



Program Guidelines & Application for New Business Small Business Matching Grant Programs

July 1, 2016 – June 30, 2017

Maximum (50/50 Matching) Grant Amount \$5,000

Small Business Grant (up to \$5,000 for):

- Advertising
- Computer

Small Business Sign Grant (up to \$1,000 for):

- Exterior Sign

Small Business Security Equipment Grant (up to \$2,000 for):

- Alarm System
- Exterior Lighting
- Security Camera
- Security Fence

Small Business FF&E Grant (up to \$2,000 for):

- Furniture, Fixture & Equipment
(only items which require no installation are eligible)

All Applicants must submit a signed copy of this application along with the supporting documents required in the application. Applications have a 30 window to be completed and provided to the City of Rochester beginning upon receipt of the application and help administered by City staff. Applications submitted after the 30 day window, are no longer eligible for assistance, but may reapply after 90 days. This helps to ensure the City is able to respond to every request in a timely manner and provide the best assistance available. Incomplete applications cannot be processed.



Small Business Matching Grant Program Guidelines – Effective July 1, 2015

Eligible Businesses:

New retail and select consumer services with annual gross revenues of Five Million Dollars or less, serving the low/moderate income areas of the City of Rochester, located within commercial zoned areas. Eligible businesses must be located in low/moderate income residential neighborhoods and must meet the U.S. Department of Housing and Urban Development (HUD) eligibility guidelines in one of two ways:

1. The business provides an essential product or service to low/moderate individuals as defined by HUD;
or
2. The business is a microenterprise with five or fewer employees and the business owner is low/moderate income; or meets other eligibility requirements:
 - A. Then business is not a home based
 - B. The business meets financial guidelines
 - C. The business is current on sales and property taxes
 - D. Has no outstanding code violations and/or nuisance points for City properties owned.
 - E. The business has been in existence for up to 1 year.
 - F. Business is a for profit entity.

Small Business Matching Grant Programs:

Small Business Grant - Provides a 50/50 matching grant up to \$5,000 for any combination of the following: Advertising, Architect/Engineering Assistance, and Computers (hardware & software).

- Advertising: All advertising must be approved by a city representative.
- Computer: You may purchase computer hardware, software and ancillary equipment (scanners, etc.).

Small Business Sign Grant:

- Exterior Sign: You may purchase a new sign and or repair an existing sign. New signs will require a permit and approval from the City's Zoning Department.
- **If the total project cost exceeds \$2,000** the **Davis Bacon Act** will be in effect.

Small Business Security Equipment Grant:

- Alarm System: Purchase of hardware is eligible. Grants cannot be used for maintenance contracts.
 - Exterior Lighting: A licensed electrician is required to install the lighting and obtain electrical permits from the City's Zoning Department.
 - Security Camera: You may purchase a security camera system from a company authorized to sell and install security camera systems; or you may purchase the camera system from an authorized dealer and install the system yourself
 - Security Fence: Fencing around the perimeter of your property. Security gates/grills are not eligible.
- Federal requirements may impact the installation expense associated with alarms and lighting. Please review the project budget with NBD staff to determine if federal regulations apply.

Small Business FF&E Grant – Provides a 50/50 matching grant up to \$2,000 for furniture, fixtures and/or equipment.

- You may purchase furniture, fixtures and/or equipment for your business. Purchases that require no installation are eligible for reimbursement.

