



City of Rochester, NY

**NEIGHBORHOOD &  
BUSINESS DEVELOPMENT  
TARGETED BUSINESS  
REVITALIZATION  
GRANT PROGRAM**

## **Program Overview:**

The City of Rochester Targeted Business Revitalization Grant is a new program to assist businesses with annual gross revenues of \$5 million or less with expansion and/or business retention projects. Assistance may be provided to those businesses adversely impacted by the Covid-19 Pandemic. **Details as to how the Pandemic has adversely impacted the business (ex.: suffered decreases in revenue and/or employment) must be included on page 3.** Businesses may be presumed to be impacted if they are located within eligible Low to Moderate Income Census tracts and/or be found within the hospitality industry.

A preference will be given to MWBE-owned businesses and those hiring city residents in Low to Moderate Income areas.

Grant amounts will be determined based upon the positive economic development impacts associated with the development project and available funding. The maximum grant amount is \$45,000. Greater amounts may be provided for projects carrying significant economic development benefits including job creation and total investment. For significant economic development projects, it may be possible to assist businesses with above \$5 million in gross revenues.

Eligible businesses cannot have greater than 500 employees, and/or be an industry leader within their field to apply for the Targeted Business Revitalization Grant.

Businesses may be either existing or start-up commercial or manufacturing businesses. Non-profit entities may be eligible, however, the business must provide a business plan and must be a business that creates jobs and provides products and services to the community.

If the applicant is a start-up entity, and/or a business that does not have a proven track record of demonstrating positive revenue, a **business plan will be required**. The information required to be included within the business plan may be found on page 12 of this application, as well as a list of business plan assistance providers. Business plans which do not contain this information will be returned to request the missing information be provided.

**The City reserves the right to request additional information including financial projects for those business applicants who do not demonstrate historical positive revenue performance.**

**Eligible use of funds includes:** Working capital expenses (payroll, inventory, utilities, insurance and other similar soft costs), furniture, fixtures and equipment (FF&E) and renovations (roofs and parking lots are ineligible). If other CDBG funding is utilized within the project, Davis-Bacon wage rates may apply.

**Funding is provided following project completion as a reimbursement.** Acceptable documentation must be provided as found within the executed agreement and/or other required information required as communicated by the City of Rochester necessary to close. In challenging cases, the City of Rochester may potentially explore additional payment options.

**Mandatory Employment Reporting – Over the term of the agreement, the Employer is required to report hiring activity and job creation to the City of Rochester on a semi-annual basis (documents to be provided by the City of Rochester). A mandatory Hiring Preference Agreement will be included with the agreement if the application is approved.**

Individuals/Businesses who received financial assistance from the City of Rochester within the past 2 years (with the exception of the Business Emergency Retention Grant) 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.

**TARGETED BUSINESS REVITALIZATION GRANT APPLICATION****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: \_\_\_\_\_

Unique Entity ID # \_\_\_\_\_

Website: \_\_\_\_\_

See Attached (<https://sam.gov/content/home>)

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 how the Pandemic has adversely impacted 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, list 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

**For New Businesses (less than one year old)**

\_\_\_\_\_ A business plan including three year projections Example attached – monthly for year 1, annually for years 2 and 3.

\_\_\_\_\_ The City reserves the right to request additional information from applicants including financial projects for those businesses who do not demonstrate positive revenue from historical performance.

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### 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.).

<b><u>Uses</u></b>	<b><u>Amount:</u></b>
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) _____	\$ _____
<b>Total</b>	<b>\$ _____</b>

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

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 Grant Request Details**

Amount of City financing being requested: \$ \_\_\_\_\_

Uses of the City Grant: \_\_\_\_\_

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## **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 TARGETED BUSINESS REVITALIZATION GRANT PROGRAM.**

*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 (with the exception of the City's Business Emergency Retention Grant) 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

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

\_\_\_\_\_  
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) **(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

