

# MCIDC

## MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION

CITYPLACE • 50 WEST MAIN STREET, SUITE 1150 • ROCHESTER, NY 14614  
PHONE: (585) 753-2000 • FAX: (585) 753-2002

### Monroe County Emergency Small Business Support Program

In light of the COVID-19 outbreak in the United States, Monroe County has established a loan program to support small businesses (defined as businesses having 50 or fewer full-time or full-time equivalent employees) impacted by the pandemic. Please see more information and how to apply below:

#### APPLICATION INSTRUCTIONS:

1. Complete the application.
2. Compile the required documents:
  - NYS-45
  - Personal Financial Statement
3. Submit the completed application and supporting materials via email ([mcplanning@monroecounty.gov](mailto:mcplanning@monroecounty.gov)) or mail to MCIDC, 50 West Main Street, Rochester New York 14614. Please note, applications submitted by email will be processed more quickly.

#### GENERAL INFORMATION AND FREQUENTLY ASKED QUESTIONS:

1. What is the Monroe County Emergency Small Business Support Program?
  - An emergency loan fund of \$500,000 managed by MCIDC. The loans will be zero-interest to small businesses (defined as businesses having 50 or fewer full-time or full-time equivalent employees). The maximum loan amount is \$10,000 and may be used to support operations and employment.
2. Who is eligible?
  - For-profit, Monroe County small businesses (defined as businesses having 50 or fewer full-time or full-time equivalent employees).
3. How will loan requests be reviewed?
  - MCIDC will review requests as applications are received. Decisions will be made within seven (7) business days of submission and agreements must be executed with the borrower prior to disbursement of an approved loan.
4. What is the cost of applying for the program?
  - There is no cost to apply.

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## MONROE COUNTY INDUSTRIAL DEVELOPMENT CORPORATION

### APPLICATION FOR FINANCIAL ASSISTANCE

#### Monroe County Emergency Small Business Support Program

Complete this form to request financial assistance from Monroe County Industrial Development Corporation (MCIDC). Completed application materials must be submitted via email to **MCPlanning@MonroeCounty.gov** or mail to:

MCIDC, 50 West Main Street, Rochester New York 14614.

**Please note, applications submitted by email will be processed more quickly.**

#### 1) APPLICANT INFORMATION

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### 2) BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Year Founded: \_\_\_\_\_ Federal EIN: \_\_\_\_\_

Business Address: \_\_\_\_\_ NAICS Code: \_\_\_\_\_

Which best describes your business?:

Corporation

LLC

Partnership

Sole Proprietorship

Other

**Which industry classification best describes your business:**

Retail

Restaurant/Eatery

Manufacturing

Technology

Personal/Professional Services

Healthcare

Construction

Education

Real Estate

Architecture/Design/Engineering

Other: Please explain \_\_\_\_\_

#### Employment/Operations:

Total # of employees before COVID-19 pandemic: \_\_\_\_\_

Current Full-Time Employees: \_\_\_\_\_

Total # of current employees: \_\_\_\_\_

Current Part-Time Employees: \_\_\_\_\_

Is your business currently open/operational?      YES      NO

**3) FINANCIAL REQUEST**

**A.** Loan Amount Requested (up to \$10,000): \$ \_\_\_\_\_

**B:** Please describe, in detail, the impact your business has felt from COVID-19.

**C.** Anticipated Use of Funds (please check all that apply):

- |  |   |
|--|---|
| Payroll of employees                         | Purchase of inventory                               |
| Payroll for sick time coverage for employees | Purchase of machinery or equipment                  |
| Working capital to continue operations       | Pursuing adaptive business practices to remain open |
| Payment of outstanding business expenses     | Other (please explain: _____)                       |

Expenses that do not qualify include, but are not limited to, personal taxes, bonuses, business trips, owners' salaries/draws and any personal or discretionary expenses.

