

CLOSED

Essex County COVID-19 Emergency Grant Program

PURPOSE: provide business assistance to those experiencing financial impact from the COVID-19 pandemic. NYS Governor declared Disaster Emergency on March 7, 2020. Eligible applicants are businesses and 501(c)(3) nonprofits.

GRANTS: Maximum Grant \$2,500

I. APPLICANT INFORMATION

NAME OF BUSINESS or NONPROFIT	
ADDRESS	
CONTACT NAME	
CONTACT PHONE	
CONTACT EMAIL	

2. LEGAL STATUS

CORPORATION	<input type="checkbox"/>
LIMITED LIABILITY COMPANY	<input type="checkbox"/>
PARTNERSHIP	<input type="checkbox"/>
LIMITED LIABILITY PARTNERSHIP	<input type="checkbox"/>
SOLE PROPRIETORSHIP	<input type="checkbox"/>
501(c)(3) Not-for-Profit	<input type="checkbox"/>
OTHER:	

NAME OF PRINCIPAL(S) or OWNER(S) IF APPLICABLE

NAME	TITLE	% OF OWNERSHIP

DATE ESTABLISHED	
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3. BACKGROUND INFORMATION

	YES	NO
Is the Applicant delinquent in any of its tax obligations?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Applicant delinquent in the payment of any loans?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Applicant been declared in default on any of its loans?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Applicant ever filed for voluntary or involuntary bankruptcy or sought protection from creditors?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Company or any of its affiliates ever been involved in bankruptcy, a creditor's rights of receivership proceedings or sought protection from creditors?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company ever settled debt with a lending institution for less than the full amount outstanding?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company or any of its affiliates been cited for a violation of federal, state or local laws or regulations with respect of labor practices, hazardous waste, environmental pollution or other operating practices?	<input type="checkbox"/>	<input type="checkbox"/>
Are there currently any unsatisfied judgements against the Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
Are there currently any unsatisfied judgements against any principal of the Applicant?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Company/person presently the subject of any litigation or is any litigation threatened, which would have a material adverse effect on the Company/person's financial conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Has a senior manager or principal of the company ever been convicted of a felony or misdemeanor, other than a minor traffic violation or any such charges pending?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Company delinquent on any New York State, federal or local tax obligations?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" to any of these questions, please provide an explanation below:		

4. PROJECT DESCRIPTION

	YES	NO
Was your business negatively affected by the COVID-19 pandemic?	<input type="checkbox"/>	<input type="checkbox"/>

Provide a brief narrative on how your business was affected by the COVID-19 pandemic:

Provide a brief narrative on the business history:

Describe the business's current operations, including, customers/markets etc.:

5. FUNDING REQUEST

DESCRIPTION	AMOUNT REQUESTED
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WORKING CAPITAL	\$
INVENTORY	\$
PAYROLL	\$
OTHER:	\$
TOTAL	\$

Note: Maximum grant is \$2,500

6. REQUIRED INFORMATION

- Copy of DBA, partnership or incorporated agreement
- Any other information which may serve to document the information provided with this application or which may affect a credit decision by a lender

APPLICANTS CERTIFICATION

I (we) authorize the Essex County IDA (IDA) to order credit reports and/or other financial background information on my (our) personal and business financial background. I (we) authorize disclosure of all information submitted in connection with this application to any financial institution in consideration of any assistance that may be provided. I (we) waive all claims against the IDA and its consultants. I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application and its attachments is correct and true. I (we) (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the IDA and the and may be a felony under the laws of New York State and federal government.

Signature

Print Name

Date

Title

ADDITIONAL APPLICANTS CERTIFICATION (IF NEEDED)

I (we) authorize the Essex County IDA (IDA) to order credit reports and/or other financial background information on my (our) personal and business financial background. I (we) authorize disclosure of all information submitted in connection with this application to any financial institution in consideration of any assistance that may be provided. I (we) waive all claims against the IDA and its consultants. I (we) attest that to the best of my (our) knowledge and belief, the information contained in the foregoing application and its attachments is correct and true. I (we) (are) aware that the filing of a false instrument in connection with this application may constitute an attempt to defraud the IDA and the and may be a felony under the laws of New York State and federal government.

Signature

Print Name

Date

Title

Essex County Industrial Development Agency Emergency Grant Fund
CREDIT AUTHORIZATION

Date: _____

Carol Calabrese, Co-Executive Director
Essex County Industrial Development Agency
7566 Court Street
P.O. Box 217
Elizabethtown, NY 12932

Dear Ms. Calabrese:

In connection with my application for a business loan through the Essex County Industrial Development Agency Emergency Loan Fund, I hereby authorize you to investigate my credit worthiness as part of the loan review process.

NAME	
ADDRESS	
SOCIAL SECURITY #	
DATE OF BIRTH	

Signature

Date

Print Name