



**Lockport Small Business Restoration Fund
Administered by the Greater Lockport Development Corporation**

Introduction

The applicant is responsible for the submission of a complete application including the application form and all supporting documents listed below. Greater Lockport Development Corporation (GLDC) is implementing the “Lockport Small Business Restoration Fund” ("Fund") on behalf of the City of Lockport and with the assistance of a third-party contractor, The Harrison Studio of Lockport, New York.

All questions regarding this program should be submitted via email to *The Harrison Studio*, Michael Zimmerman at mzimmerman@harrisonplacestudio.com with the subject “Lockport Small Business Restoration Fund”.

Information on program eligibility, grant uses and requirements is available on pages 2 and 3. A program eligibility and documentation checklists is available on pages 4 and 5. A fillable grant application is available on pages 6 to 10.

Upon submission of the completed application, *The Harrison Studio* will contact you to discuss your application and eligibility for the Lockport Small Business Restoration Fund.

*Personal and proprietary business information will remain confidential.

This program is funded by a grant from the U.S. Department of Housing and Urban Development through the Coronavirus Aid, Relief and Economic Security Act (CARES Act), a public Law making \$5 billion in supplemental Community Development Block Grant (CDBG) funding available for Funds to prevent, prepare for, and respond to the coronavirus (CDBG-CV). These funds are available to business owners without regard to race, creed, color, national origin, sex, age, disability, familial status, handicapped or marital status. Funds are provided on a first-come, first-served basis.

PROGRAM ELIGIBILITY

The Lockport Small Business Restoration Fund will provide grant funds to businesses that were negatively impacted by COVID-19 and that will be expanding or reestablishing business operations as COVID-related restrictions are reduced or lifted. See below for program criteria, eligible use of funds, and reimbursement and job creation/retention requirements.

***Any business receiving a Lockport Small Business Restoration Fund grant is required to create, restore, or retain at least 1 full-time equivalent job.**

COVID-19 Impact Criteria

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. Appropriate documentation will be required (see page 5).

- The business experienced a reduction of gross sales or revenues **as a direct result** of COVID-19 of at least 10% in any month from March 2020 through April 2021 based on sales for the immediate prior month or the corresponding month for the prior year.
- The business experienced a reduction of at least 10% in net profit from tax year 2019 to tax year 2020 as evidenced by federal income tax returns.
- The business reduced employment by at least one full-time equivalent (FTE) position during any quarter of 2020.
- The business reduced its operating hours by at least 10% for at least four consecutive weeks during the period from March 1, 2020 to April 30, 2021, or otherwise substantially changed its business operations due to COVID-19 during that period as determined by GLDC.
- The business made capital expenditures for Personal Protective Equipment (PPE) to address COVID-19 of at least \$1,000.00 during the period from March 1, 2020 to April 30, 2021.
- The business experienced other negative impacts that are determined by GLDC to meet this criterion.

Reimbursement and Job Creation Requirements

- Funds will be provided on a reimbursement basis. Documentation of eligible costs must be provided to GLDC prior to the disbursement of grant funds.
- Funds are conditioned upon job creation or retention and will not be disbursed until documentation of the required job creation or retention is provided.
- Businesses which will create, restore, or retain 1 full-time equivalent job are eligible to receive up to \$35,000. Business which will create, restore, or retain 2 or more full-time equivalent jobs are eligible to receive up to \$50,000.
- FTE jobs are computed based on an accumulation of full-time and part-time positions.
- Jobs created, restored, or retained through this program must meet a national low-to-moderate income (LMI) eligibility standard. For more information on LMI qualification please see the Program Guidelines.

PROGRAM AMOUNT AND 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 financing fixed assets, operating expenses, and permanent working capital. All costs reimbursed with Program funds must be incurred no later than ninety (90) days after the effective date of the grant agreement between GLDC and the grantee. The maximum grant available is \$50,000. Eligible uses of grant funds must fall into one of the following categories:

- Expenses related to reopening or altering operations
- Payroll to bring back staff or increase staff hours
- Inventory to assist with reopening or altered operations
- Working capital to assist with cash flow disruptions as a result of the pandemic
- Equipment or supplies such as PPE to support customer and staff safety
- New furniture or fixtures to guide social distancing, allow or expand outdoor dining, and safely increase capacity
- Marketing to announce reopening and/or altered operations

