

For any questions or assistance in filling out this form, please call STEPS (Seneca Towns Engaging People for Solutions) at 607-403-0069

or [KPollack@S2aynetwork.onmicrosoft.com](mailto:KPollack@S2aynetwork.onmicrosoft.com)

|  |  |
| --- | --- |
| **Applicant Information** | |
| Name | Business Name |
| Address | |
| Phone Number | |
| Fax Number | |
| Email | |
| Business Address | |
| Website | |
| **Business History** | |
| Describe your business idea and any steps you have taken to develop your business. | |
| Describe any training (classes/workshops), education, or experience you have related to your business idea? | |
| Have you completed a business plan for your potential business (please note that a business plan will be required prior to approval) If yes, please attach. | |
| Capital Investments:  How much money have you invested in the following categories to date?  Property: $\_\_\_\_\_\_\_\_\_\_\_\_\_  Equipment: $\_\_\_\_\_\_\_\_\_\_\_\_\_  Inventory: $\_\_\_\_\_\_\_\_\_\_\_\_­\_  Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_  What are your funding sources, and how much did each one contribute to date?  Personal Cash: $\_\_\_\_\_\_\_\_\_\_\_\_\_  Micro-Enterprise Grant: $\_\_\_\_\_\_\_\_\_\_\_\_\_  Bank Loan: $\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Current Business Needs** | |
| List all current business expenses and liabilities below (ex. Rent, Operating Costs, Insurance, Payroll, etc.) | |
| Funding amount requested (Up to $3,000): $\_\_\_\_\_\_\_\_\_\_\_\_\_  What will the funds be used for?  *Note: The amount awarded will be split as 50% grant and 50% loan for Micro-Enterprise Grant /Loan .* | |
| **Future Goals and Community Impact** | |
| Please state two objectives for your business that you would like to see within the next two years.  1.  2. | |
| Economic Impact  Job Impact: Note the number of full time or full-time equivalents to be created or retained by this project. Please differentiate “new” versus “retained” jobs  \_\_\_\_\_\_\_\_\_\_\_\_\_ Jobs created if applicable  Total Yearly Business Expenditures in: Value of goods to be purchased as a result of this Microenterprise Grant/Loan  Seneca County $\_\_\_\_\_\_\_\_\_\_\_\_\_ Seneca County $\_\_\_\_\_\_\_\_\_\_\_\_\_  New York State $\_\_\_\_\_\_\_\_\_\_\_\_\_ New York State $\_\_\_\_\_\_\_\_\_\_\_\_\_  Anticipated Projected Sales:  Current Year: $\_\_\_\_\_\_\_\_\_\_\_\_\_  Next Year: $\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Current assessed property value associated with your business: $\_\_\_\_\_\_\_\_\_\_\_\_\_  Square footage of space converted to business usage sourced from: \_\_\_\_\_\_\_\_\_\_\_\_\_    New Construction \_\_\_\_\_\_\_\_\_\_\_\_\_  Vacant Property \_\_\_\_\_\_\_\_\_\_\_\_\_  Private Residential Property \_\_\_\_\_\_\_\_\_\_\_\_\_  Estimated number of new construction jobs created as a result of this project: \_\_\_\_\_\_\_\_\_\_\_\_\_  Acres of land to be added to agricultural production as a result of this project: \_\_\_\_\_\_\_\_\_\_\_\_\_  Acres of land to be removed from agricultural production as a result of this project: \_\_\_\_\_\_\_\_\_\_\_\_\_  List all debt outstanding to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| How did you hear about the Micro-Enterprise Program? | |
| Client Signature  I certify that the above information is true and correct to the best of my knowledge and understand that this information may be verified by authorized government officials.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Please Return this form to:

STEPS Office

PO Box 902, 7150 Main St.

Ovid, NY 14521

or email to [KPollack@s2aynetwork.onmicrosoft.com](mailto:KPollack@s2aynetwork.onmicrosoft.com)

­­­­­­­­­­­

FOR OFFICE USE ONLY

Approved By:

Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sustainability Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supportive Signature 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supportive Signature 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_