

Ulster County CARES II Small Business Assistance Program - Full Application

Applicants MUST provide clear, complete details about their request for funding assistance. Please only apply once you have developed a well-thought out plan that clearly describes your need and how/why your proposed plan will meet this need. Please include ALL supporting documentation and evidence. Please use complete sentences. One word answers will not be considered a complete response.

Application available for download here:

If you need language translation assistance, please email oed@co.ulster.ny.us

Program: Ulster County CARES II Small Business Assistance Program

Intended Use: Used to prevent, prepare for, and respond to the impacts of the coronavirus pandemic

Accepting Applications: October 31, 2022

Minimum Request: \$5,000

Maximum Request: \$35,000

Program Description: Up to \$35,000 for businesses located in Ulster County with 25 or fewer employees at the time of application. Funding is meant to spur innovation and adaptation to the new reality of economic life with a highly contagious virus. The fund will provide **reimbursement** of up to 100% of eligible project costs. All projects must be located in Ulster County, New York

View application instructions and eligible use of funds

here: <https://docs.google.com/document/d/1ujG6KNIYG7iXcHqwxGRQq95NSa95L8qT/edit?usp=sharing&oid=113149603550061874306&rtpof=true&sd=true>

View the scoring rubric

here: <https://drive.google.com/file/d/1tJ7LnrFV3l1yy77W6fZSFN3fia5MWhkc/view?usp=sharing>

* Required

Applicant Information

1. 1. Business Name *

2. 2. Business Address *

3. 3. Business Description / Mission Statement *

4. 4. Contact Person Name *

5. 5. Preferred Phone Number *

6. 6. Email Address *

7. 7. FULL mailing address with 8-digital zip code. Please click on the following link if *
you need to look it up. <https://tools.usps.com/zip-code-lookup.htm?byaddress>

8. 8. Form of Ownership *

Mark only one oval.

- S-Corp
- C-Corp
- LLC
- Partnership
- Sole Proprietorship
- Non-Profit (501c-3)
- Other: _____

9. 9. Year Formed *

10. 10. Are you a majority minority-owned business? *

"Majority" means 51% or greater ownership.

Mark only one oval.

- Yes
- No
- I don't know

11. 11. Are you a majority women-owned business? *

"Majority" means 51% or greater ownership.

Mark only one oval.

- Yes
- No
- I don't know

12. 12. Are you a majority veteran-owned business? *

"Majority" means 51% or greater ownership.

Mark only one oval.

Yes

No

I don't know

Eligibility

If you answer NO to any questions below, please contact the office of economic development to confirm your eligibility.

13. 13. Is the business located in Ulster County? *

Mark only one oval.

Yes

No

14. 14. Is the business for-profit? *

Mark only one oval.

Yes

No

15. 15. Does the business currently have 25 or fewer employees? *

Mark only one oval.

Yes

No

16. 16. Current number of employees *

17. 17. Please list all owner names, titles, and percentage of ownership. *

Example: Jane Smith, President, 100% or Jane Smith, President, 51%; John Smith, Vice President, 49%

18. 18. Please upload 2021 personal tax returns for all business owners with greater than or equal to 20% ownership. PDF format preferred. *

Files submitted:

19. 19. If the business was required to file separate from the owners, please upload 2021 business tax returns. PDF format preferred. *

Files submitted:

COVID-19 Impact

20. 20. The assisted business must have been negatively impacted by the effects of COVID-19 as evidenced by meeting at least ONE of the following criteria. Check each criteria that applies. *

Check all that apply.

The business experienced at least a 1% reduction in net profit from tax year 2019 to tax year 2020 as evidenced by federal income tax returns. Required documentation: 2019 and 2020 federal income tax returns.

The business reduced employment by at least one full-time equivalent (FTE) position during any quarter of 2020. Required documentation: NYS-45 and NYS-45-ATT quarterly employment forms.

