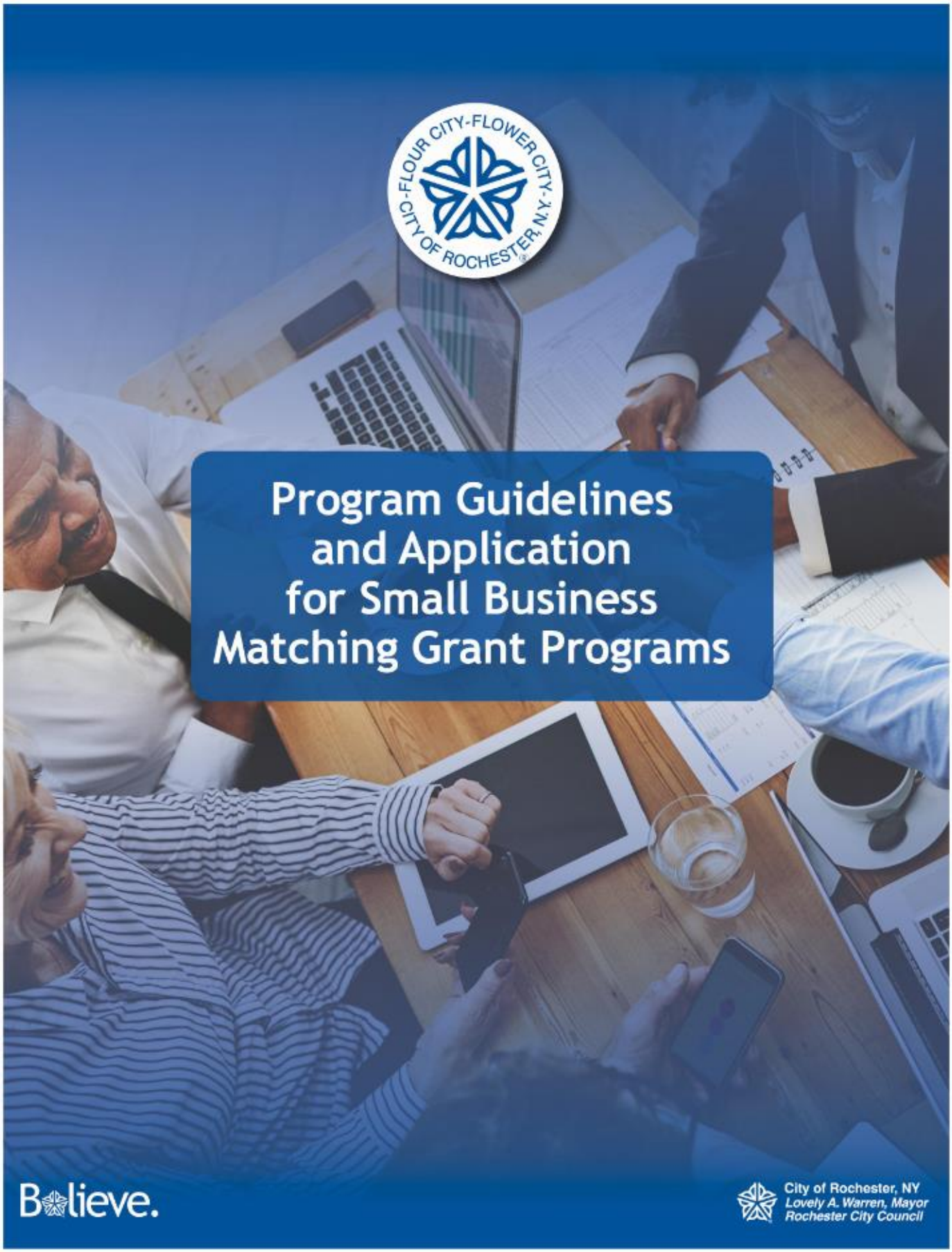

Program Guidelines and Application for Small Business Matching Grant Programs

Believe.