Application, Agreement and Reimbursement

If the application is completed, reviewed and approved, a grant agreement will be executed by the City of Rochester and the business owner. Once the agreement has been approved you will be notified that you can proceed with the matching grant for the eligible categories. **This grant is a reimbursement grant program.** Once the product/service is purchased you must provide the following cost documentation for reimbursement by the City of Rochester:

1. Copy of invoice
2. Proof of payment: cancelled check (copy of front & back), credit card receipt, certified check (copy of front & back), money order (copy of front & back). **PAYMENT IN CASH IS NOT ACCEPTABLE.**
3. Sample of advertisement, commercial (if applicable), and or photograph of equipment etc.
4. Copy of permit if applicable (e.g., sign, electrical for exterior lighting)
5. **Only expenses that occur following the date found on the executed agreement will be considered for reimbursement, for a period of twelve months. Any expenses occurring prior to the date found on the executed agreement, or twelve months after are not eligible for reimbursement.**
6. **Businesses are eligible to reapply 24 months following the date of the last reimbursement from a prior grant.**

If you have any questions, please contact the specialist listed below for your quadrant:

Northeast/Bi-Lingual (Spanish) assistance
Southeast
Northwest
Downtown and Southwest

Daisy Algarin (585) 428-7711
Matt McCarthy (585) 428-6920
Thad Schofield (585) 428-7848
Front Desk (585) 428-6912

New Business Matching Grant Application

Effective July 1, 2016

Business Name: _____ Applicant Name: _____

Title: _____ Telephone: _____ Fax _____

E-Mail: _____

Address: _____ Rochester, New York, Zip Code: 146 _____

Mailing Address if different _____

Please check location: Downtown Northeast Southeast Southwest Northwest

Please check if you are a: Corporation Limited Liability Co. Partnership Sole Proprietorship

Federal Tax I.D. # _____

Dun & Bradstreet No. _____ (If you don't have a number call 1-888-347-0475 or apply on line at www.DNB.com)

Business Start Date _____

Business Type: _____ Essential Business (see list on page 5): Yes No

Current # of Employees: _____ Current # of Employees Who Are City Residents: _____

Anticipated # of additional full-time equivalent employees to be added in the next 3 years? _____

Have you or any principal of the business received a loan from the City of Rochester or its subsidiary,

REDCO? Yes No What was the name of business that received the financing? _____

Check grants that you are applying for and indicate amount (**Maximum Grant Amount is \$5,000**).

_____	Small Business Grant (maximum \$5,000)	\$ _____
_____	Small Business Sign Grant (maximum \$1,000)	\$ _____
_____	Small Business Security Grant Amount (maximum \$2,000)	\$ _____
_____	Small Business FF&E Grant Amount (maximum \$2,000)	\$ _____

Total \$ _____ (Not to exceed \$5,000)

To qualify for the Grants the business applying must meet ONE of the following HUD criteria. If the business is located downtown (inside inner loop) they must meet criteria number 4.

1) The business is an essential neighborhood business that provides an area wide benefit to low/moderate income areas (please circle eligible business from attached list on the following page). and indicate service area:

or

2) The business is a microenterprise with five employees or fewer and the owner of the business being assisted is from a low or moderate income household as defined by HUD (please circle household income level on following page - HUD Income Guideline Sheet). Required documentation: Provide current Federal Income Tax Return of each owner.

or

3) Projects that retain/create jobs for low and moderate income persons; 51% of the total employees are from low and moderate income households. Provide total payroll list and pay rate for 51% of the employees meeting the low/moderate income guidelines. Businesses will need to provide the entire payroll to demonstrate the required 51%.

4) **Downtown** business should create new low/moderate income job(s). Otherwise, payroll record must be provided for all employees to determine eligibility to meet eligibility requirements.

Essential Neighborhood Services (HUD)
Please check the type of business from the eligible list below

- _____ Appliance sales, repair and rental
- _____ Auto - parts, repairs, sales
- _____ Barber shop/Hair Salon/Beauty Supply
- _____ Cell Phone Stores
- _____ Clothing
- _____ Computer equipment, sales & service
- _____ Convenience store with gas pumps
- _____ Day care center
- _____ Drug stores
- _____ Financial Services (cash checking)
- _____ Funeral homes
- _____ Furniture sales, repair
- _____ Grocery stores, Mini Marts, Supermarkets
- _____ Hardware Store
- _____ Home Improvement
- _____ Insurance Agency
- _____ Laundromats
- _____ Medical offices, Medical Supplies, Medical Transportation
- _____ Plumbing and Heating
- _____ Restaurants
- _____ Shoe sales/repair
- _____ Tax Services
- _____ Veterinary Clinic

If business is not on the essential neighborhood service list, the business may qualify as a small business enterprise where the owner of the business is low/moderate income, they must meet the 2012 Federal Income Guidelines: Percent of Area Median Family Income

Please circle family size and income level from the list below.