## **Business Plan Items**

- I. Business Plan: To Include:
  - A. Business Description/Purpose/Vision
  - B. Product and Service Overview
  - C. Owners and Experience of Each
  - D. Market Overview: Target Market, Competition
  - E. Industry Overview: Competitor History, Products
  - F. Business Strategy (Market and Sales)
  - G. Business Structure of Entity formed
  - H. Internal Financial Controls
- II. Development Timeline
- III. Overview of Operations, and how the business will operate in regards to:
  - A. Taxes (NYS Sales Tax, Payroll Tax, State/Federal Income Tax)
  - B. Insurance (General Liability, Fire/Replacement, NYS Workers' Compensation, NYS Disability)
  - C. Human Resources (Employee Policies, Payroll, Benefits, Compliance with Federal and State laws)
  - D. Legal Entity assisting the operating establishment
  - E. Licensing and Permits process to obtain all required licenses and permits
  - F. Leasing /Real Estate Ownership (Holding Co. vs. Operating Co., related financial interaction within companies)
  - G. Accounting Methods (Accounting assistance and/or QuickBooks or similar accounting tools to maintain business operations)
  - H. Payroll Processing system
  - I. Sales Processing (Point of Sale/POS) for credit card processing
- IV. Financial Projections:
  - A. Projections: Opening Balance Sheet, Projected Income Statements and Balance Sheets, Cash Flow Statements, Debt Service Projections
  - B. Assumptions: Start-up Expenses, Sales and Revenue, Operating Costs, Expected Debt Details

### **Below are suggestions for assistance to develop a Business Plan\*:**

- ❖ SCORE, [Greater Rochester | SCORE](#), 263-6473
- ❖ Urban League of Rochester, [Urban League of Rochester \(urbanleagueroc.org\)](#), 325-6530
- ❖ Small Business Development Center (SBDC), [New York Small Business Development Center \(nysbdc.org\)](#), 395-8410

**\* The Program will also request the organization whom assisted with the business plan to be available to clarify any operation or financial questions and to potentially assist the applicant throughout the process.**



## Transitioning to the New Unique Entity ID (SAM)

Today	On April 4, 2022
Both DUNS and Unique Entity ID (SAM) appear in SAM.gov and other IAE systems.	Government awards will be completed and reported using the Unique Entity ID (SAM)
<ul style="list-style-type: none"><li>● DUNS Number is authoritative</li><li>● Unique Entity ID (SAM) is available, not authoritative</li></ul>	<ul style="list-style-type: none"><li>● Unique Entity ID (SAM) is authoritative</li><li>● DUNS Number is not available</li></ul>

### Overview of Changes

The federal government is changing the unique identifier used for entities from the D-U-N-S® Number to the Unique Entity ID (SAM), generated by SAM.gov. Today, the two numbers appear side-by-side in the following systems:

- SAM.gov
- FPDS
- eSRS
- FSRS
- CPARS
- FAPIIS

On April 4, 2022, the D-U-N-S® Number will be removed from all of these systems and the Unique Entity ID (SAM) will be the authoritative identifier.

### What Is a Unique Entity Identifier?

A unique entity identifier (UEI) is a number or other identifier used to uniquely identify a specific entity. The UEI is used within SAM.gov and other government award and financial systems as a primary key to identify a unique entity. The transition to the Unique Entity ID (SAM) is a [federal government-wide initiative](#).

### What Do I Need to Do?

**Federal Contractors and Assistance Recipients Registered in SAM.gov:** You do not need to take any action. Your Unique Entity ID (SAM) has been assigned and is visible in your registration at [SAM.gov](#).

**Subcontractors and Subrecipients Who Use the D-U-N-S® Number for Reporting:** You need to get a Unique Entity ID (SAM) at [SAM.gov](#) by April 4, 2022. You can do this any time after October 18, 2021.

**Searching by Unique Entity ID (SAM):** You can [search by the new identifier](#) now on SAM.gov.

### Helpful Links

#### HELP ON UEI TRANSITION

- [How to view the Unique Entity ID \(SAM\) for your entity](#)
- [How to view the Unique Entity ID \(SAM\) for another entity](#)
- [Guide for Getting a UEI](#)



U. S. General Services  
Administration