

**VILLAGE OF MONTOUR FALLS, NY FORWARD SMALL BUSINESS GRANT APPLICATION
COVER SHEET**

Date of Application: _____

Legal Name of Business: _____

Business Owner: _____ Email: _____

Contact Person/Title (if different from Owner): _____

Address (local office): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Project Name: _____

Purpose:

To the best of my knowledge, the information provided is accurate as of the date of application. I will notify the Village if any information changes prior to the grant award.

Signatures:

Business Owner/Date

Village Clerk/Date

General Information

Business Name:

Date Business Established: _____

Federal Employee Identification #: _____

Product/Service:

Bank: _____

Bank Contact Person: _____

Attorney (if applicable):

Employment/Payroll Breakdown

	Total Employment	Annual Employment Wages	Annual Total Payroll (Wages and Benefits)
Existing Employment			
Projected Employment End Year 1			
Projected Employment End Year 2			

Is the company unionized? If yes, please provide the union name:

Breakdown of Total Project Cost

Land/Building Purchase	\$	Other (please state)	
Renovations	\$		\$
Machinery/Equipment	\$		\$
Working Capital	\$		\$
Total Estimated Project Cost	\$		

Proposed Matching Sources (Minimum 25% Match of Total Project)

Bank Loan	\$	Other (please state)
Other Loan	\$	
Owner Cash	\$	
Requested Grant Funding	\$	
Total Match and Grant	\$	

Is the Applicant Willing to Provide the Following Information?

Three (3) Years past financial statements (existing business)	Yes	No
Projected financial statements <ul style="list-style-type: none"> • One year for existing businesses • Three years for new businesses 	Yes	No
Current personal financial statements for all principals with 20% or more ownership	Yes	No
Written business plan	Yes	No
Documents needed for Village of Montour Falls, NY Forward grant	Yes	No

Ownership Breakdown (please attach additional sheets if necessary)

Name:		Name:	
Title:		Title:	
Ownership:		Ownership:	
Years with Company:		Years with Company:	
Social Security No.:		Social Security No.:	

Grant Purpose Information (please mark applicable items)

Business Acquisition		Purchase Equipment/ Machinery	
Construct Building		Purchase Land/Building	
Expand/Renovate Building		Working Capital	

Other (please elaborate):