<u>Low/Moderate Family Size</u>	<u>Income</u>
1	\$38,500
2	\$44,000
3	\$49,500
4	\$54,950
5	\$59,350
6	\$63,750
7	\$68,150
8	\$72,550

Required Documentation Section to be Submitted with Completed Application

For businesses in existence up to 1 year:

What is your most recent year's projected annual Sales Revenue \$ _____

How much additional funding do you anticipate investing in the business within the next 2 years?
\$ _____

Required Documents (to be submitted with application):

- Personal Federal Tax Return for last year
- A detailed Business Plan (see attachment A)
- Year to date financial reports if business start-up is more than 120 days old
- Current worker's compensation and disability insurance certificate or provide approved NY State Worker's Comp. Form CE-200 (apply on-line at www.wcb.state.ny.us.)
- Current General Liability Insurance certificate up to \$1,000,000 naming the City of Rochester Additional Insured.
- Evidence of New York State Sales Tax paid to date (copy of receipt or canceled check)
- Copy of Business Permit
- Copies of Business Licenses needed for your business (e.g., Monroe County Health, Liquor License)
- Copy of Lease (if tenant)
- Proof that Rent/lease/mortgage payments are current
- Copy of organizational paperwork (D/B/A, Partnership Agreement, Corporate Resolution, Member Resolution)
- Signed credit check consent form from each owner/partner with 20% interest or more (Attached)
- A W-9 Form (attached) and either a copy of your most recent federal business tax return or an IRS Letter 147C (the letter that assigned your business Tax ID number)
- Proof that City property taxes are current (if owner of real property)
- Proof of code compliance if owner of real property within the city of Rochester.
- Hiring Preference Agreement (if required, see note below)

Note: The City reserves the right to ask for further documentation and/or clarification as part of the financial and economic development review.

Some eligible businesses will be required to provide follow-up job creation information. If needed, a Hiring Preference Agreement will be provided by your City staff representative should this condition apply to your grant.

I acknowledge receipt and review of the Small Business Matching Grant Program Guidelines.

The statements made in this application are correct and true.

Applicant Signature

Print Name & Title

Date

Reviewed By

Date

Manager Approval

Approved Date

City of Rochester Disclosure

The Program for which you are applying may be part of one or more City of Rochester (hereinafter the "City"), federal, state, or other programs, including, but not limited to, the Community Development Block Grant (CDBG) Program, Emergency Solutions Grant (ESG) Program, HOME Investment Partnerships (HOME) Program, Housing Opportunities with Persons with AIDS (HOPWA) Program, Asset Control Area (ACA) Program, Rochester Economic Development Corporation (REDCO) or City Development Fund (CDF). Each of these programs has rules and regulations prohibiting conflicts of interest. Conflicts generally arise where the applicant or his or her family or business may have an economic or employment interest in the program or the entity providing the program.

Program regulations generally limit the participation of employees, agents, consultants, officers, or elected appointed officials of the City or any designated public agencies, or sub-recipients receiving Program funds, and those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For federally assisted housing and community development programs, this applies unless an exception is granted by the **U.S. Department of Housing and Urban Development (HUD)**. In order for HUD to grant an exception to such persons there must be a public disclosure of the application and the City's Corporation Counsel must determine that the participation does not violate state or local law.

The objective of this form is to identify applicants that may have a conflict under the rules and regulations. The City will then determine whether an exception should be granted or requested. The City's Department of Neighborhood and Business Development, Office of the Commissioner, is responsible for conflict of interest determinations and the coordination of the exception process for federally assisted housing and community development programs.

