

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

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| **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 ImpactJob 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/LoanSeneca 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 SignatureI 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

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FOR OFFICE USE ONLY

Approved By:

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

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

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

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