



Application for Business Development Financial Assistance



Believe.

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



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: _____

DUNS # _____

Website: _____

CAGE #: _____

(CAGE # required if requesting \$25,000 or more of CDBG funding, see page 13 for instructions.)

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

Section II – Business Information

Business Start Date: _____

- Detailed history and description of the business (Attached business plan may be used):

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: _____

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

Number of new full-time jobs to be created by the business within the next three years: _____

Number of new full-time jobs expected to be filled by city of Rochester residents: _____

Attachments: (Note: Additional documentation may be required for underwriting)

_____ Accountant prepared, audited fiscal statement or Federal Business Income Tax Returns for the past three years. **Personal Federal Tax Return from most recent year is required if the business is too new to have filed a Federal Tax Return.

_____ Detail of all existing business debt, including name of lender, original amount and date of the loan, loan term, monthly P&I payment amount, maturity date, and interest rate.

_____ Interim financial statements, including **balance sheet** and **income statement**, dated within 60 days of the application date, AND last year’s financial statements for the same time period.

_____ If the company’s historical performance does not show sufficient cash flow to repay all existing and proposed new debt, three-year projections, including balance sheet and income statement for each year and along with all assumptions, affecting projection, is required.

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

For Real Estate Development Projects If Applicant owns more than one real estate development, for each property:

_____ Proof that City property taxes are current for each property owned

_____ Description of real estate - address, uses, height (in stories), sq ft., building materials

_____ Current detailed rent roll

_____ For new development projects: 10-year Cash Flow Projection

_____ Details of all debt

_____ Individuals/Businesses who received financial assistance within the past 2 years are not eligible to apply for further assistance until this time period has passed. In regards to loans, 24 months must pass from the loan payoff date.

For New Businesses

_____ A business plan, including three year projections – monthly for year one, annually for years 2 and 3.

Section III – The Project

- Provide a brief narrative of how City funding will be used and expected time-frame for the project:

Sources and Uses of Project Funds

Complete the following Sources and Uses of Funds chart for the project (The Uses Total should match the Sources Total). Indicate each source of funding expected to be obtained and the amount (i.e., bank loan, lease financing, cash equity, etc.) and what the uses of the funds will be (i.e., acquisition of land and/or buildings, construction, renovation, purchase of equipment, working capital, etc.).

<u>Uses</u>	<u>Amount</u>
Building acquisition	\$ _____
Plumbing & Electrical	\$ _____
Build-out	\$ _____
Drive/Parking lot	\$ _____
Façade	\$ _____
Architect and Engineer	\$ _____
Other Soft Costs	\$ _____
Furniture, Fixtures and Equipment	\$ _____
Security System	\$ _____
Computers	\$ _____
Other (Describe) _____	\$ _____
Total	\$ _____

<u>Sources</u>	<u>Amount</u>
Equity (cash)	\$ _____
Equipment Loan (Bank name _____)	\$ _____
Other Loan (Bank name _____)	\$ _____
City Loan/Grant	\$ _____
Other Investment	\$ _____
Total	\$ _____

If applicable, provide the terms and collateral (include list of equipment, cost, Serial #, Model #) for all non-City financing sources listed:

Lender: _____ Amount: _____

Interest Rate: _____ Term: _____ Collateral: _____

Lender: _____ Amount: _____

Interest Rate: _____ Term: _____ Collateral: _____

(Please attach an additional sheet, if necessary.)

City Financing Request Details

Amount of City financing being requested: \$ _____

The loan term being requested: _____ years

The collateral available to secure the City loan: _____

How is the value of the collateral established? _____

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 that 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.

Information for Federal Reporting:

The information requested below is for HUD reporting. The information is requested in order to monitor compliance. Please check which applies.

<u>Applicant</u>	<u>Co-App</u>	<u>Race</u>	<u>Hispanic origin</u>	<u>Yes/No</u>
_____	_____	White	_____	_____
_____	_____	Black or African American	_____	_____
_____	_____	American Indian or Alaska Native	_____	_____
_____	_____	Native Hawaiian or Other Pacific Islander	_____	_____
_____	_____	American Indian or Alaska Native and White	_____	_____
_____	_____	Black or African American and White	_____	_____
_____	_____	American Indian or Alaska Native and Black or African American	_____	_____
_____	_____	Other, Multi Racial	_____	_____
_____	_____	Do Not Wish To Disclose	_____	_____

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 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 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 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 agree and understand that your request for financial assistance will not be considered until all required documentation is received by the City, 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 confirms that the statements made in this application are accurate and correct and agree to provide the required information to complete the necessary review and approval processes.

