



**City of Rochester  
Business Emergency  
Retention Grant Program  
January 1, 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 **\$8,000 (Eight Thousand Dollars) in the form of a grant to for profit businesses located in the city of Rochester and operating within a commercial facility. Businesses must be operating prior to January 1, 2020.** If businesses have received grant funding from this program prior, the amount received would be included towards the maximum grant amount. Eligible funding can be utilized towards **unpaid** working capital uses that will assist in continuing business operations and retaining employees. The following unpaid expenses would be eligible: Rent, insurance, utility expenses, inventory and payroll to continue operations. **Applicants will be required to submit the unpaid bills which grant funds will be utilized to pay.**

**Grant funding from this program cannot provide a duplication of funding for the same expenses if applicants apply to the SBA's Paycheck Protection Program (SBA PPP), and/or from other programs.** If an organization applies for assistance through the SBA's PPP or other programs, 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. This will include a financial and credit check review.

All applicants can send completed applications to the following address:  
**[CityBDRelief@cityofrochester.gov](mailto:CityBDRelief@cityofrochester.gov)**

Each application received will receive a confirmation email stating the application was received. **If after submitting your application a confirmation email will be sent to you. If a confirmation email is not received, please confirm the email was sent to the correct email address, and also resend the application.**

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



## City of Rochester

Neighborhood and Business Development  
City Hall Room 005A, 30 Church Street  
Rochester, New York 14614-1290  
www.cityofrochester.gov

Bureau of Business  
and Housing  
Development

### 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): \_\_\_\_\_

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### 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, or at a minimum for 2019.**

\_\_\_\_\_ 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](http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOverview.jsp)

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### **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 or other similar programs?

No \_\_\_\_\_

If your organization previously applied to this program and was awarded grant funding, please confirm that you have not provided the same unpaid expenses within the current application, and there will not be a duplication of funding towards the same expenses by initialing \_\_\_\_\_

If yes, what will SBA or other funding be utilized towards? \_\_\_\_\_

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

\_\_\_\_\_

## Section IV – Signatures

### Equal Opportunity

Any project funds provided by the City shall be subject to Chapter 63 of the City's Municipal Code; Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, et seq.) and implementing regulations issued at 24 CFR Part 107; the Civil Rights Restoration Act of 1987 (102 Stat. 28); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Section 794, et seq.) and implementing regulations at 24 CFR Part 8; the Age Discrimination Act of 1975 (42 U.S.C. Section 6101, et seq.) and implementing regulations at 24 CFR Part 146; Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et. seq.) and implementing regulations issued at 7 CFR Part 15 a; Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and implementing regulations issued at 24 CFR part 8; the Fair Housing Act (42 U.S.C. Section 3601, et seq.) and implementing regulations at 24 CFR Part 100; Executive Order 11063, as amended by Executive Order 12259 (3 CFR, 1958-1963 Comp., p. 652 and 3 CFR, 1980 Comp., p. 307 (Equal Opportunity in Housing) and implementing regulations at 24 CFR Part 107; Executive Order 11246 (3 CFR 1964-65, Comp., p. 339) (Equal Employment Opportunity) and the implementing regulations issued at 41 CFR Part 60; Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. Section 1701u) and implementing regulations issued at 24 CFR Part 135; Executive Order 11625, as amended by Executive Order 12007 (3 CFR, 1971-1975 Comp., p. 616 and 3 CFR, 1977 Comp., p. 139) (Minority Business Enterprises); Executive Order 12432 (3 CFR, 1983 Comp., p. 198) (Minority Business Enterprise Development); and Executive Order 12138, as amended by Executive Order 12608 (3 CFR, 1977 Comp., p. 393 and 3 CFR, 1987 Comp., p. 245) (Women's Business Enterprise); other applicable federal non-discrimination laws, including but not limited to, Section 13 of the Federal Water Pollution Control Act Amendments of 1972, 40 C.F.R. Part 7, 23 C.F.R. Part 200, and 49 C.F.R. Part 21; and related statutes and regulations in all programs and activities, as further stated in any project documents and agreements executed by and between the City and each successful applicant.

### The Following Must Be Signed by the Owner/Principal of the Business

**Non-Discrimination Certification:** I hereby certify that this company does not deny services, employment, or membership to persons based on age, race, creed, color, national origin, gender, gender identity or expression, sexual orientation, disability, marital status or source of income.

**Application Certification:** I certify and affirm by my signature below the information contained in this application or otherwise supplied as part of this application is complete and current to the best of my knowledge. I further understand that intentional misrepresentation of facts may be the basis for a denial of credit.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed By Project Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director – Completion Verification

\_\_\_\_\_  
Date

***Note: The City reserves the right to ask for further documentation and/or clarification as part of the financial and economic development review.***

**I acknowledge receipt and review of the APPLICATION FOR BUSINESS DEVELOPMENT FINANCIAL ASSISTANCE**

*The City of Rochester and Rochester Economic Development Corporation (REDCO) welcomes the opportunity to review your request for financial assistance. Promoting business growth is a priority for the City. Your business is important to us as we work together to create jobs in our community.*

*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](http://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.

	<u>Principal</u>	<u>Company</u>
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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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 <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> 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 <b>not</b> 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) _____  (Applies to accounts maintained outside the U.S.)
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											
				-				-			
<b>or</b>											
Employer identification number											

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ►

## 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](http://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: I am employed at \_\_\_\_\_ in the position of \_\_\_\_\_

Business Name (if applicable):

\_\_\_\_\_

Property Address: \_\_\_\_\_

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 \_\_\_\_\_