City of Rochester, NY
Lovely A. Warren, Mayor
Rochester City Council

City of Rochester
Neighborhood and Business Development
City Hall Room 005A, 30 Church Street
Rochester, New York 14614-1290
www.cityofrochester.gov

Bureau of Business and
Housing Development

Program Guidelines & Application for Small Business Matching Grant Programs

June 1, 2021 – June 30, 2022

Maximum (50/50 Matching) Grant Amount $8,000

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

- **Advertising**
- **Computer**
- **Architectural Assistance**

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

- **Exterior Sign**
- **Interior 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)

Grants are paid out as cost reimbursements

***Note: Any set-up or installation labor costs may not exceed 13% of the cost of the equipment or materials purchased. If labor costs exceed 13% the item is not eligible for reimbursement.**

Incomplete applications cannot be processed.

Small Business Matching Grant Program Guidelines – Effective June 1, 2021

Eligible Businesses:
New retail and select consumer services with annual gross revenues of 5 Million Dollars or less, operating in accordance with Zoning regulations. Eligible businesses must meet the U.S. Department of Housing and Urban Development (HUD) eligibility guidelines in any one of four ways:

1. The business provides an essential product or service in low/moderate Census Tracts 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
3. The business commits to creating at least one job for a low-mod income qualifying individual within three years (a signed Hiring Preference Agreement will be required);
   Or
4. **Downtown** businesses (within the Inner Loop) should create new low/moderate income job(s). Otherwise, payroll records must be provided for all employees to determine if business meets the eligibility requirements.

   And;

   A. The business meets financial guidelines.
   B. The business is current on sales and property taxes.
   C. Has no outstanding code violations and/or nuisance points for City properties owned.
   D. Business is a for-profit entity.
   E. **Ineligible applicants for economic development funding include, but are not limited to: home-based businesses, adult bookstores, adult video shops, other sexually-oriented businesses, check-cashing facilities, payday loan operations, gambling facilities, vape shops and gun shops.**

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, Computers (hardware & software).

- Advertising: For example, print, radio, TV, web-based, promotional items, direct mail and social media.
- Computer: Purchases may include hardware, software and ancillary equipment (P.O.S. systems are eligible).

Small Business Sign Grant*:- Provides a 50/50 matching grant up to $1,000 for signage:

- Exterior/Interior Sign: You may purchase a new sign and or repair an existing sign. Exterior signs will require a permit and approval from the City's Zoning Department.

Small Business Security Equipment Grant*: - Provides a 50/50 matching grant up to $2,000 for any combination of the following:

- 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.

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

- Eligible FF&E items include movable furniture and items that are not permanently affixed to a wall, ceiling or facility.
- Windows, doors and affixed flooring are ineligible.

***If the total project labor cost exceeds 13% of cost of the item purchased,** the **Davis Bacon Act** will be in effect. No reimbursement will be available without submission of certified project payroll demonstrating that prevailing wage rates were applied. **No reimbursement will be available unless items are self-installed.**

Application, Agreement and Reimbursement

Once the application is completed, reviewed and approved, a grant agreement will be executed by the City of Rochester and the business owner. You may begin making your purchases within your predetermined categories **after** you receive your written "Notice to Proceed". **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 bill, invoice or credit card receipt that describes item purchased.
2. Proof of payment: cancelled check (copy of front & back), bank or credit card statement showing credit card purchases, certified check (copy of front & back), money order (copy of front & back). **PAYMENT IN CASH IS NOT ACCEPTABLE.**
3. **Only expenses that occur following the agreement start-date will be considered for reimbursement, for a period of 12 months. Any expenses incurred prior to the date found on the executed agreement are not eligible for reimbursement.**
4. **A maximum of four reimbursement draws may be submitted over the 12-month term of the agreement.**
5. Copy of permit, if applicable (e.g., sign, electrical for exterior lighting).
6. Businesses are eligible to reapply 24 months following the date of the last reimbursement from a prior grant.
7. Reimbursement requests must be submitted no later than sixty (60) calendar days from the end-date of the contract. **Note: Expenses incurred after the end-date of the contract are not eligible for reimbursement.**
8. Purchases may only be made by the business or business owner.
9. If a Security, Sign or FF&E item is self-installed, a certified payroll will be required. Consult your City staff person for forms and additional information.