***Projects involving any construction or physical renovations are not eligible for the Lockport Small Business Restoration Fund.**

Lockport

Small Business Restoration Fund Checklist

Is my business eligible for Lockport Small Business Restoration Fund grant funding? Please check the appropriate boxes in the table below. If any answer is "No" you may not be eligible for the Lockport Small Business Restoration Fund.

| | Yes | No |
|---|-----|----|
| 1. Is the business located in the City of Lockport? | | |
| 2. Was the business operating on or before March 1, 2020, and is it currently operating, or if closed due to COVID-19, expected to reopen with the next 3 months? | | |
| 3. Is the business a for-profit entity? | | |
| 4. Can the business clearly demonstrate a negative financial impact resulting from the COVID-19 pandemic? | | |
| 5. Are the business and business owners current on all property taxes on all real property owned in the City of Lockport? | | |
| 6. If owned by the business or an affiliate, is the business location free of all property code violations? | | |
| 7. Does the business currently have between 6 and 25 total employees?* | | |

If you answered Yes to all of the above, please continue to the following page.

If you answered No to any question you may not be eligible for Lockport Small Business Restoration Fund grant funding. Please contact Michael Zimmerman at mzimmerman@harrisonplacestudio.com to discuss further.

*If your business has between 0 and 5 employees, please contact Heather Peck at the Greater Lockport Development Corporation to discuss their Microenterprise Assistance grant program at hpeck@lockportdevelopment.org

Lockport Small Business Restoration Fund

Required Documentation Checklist

Completed and signed application form

Copy of valid U.S. Driver's License for each business owner

Most recent Federal income tax return for the applicant business; or Form 1040 - Schedule C for sole proprietorships, as applicable

2019 year-end, 2020 year-end, 2021 year-end, and 2022 YTD business income statements (profit & loss)

COVID Impact Criteria Required Documentation

Business must meet at least one of the following and provide the associated documentation

The business experienced a reduction of gross sales or revenues **as a direct result** of COVID-19 of at least 10% in any month from March 2020 through April 2021 based on sales for the immediate prior month or the corresponding month for the prior year. *Required documentation: Monthly income statement (profit & loss) for the period March 2020 through April 2021.*

The business experienced a reduction of at least 10% 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 by at least 10% for at least four consecutive weeks during the period March 1, 2020 to April 30, 2021, or otherwise substantially changed its business operations due to COVID-19 during that period as determined by GLDC. *Required documentation: Appropriate anecdotal information such as advertising.*

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 experienced other negative impacts that are determined by GLDC to meet this criterion. *Required documentation: A written statement describing in detail the negative impacts. Additional documentation may be requested.*

Employment Documentation Requirements

*Please provide the required documentation pertaining to your proposed job creation, retention, or restoration. **Any business receiving a Lockport Small Business Restoration Fund grant must create, restore, or retain at least 1 full-time equivalent job.***

New Job Creation. *Required documentation: job description including wage range, required or preferred experience and education, expected number of weekly hours, and expected hiring date.*

**A completed Family Income Form will be required from all newly hired employees*

Existing Job Retention. *Required documentation: 2019 and 2020 business Federal income tax returns AND completed Family Income Forms for all existing employees.*

Job Restoration. *Required documentation: completed Family Income Forms for all existing employees.*



Greater Lockport Development Corporation

LOCKPORT SMALL BUSINESS RESTORATION FUND APPLICATION

APPLICANT INFORMATION

Business Name: _____

Business Address: _____

Contact Person: _____

Phone (bus. & cell): _____

Email Address: _____

Form of Ownership:

S-Corp

C-Corp

LLC

Partnership

Sole Proprietor

Year founded: _____

Nature of Business: _____

| Owner (Shareholder/Partners) | % Interest | Company Officers | Position |
|------------------------------|------------|------------------|----------|
| | | | |
| | | | |
| | | | |

Total number of employees*: _____

Business DUNS Number:

Business EIN:

*If your business has between 0 and 5 employees, please contact Heather Peck at the Greater Lockport Development Corporation to discuss their Microenterprise Assistance grant program at hpeck@lockportdevelopment.org

Grant Budget

Provide a detailed budget of expenses you expect to incur within 90 days of approval in the Lockport Small Business Restoration Fund program. Please note the grant funds will only cover 75% of the total eligible expenses of your project.

| Expenditure Plan | | Source of Funds | |
|--------------------------------------|-----------|---------------------------------|-----------|
| Equipment, furnishings, and fixtures | \$ | Business Restoration Fund Grant | \$ |
| Inventory and supplies | \$ | Business 25% Cash Match | \$ |
| Payroll | \$ | Other | \$ |
| Working Capital | \$ | | \$ |
| Soft Costs | \$ | | \$ |
| Other | \$ | | |
| Total | \$ | Total | \$ |

*Please note that all costs must be incurred within 90 days of grant approval.