**4) OWNERSHIP INFORMATION: Ownership must total 100% (Attach additional pages as needed)**

Businesses that have various locations, owned under different names, such as LLCs, but offer identical services and have substantially identical ownership, will be considered as one business for the purpose of this program. For example, seven sandwich shops owned by different LLCs, but where the principals are substantially the same for each LLC, would be considered one business not seven separate businesses. **Please attach a page listing all affiliate businesses.**

**Owner 1:**

Name: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Owner 2:**

Name: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Owner 3:**

Name: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**5) APPLICATION ATTACHMENTS**

**Required attachments:**

Applications will be considered incomplete and will not be reviewed without the following:

- Previous Two (2) Quarters of NYS-45 or Equivalent
- List of all affiliate businesses (if applicable)
- List of additional owners (if applicable)
- Personal Financial Statement (attached)

**6) SIGNATURE AND APPLICANT ACKNOWLEDGEMENTS:**

The applicant certifies as follows:

- A.** The information contained in this application is true and correct. The Company is aware that any material misrepresentation made in this application constitutes an act of fraud, resulting in termination of participation and require repayment in full of the loan. Initial
- B.** The Company understands the terms and conditions of the program noted above. Initial
- C.** The Company, all officers and owners are current and will remain current throughout the term of this program, on all real property, federal, state, sales, income and withholding taxes. Initial
- D.** The Company will maintain its headquarters at a nonresidential address in Monroe County. Initial
- E.** The Company understands qualification for participation in the program is to be determined by MCIDC in its sole discretion. Initial
- F.** The Company certifies the use of proceeds is for business purposes as described above. Initial
- G.** The Company agrees all owners of the business will guarantee the loan. Initial

**Signature of Authorized Agency Representative**

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Title

# PERSONAL FINANCIAL STATEMENT

<b>Name</b>	<b>Business Phone</b>
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<b>Home Address</b>	<b>Home Phone</b>
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<b>City, State, &amp; Zip Code</b>
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<b>Business Name of Applicant</b>
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ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on Hand & in banks.....	\$ _____	Accounts Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others.....	\$ _____
IRA or Other Retirement Account.....	\$ _____	(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto).....	\$ _____
Accounts & Notes Receivable.....	\$ _____	Mo. Payments     \$ _____	
(Describe in Section 5)		Installment Account (Other).....	\$ _____
Life Insurance – Cash Surrender Value Only.....	\$ _____	Mo. Payments     \$ _____	
(Describe in Section 8)		Loan(s) Against Life Insurance.....	\$ _____
Stocks and Bonds.....	\$ _____	Mortgages on Real Estate.....	\$ _____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate.....	\$ _____	Unpaid Taxes.....	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles.....	\$ _____	Other Liabilities.....	\$ _____
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property.....	\$ _____	Total Liabilities.....	\$ _____
(Describe in Section 5)		Net Worth.....	\$ _____
Other Assets.....	\$ _____		
(Describe in Section 5)		<b>Total</b>	<b>\$ _____</b>
<b>Total</b>	<b>\$ _____</b>	*Must equal total in assets column.	

Section 1. Source of Income.	Contingent Liabilities
Salary.....	\$ _____
Net Investment Income.....	\$ _____
Real Estate Income.....	\$ _____
Other Income (Describe below)*.....	\$ _____
	As Endorser or Co-Maker.....
	\$ _____
	Legal Claims & Judgments.....
	\$ _____
	Provision for Federal Income Tax.....
	\$ _____
	Other Special Debt.....
	\$ _____

Description of Other Income in Section 1.

**Section 2. Notes Payable to Banks and Others.** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

**Section 3. Stocks and Bonds.** (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5. Other Personal Property and Other Assets.** (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

**Section 6. Unpaid Taxes.** (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

**Section 7. Other Liabilities.** (Describe in detail.)

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**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

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I authorize Monroe County Industrial Development Corporation (MCIDC) to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

**CERTIFICATION:** (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that MCIDC will rely on this information when making decisions regarding an application for a loan.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

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