The business reduced its operating hours for at least four consecutive weeks during the period March 1, 2020 to September 30, 2021, or otherwise substantially changed its business operations due to COVID-19 during that period. Required documentation: Appropriate anecdotal information such as advertising or email documentation.

The business made capital expenditures for Personal Protective Equipment (PPE) to address COVID-19 of at least \$1,000.00 during the period March 1, 2020 to April 30, 2021. Required documentation: Invoice(s) and documentation that payment was made.

The business was not impacted by COVID-19.

Other: _____

21. 21. Describe how the funding you are requesting responds to a need created by the impacts of COVID-19. *

Use
of
Funds

Program funds may be used for any justifiable business purpose associated with the expansion or reestablishment of operations after the negative impacts of COVID-19 including, but not limited to: furniture, fixtures, equipment, inventory, operating expenses, and working capital. All costs reimbursed with Program funds must be incurred **after** approval and award, and no later than one hundred and twenty (120) days after the effective date of the agreement between Ulster County Economic Development Alliance and the business.

The minimum funding request is \$5,000 and the maximum funding request \$35,000.

Funds will be provided on a reimbursement basis. Documentation of eligible costs must be provided prior to the disbursement of grant funds.

22. 22. Please provide a detailed description of the proposed use of funds. *

23. 23. Please describe a measurable impact that this funding will have on your business over the next 12 months. *

24. 24. How will this funding assist your business to survive and grow over the long-term (beyond the next 12 months)? *

Use of Funds:

Please fill out the only the answers below that apply to your business.

25. 25. Please select the eligible funding categories for your project. *

Check all that apply.

- Equipment
- Operating Expenses
- Fixed Assets
- Other (daycare, finance fees)

26. 26. What is the total project cost? *

27. 27. Are you committing your own funds to complete the project? *

Mark only one oval.

- Yes
- No

28. 28. If so, what is the total applicant funding committed?

29. 29. Please provide the last 4 digits of your business credit card or account number that you will use to complete transactions related to this funding. *
-

30. 30. Please upload a project budget that details your proposed use of funds including expense category, expense description, quantity, and total amount. *

A budget template is available here for download (note this file is not editable until it is downloaded)

<https://docs.google.com/spreadsheets/d/1hc5j0mzpCRu5Ver4jFFQyETLQSWe3Mw79GmS6BF7jEU/edit?usp=sharing>

Files submitted:

Permanent
Machinery and
Fixed Assets

ONLY those who plan to use funds on permanent machinery and fixed assets should fill out the following questions.

31. 31. Have you started planning approvals?

Mark only one oval.

Yes

No

32. 32. Is the building in a historic district?

Mark only one oval.

Yes

No

33. 33. Does the improvement involve any changes to the exterior of the building, or sitework?

Mark only one oval.

Yes

No

34. 34. Does the improvement include new structures of any kind?

Mark only one oval.

Yes

No

35. 35. Does the improvement require demolition of any structure?

Mark only one oval.

Yes

No

36. 36. Does the improvement involve plumbing or electrical work of any kind?

Mark only one oval.

Yes

No

Other Funding Received

37. 37. Please disclose what other funding you have received since March 2020

Check all that apply.

- PPP
- EIDL
- CARES I
- Non-Profit Recovery and Resilience Funding
- City of Kingston Micro-Enterprise Grant
- Other
- I have not received any assistance.

Additional Information

38. 38. Would you need language translation assistance during the award process if awarded? *

Mark only one oval.

- Yes
- No
- Maybe

39. 39. Grant awards are typically awarded on a reimbursement basis, requiring the business to pay for expenses upfront and submit documentation for reimbursement of expenses. If awarded, would you require a bridge loan to provide immediate funding prior to reimbursement?

Mark only one oval.

- Yes
- No
- Maybe

40. By checking this box, you certify that you will be able to provide all required documentation for reimbursement, including making purchases from an eligible business only account or credit card. *

Check all that apply.

Yes, I will be able to complete and submit all requirements set forth in this application.

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