To qualify for the Lockport Small Business Restoration Fund, business are required to provide a cash match of at least 25% of the total Expenditure budget above.

Post-COVID Expansion/Reestablishment Plan

Briefly describe how the company's current operations are different from its pre-COVID operations, and its plans for expanding or reestablishing operations over the next three (3) months with funding assistance. (Attach additional sheets as necessary).

Provide a description of the proposed use of the grant funds. All costs must be incurred within 90 days following the date of the grant approval. (Attach additional sheets as necessary).

Duplication of Benefits

A duplication of benefits occurs when a business receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Below please describe any financial assistance you have received since March 2020 (such as Paycheck Protection Program, Restaurant Revitalization Program, Economic Injury Disaster Loan, or other COVID relief funding) in response to the COVID-19 pandemic:

| COVID Relief program | Date Received | Total \$ Amount | Funds Remaining |
|----------------------|---------------|-----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Employment

Instructions: Complete one or both of the following tables as applicable. Table 1A should be completed by businesses that will be creating new employment positions post-COVID that did not previously exist. Table 1B should be completed by businesses that reduced employment hours as a result of COVID-19 and related governmental restrictions and will be restoring hours post- COVID.

TABLE 1A. New Positions. Complete the following table if the applicant business will be creating employment positions after approval of a Lockport Small Business Recovery Fund grant that did not exist previously. NOTE: Do not include positions that will be filled by temporary employees, subcontracted labor, or contracted labor through an agency.

| Title of position | Requisite skills, education, or and experience | Full time/Part time | Average Part time hours per week |
|-------------------|--|---------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TABLE 1B. Restored or Retained Positions. Complete the following table for all positions that were laid off or had hours reduced, due to closing or reduced operations as a result of COVID-19 OR if the applicant business has continued to operate and has not reduced employment but requires funding assistance to continue to operate and maintain full employment due to COVID-19. Identify any positions that would likely be subject to full or partial layoff without the assistance. Identify which positions are likely to be restored and which employees are likely to be retained when business operations are resumed or expanded. If adding hours to an existing position, please classify this as a restored position. Leave column 2 blank for any positions that will be restored, but the former employee is not expected to return. NOTE: Do not include temporary employees, subcontracted labor, or positions filled by contracted labor through an agency.

| Title of Position to be Restored or Retained | Employee to be Restored or Retained (if known) | Hours per week pre-COVID | Hours per week current | Hours per week projected after COVID | Requisite skills, education, and experience (only for positions with unknown employee) |
|--|--|--------------------------|------------------------|--------------------------------------|--|
| | | | | | |
| | | | | | |
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DECLARATIONS

I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application is correct and true.

I (we) am (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud GLDC and may be a felony under the laws of the State of New York.

I (we) agree to abide by the provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my (our) business.

I (we) further authorize GLDC to order credit reports and/or other information on my (our) personal financial background (if signatory(ies) is (are) an owner(s) of the company seeking financial assistance) and on the financial background of the company seeking financial assistance.

I (we) acknowledge that this application is not a legally binding document for purposes of receiving grant monies. This grant request may be withdrawn at any time prior to a formal closing of the grant, subject to the terms and conditions of any written grant commitment offered by GLDC or its agent. However, this application is being submitted in good faith as a request for grant funds.

If Applicant is a sole proprietorship or partnership, sign below:

Printed Name and Title

Authorized Signature Date

If Applicant is a corporation, L.L.C., or L.L.P., sign below:

Printed Name and Title

Authorized Signature Date

No person in the United States shall, on the ground of race, color, creed, religion or national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project assisted with Community Development Block Grant Funds.

Upon completion of this application, please submit it via email to *The Harrison Studio*, Michael Zimmerman at mzimmerman@harrisonplacestudio.com with the subject “Lockport Small Business Restoration Fund Application”.