are in agreement to provide the required information to complete the necessary review and approval processes. Without providing the required information on a timely basis, the applicant understands the City of Rochester and/or REDCO are unable to proceed with their financial assistance request and could result in delays in the process and ultimately the inability to provide assistance. Also, that it is understood and agreed to the following (please initial):

_____ **All taxes on properties owned must be current and up to date or on a tax agreement with the City of Rochester to apply for financial assistance.**

_____ **Business and property owners must be in good standing with the Code Enforcement Office to apply for financial assistance.**

Applicant Signature

Print Name & Title

Date



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: _____

Credit Check Consent Form

It is standard procedure for the City of Rochester to complete a credit check of any company and its principal(s) 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.

Principal

Company

Name _____

Address _____

City/Zip Code _____

Social Security # _____

I hereby give 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.

Signature

Title

Date

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**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 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 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

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 _____