Name of Applicant(s):

Applicant 1: _____

Applicant 1: I am employed at _____ in the position of _____

Applicant 2: _____

Applicant 2: I am employed at _____ in the position of _____

Business Name (if applicable): _____

Property Address: _____

Program Name: _____

I/We certify that **(Please ONLY check one option (1 or 2)):**

___1. I/we **am/are NOT** an **employee**, agent, consultant, officer, or elected or appointed official of the City of Rochester, and am **NOT** a **relative** of an employee, agent, consultant, officer or elected or appointed official of City of Rochester, **nor part of any** designated public agencies, business, or sub-recipients receiving CDBG or other Program funds.

___2. I/we **AM/ARE** an **employee** agent, consultant, officer or elected or appointed official of the City of Rochester **OR I/we am/are a relative of an employee**, agent, consultant, officer or elected or appointed official of the City of Rochester, or **I/we am/are** part of a designated public agency or worked any such agency within the last year, business or sub-recipient receiving CDBG or other Program funds.

I (___do) or (___do not) perform any duties relating to the Program.

For Family/Relative Affiliation:

_____ is the family member to whom I am related. (_____).
(Name) (Relationship)

This family member is employed at _____ in the position of _____.

This family member (___ does) or (___does not) perform any duties relating to the program.

Applicant #1

Signature _____ Date _____

Applicant #2

Signature _____ Date _____

STATE OF NEW YORK)

COUNTY OF MONROE) ss.:

On the ____ day of _____, 20__ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me, or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public/Commissioner of Deeds

Business Plan

Example

- I. Executive Summary
- II. Type of Business
 - a) Description of product or service
 - b) Space, parking and loading requirements
- III. Industry Analysis
- IV. Market Analysis
 - a) Target Market Segment
 - 1) Customers
 - 2) Geographic area
 - b) Competitive Evaluation
- V. Meeting Plan
 - a) Advertising
 - b) Pricing policy
- VI. Organization and Management Structure
 - a) Form of ownership (sole proprietorship, limited partnership, S-Corp, C-Corp)
 - b) Experience, background/ownership of owners and key management personnel
 - c) Labor Force- Number of employees, projected job growth and employee residences
 - d) Job Training
- VII. Operations
 - a) Operating hours
 - b) List of other retail locations
- VII. Financial Information
 - a) Historical financial statements of existing business for past 3 years if applicable:
 - 1) Income statement, balance sheet and cash flow statement.
 - 2) Income statements and tax returns for past 3 years.
 - b) 3 year projected financial statements (profit/loss + balance sheet)
 - c) 3 year cash flow projections, by month, for the next 12 months
 - d) Sources and use of funds
 - e) Current credit report, personal financial statement, personal tax returns for past 3 years for all owners and guarantors.

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
			-					

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
			-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on www.irs.gov for information about Form W-9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part III instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See *Exempt payee code and Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(ii)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(7)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting irs.gov or by calling 1-800-TAX-FORM (1-800-929-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply, if you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ³ The actual owner ⁴
5. Sole proprietorship or disregarded entity owned by an individual	The owner ⁴
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not disregarded in the account file.) Also see "Special rules for partnerships on page 1."

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note, if no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-368-4454. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



City of Rochester

Neighborhood and Business Development
City Hall Room 224B, 30 Church Street
Rochester, New York 14614
www.cityofrochester.gov

OMB CIRCULAR 2 CFR PART 200 CERTIFICATION LETTER

Important Compliance Document-Small Business Matching Grants

Company Name: _____

Pursuant to the requirements of OMB Circular 2 CFR Part 200, the City of Rochester is requesting that you check one of the following, provide all appropriate documentation regarding your organization's compliance with Circular 2 CFR Part 200 audit requirements, sign and date, and return this letter to the City of Rochester within **thirty (30) days** of receipt.