Also, that it is understood and agreed to the following (please initial):

- _____ All taxes on properties owned must be current and up-to-date to apply for financial assistance.
- _____ Business and property owners with existing code violations are not eligible to apply for financial assistance until all violations have been satisfactorily corrected.
- _____ Individuals/Businesses who received financial assistance within the past 2 years are not eligible to apply for further assistance until this time period has passed. In regards to loans, 24 months must pass from the loan payoff date.
- _____ Financial assistance is a reimbursement and the entire project must be completed, along with providing the required documentation to close, not limited to accurate cost documentation (invoices and front and back of signed checks/credit card statements, etc.)

_____	_____	_____
Applicant Signature	Print Name & Title	Date
_____	_____	_____
Reviewed By	Date	
_____	_____	
Manager – Completion Verification	Date	

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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) **(includes anyone with 20% or more ownership)** 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 #1

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

+++++

Principal #2

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



OMB CIRCULAR 2 CFR PART 200 CERTIFICATION LETTER

Important Compliance Document

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 to your City of Rochester program manager

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, 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(s): (includes anyone with 20% or more ownership)

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: _____

Please ONLY check one option: (1) or (2 and 2.a.):

I/We certify that:

_____ **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.

2. a.) 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

Applying For A Cage Number

(1) First you need to apply for a DUNS number (if you do not already have one)

D-U-N-S Numbers

Before you can bid on government proposals, you need to obtain a Dun & Bradstreet, or D-U-N-S, Number, a unique nine-digit identification number for each physical location of your business. D-U-N-S Number assignment is free for all businesses required to register with the federal government for contracts or grants.

What do I need to get my D-U-N-S Number?

When registering for your D-U-N-S Number, you will need the following on hand:

- Legal name
- Headquarters name and address for your business
- Doing Business As (DBA) or other name by which your business is commonly recognized
- Physical address, city, state and ZIP Code
- Mailing address (if separate from headquarters and/or physical address)
- Telephone number
- Contact name and title
- Number of employees at your physical location
- Whether you are a [Home-Based Business](#)

How do I get my D-U-N-S Number?

Good news! Getting your D-U-N-S Number is easy. Visit [D-U-N-S Request Service\(link is external\)](#) to obtain more detailed instructions on applying for your D-U-N-S Number.

Also, see the [FAQs\(link is external\)](#) for obtaining a D-U-N-S Number and visit [System for Award Management \(SAM\)](#).

You will receive a message like this:

D&B has fulfilled your D-U-N-S number request. Your D-U-N-S number is **079913888**.

YOU MUST WAIT AT LEAST 24-48 BUSINESS HOURS BEFORE USING THIS DUNS NUMBER, ESPECIALLY IF YOU ARE GOING TO REGISTER IN SAM.

(2) Then you register with sam.gov to obtain a CAGE #:

For SAM registration questions, please contact the **SAM Help Desk:** www.fsd.gov or call 1?866?606?8220

Steps for System for Award Management (SAM) Registrations:

1. Go to www.sam.gov.
2. Create a Personal Account and Login.
3. Click "**Register New Entity**" under "**Register/Update Entity**" on your "My SAM" page.
4. Review Registration Overview and click "**Start Registration**"
5. Select the type of Entity (typically "Business or Organization")
6. Select "**Yes**" for "Do you wish to bid on contracts? Then Click "**Next**"

7. Confirm Purpose and Click “**Next**”

8. Complete “Core Data” as follows:

a. Validate your DUNS information.

b. Enter Business Information (TIN and so on).

c. Enter the CAGE code if you have one. If not, one will be assigned to you after your registration is completed. Foreign registrants must enter an NCAGE code.

d. Enter General Information (business types, organization structure, etc.).

e. Financial Information (Electronic Funds Transfer (EFT) Information).

f. Executive Compensation.

g. Proceedings Details.

9. Complete “Assertions” as follows:

a. Goods and Services (NAICS, PSC, etc.).

b. Size Metrics.

c. EDI Information.

d. Disaster Relief Information.

10. Complete “Representations and Certifications” as follows:

a. FAR Responses.

b. Architect-Engineer Responses.

c. DFARS Responses.

11. Complete “Points of Contact”.

Your entity registration should become 3-5 days **after** the IRS validates your TIN information.

You need your entity’s TIN and taxpayer name (as it appears on your last tax return). Foreign entities that do not pay employees within the U.S. do not need to provide a TIN. (A TIN is an Employer Identification Number (EIN) assigned by the IRS)

Sole proprietors may use their Social Security Number (SSN) assigned by the Social Security Administration (SSA) if they do not have a TIN, but please be advised that it will not be treated as “privacy act” data in SAM.

To obtain an EIN visit: www.irs.gov/businesses/small/article/0,,id=102767,00.html. Activating a new EIN with the IRS takes 2-5 weeks.