- 1. _____ We are not subject to a Circular 2 CFR Part 200 audit because we expended less than \$750,000 in total federal awards during our fiscal year ended _____.
- 2. _____ We are subject to Circular 2 CFR Part 200 but have not received an audit.
- 3. _____ We expended more than \$750,000 in total federal awards and have completed our Circular 2 CFR Part 200 audit for fiscal year ended _____. Our audit report and schedule of federal programs have no material findings that affect the City of Rochester's funding. Issue date of audit report: _____.
- 4. _____ We have expended more than \$750,000 in federal awards and have completed our Circular 2 CFR Part 200 audit for fiscal year ended _____. Our audit report and schedule of federal programs have material findings that affect the City of Rochester's funding. We are including a copy of the required audit report along with our corrective action plan for your information. Issue date of audit report: _____.

Additional Comments:

Type or Print Name: _____
Title: _____
Signature: _____
Signature Date: _____

Please returned this completed document with supporting documentation to:
City of Rochester
Neighborhood & Business Development
Attention: Mary Kay Kenrick
30 Church Street – Room 224B
Rochester, NY 14614

Credit Check Consent Form

It is standard procedure for the City of Rochester to complete a credit check of any company and its principals seeking financial assistance from the City. The information obtained through the credit check is confidential and shared only with those City staff directly involved in the evaluation of the financing request. Please fill in the applicable information below:

Name _____

Address _____

City/ State/Zip Code _____

Social Security # _____

I hereby give my permission to research the company's file and its principal(s) history, make credit checks, contact the company's financial institution and perform other related activities for the reasonable evaluation of this proposal.

Your Signature

Please print your title

Date

HIRING PREFERENCE AGREEMENT (CDBG Funds)

This **LETTER OF AGREEMENT**, is made this _____, day of _____, 2015, between the **City of Rochester**, specifically its Neighborhood and Business Development Department, located at City Hall, 30 Church Street, Rochester, New York 14614, and _____, with offices located at _____, hereafter referred to as the "Employer."

WHEREAS, The City of Rochester's Neighborhood and Business Development Department (NBD) provides financial and economic development assistance designed to attract new businesses to the City and to enable existing businesses to expand and create jobs and,

WHEREAS, The City of Rochester seeks assurances from Employers who receive assistance that City of Rochester residents shall benefit from the creation of these new jobs and,

WHEREAS, The City of Rochester has entered into an Agreement with the United States of America Department of Housing and Urban Development (HUD) under the Community Development Block Grant (CDBG) Program and,

WHEREAS, The source of the financial assistance being provided to the Employer by the City of Rochester is CDBG funds and,

WHEREAS, The City of Rochester needs to ensure that, per HUD guidelines, any jobs created by the Employer are made available to or filled by low- and moderate-income (LMI) persons, as defined in this Agreement.

NOW, THEREFORE, the Employer agrees to the following:

I. Term

The term of the agreement is _____ through _____.

II. General Terms

A. The Employer shall give first priority to hiring LMI persons for at least 51% of the _____ (_____) new positions (computed on a full-time basis) projected to be created by virtue of the project described in the letter of commitment.

(1) The following requirements apply for jobs to be considered available to or held by LMI persons:

- > Created jobs are only considered to be *available* to LMI persons when:
- > Special skills that can only be acquired with substantial training or work experience or education beyond high school are not a prerequisite to fill such jobs, or the Employer agrees to hire unqualified persons and provide training; and
- > The Employer takes actions to ensure that LMI persons receive first consideration for filling such jobs.
- > Created jobs are only considered to be *held* by LMI persons when the job is actually filled by an LMI person.

(2) In determining whether a job is made available to or held by an LMI person, a person is **presumed** to be low- or moderate-income if:

- > He/she resides in a Census tract or block numbering area (BNA) that meets certain requirements (**detailed below**); or
- > He/she resides in a Census tract or BNA with at least 70% LMI persons; or
- > The Employer is located in an eligible Census tract or BNA (**see below**) and the job will be located within that same Census tract.

(3) An eligible Census tract or BNA is one that is located within a Federally-designated Empowerment Zone or Enterprise Community or a Census tract that:

- > Has a poverty rate of at least 20% (30% if the area includes the central business district);

AND

- > The area evidences pervasive poverty and general distress by meeting at least one of the following criteria:
 - All block groups in the Census tract have 20% or greater poverty rates;
 - The activity is undertaken in a block group with a 20% or greater poverty rate; **OR**
 - HUD determines that the tract shows other signs of distress (e.g., crime, homelessness, deteriorated housing, etc.)

- B.** Positions, as projected on this agreement, shall include the Employer's job openings, in the assisted facility located at _____, Rochester, New York 146___ that are created as a result of terminations, promotions, and expansion of the Employer's workforce. The Employer may, but need not, refer job openings to be filled by internal promotion from the Employer's local workforce, executive, mid-level management and highly skilled technical positions to **Rochester Works** or the **NYS Department of Labor**.
- C.** The Employer shall make every active, reasonable effort to achieve the employment objectives described herein within three years from the date of this agreement. Once the total number of new jobs and ratio of LMI persons hired are reached, the Employer is expected to maintain these numbers throughout the term of the loan agreement.
- D.** After the Employer has selected its employees, the City of Rochester shall not be responsible for their actions. The Employer hereby releases the City of Rochester from any liability for employee actions.
- E.** This Agreement shall not be construed as a loan agreement and shall not obligate NBD to provide financial assistance. If, for any reason the proposed loan should be withdrawn or canceled, this Agreement will be null and void.
- F.** This agreement does not supersede other economic development program agreements that the Employer may have with NBD or the State of New York (e.g., New York State Empire Zone Program).

III. Modifications and Sanctions

- A.** The Employer and NBD may mutually agree to modify this Agreement to improve its terms or procedures.
- B.** NBD may terminate the Agreement at any time by written notification.
- C.** Any dispute concerning a question of fact arising under this contract which is not resolved by mutual agreement of the parties, shall be decided by the City which shall reduce its decision to writing and mail or otherwise furnish a copy to the Employer. The decision of the City shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, or capricious, or arbitrary, or so grossly erroneous as necessarily to imply bad faith, or not supported by substantial evidence.

IV. Mandatory Reports

Over the term of this agreement, the Employer is required to report hiring activity and job creation to the City of Rochester for the assisted facility on an annual basis, or more frequently upon written request by the City of Rochester.

With respect to the new jobs created, the records must show:

- > A listing by job title of the specific jobs to be created.
- > A listing by job title of the jobs which are filled.
- > The name and residential address of the person who filled each position.
- > The full time equivalency status of the jobs.

Given the above information reported, if it cannot be **presumed** that a person hired for a position is an LMI individual, as discussed in section **II(A)(2)** of this Agreement, the Employer must provide the following additional information for such individuals:

- > Family size (i.e., number of persons living in the household).
- > Total family income.

Where a job is not filled by an LMI person, but the Employer wants credit based on the job being made available to LMI persons, the records must show:

- > The title and description of the jobs made available, and the full time equivalency status of the job at the time.
- > The prerequisites for the job; special skills or education required for the job, if any; and the Employer's commitment to provide needed training for such jobs (and the training that the Employer provided to the person hired, if applicable).
- > How first consideration was given to LMI persons for the job, such as the name(s) and residential addresses of the person(s) interviewed for the job and the date of the interview(s).

IN WITNESS WHEREOF, the parties have duly executed this Agreement on the date first written above.

CITY OF ROCHESTER
Neighborhood and Business Development Department

By: _____
Name: Baye M. Muhammad
Title: Commissioner of Neighborhood and Business Development

Employer Name: _____

By: _____

Name: _____

Title: _____