If you have any questions,

please contact the specialist listed below for your quadrant:

Northeast	Rita Rajca	(585) 428-6525
Southeast	Deidre Stevely	(585) 428-6825
Northwest	Dave Balestiere	(585) 428-6817
Southwest and Downtown	Sylvia Dobbs	(585) 428-6207

Small Business Matching Grant Application
Effective June 1, 2021

Business Name:_____ Applicant Name: _____

Please list all owners/officers of the business, titles and percentage of ownership.

Name	Title	Ownership%
_____	_____	_____
_____	_____	_____
_____	_____	_____

E-Mail: _____ Telephone:_____ Fax:_____

Website: _____

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 1-866-705-5711 or apply on line at iupdate.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? _____

Anticipated # of additional FTE employees to be added in the next 3 years that are City residents? _____

Have you or any principal of the business received a loan from the City of Rochester ☐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 $8,000**).

___	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 $8,000)

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. (City Staff will circle the qualifying definition)

1) The business is an essential neighborhood business that provides an area-wide benefit to low/moderate income areas (please check off the eligible business from the list below 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 below- HUD Income Guideline Chart). 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 payroll, if 51% of staff residences are in Low-mod Census Tracts or provide a Hiring Preference Agreement.

Or

4) **Downtown** businesses (within the Inner Loop) 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

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 Store
_____ Clothing Store
_____ Computer equipment, sales & service
_____ Convenience store with gas pumps
_____ Day care center
_____ Drug store
_____ Financial Services
_____ Funeral home
_____ Furniture sales, repair
_____ Grocery store, Mini-Mart, Supermarket
_____ Hardware Store
_____ Home Improvement
_____ Insurance Agency
_____ Laundromat
_____ Medical office, Medical Supplies, Medical Transportation
_____ Plumbing and Heating
_____ Restaurant
_____ 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 current Federal Income Guidelines: Percent of Area Median Family Income

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

Low/Moderate Family Size	Income
1	$44,950
2	$51,350
3	$57,750
4	$64,150
5	$69,300
6	$74,450
7	$79,550
8	$84,700

Required Documentation Section to be Submitted with Completed Application

For businesses in existence more than 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):

- ☐ Business Federal Tax Return for last year (if a loss is shown, prior 2 yrs business tax returns required)
- ☐ Year-to-date financial reports (Balance Sheet and Profit & Loss statements) if tax return is more than 120 days (four months) old
- ☐ Current Worker's Compensation Certificate or provide approved NY State Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance Coverage Waiver- Form CE-200 (apply on-line at **www.wcb.state.ny.us**.)
- ☐ Current Disability Insurance Certificate or provide approved NY State Workers' Compensation and/or Disability and Paid Family Leave Benefits Insurance Coverage Waiver- 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 (Must attach a copy of the policy endorsement reflecting that the City is an additional insured) and including 30-day cancellation notification (see Sample on the following pages)**
- ☐ Evidence of New York State Sales Tax paid-to-date (copy of receipt or canceled check)
- ☐ Copy of Business Permit, if required
- ☐ 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 formation documents/organizational paperwork (D/B/A, LLC, Partnership Agreement, Corp and Corporate Resolution, or Member Resolution)
- ☐ Signed credit check consent form from each owner/partner with 20% interest or more (Attached)
- ☐ City of Rochester Disclosure Statement from each owner/partner with 20% interest or more (Attached)
- ☐ W-9 Form (Attached) – W-9 Instructions may be found here: https://www.irs.gov/pub/irs-pdf/iw9.pdf
- ☐ OMB Circular A-133 Certification Letter (Attached)
- ☐ Proof that City property taxes are current (if owner of real property)
- ☐ Proof of code compliance if owner of real property within the city limits
- ☐ 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. Grant Applications will not be reviewed for approval until all documents and information has been submitted.

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.

Signatures:

Equal Opportunity

Any project funds provided by the City shall be subject to Chapter 63 of the City's Municipal Code; Title VI of the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, et seq.) and implementing regulations issued at 24 CFR Part 107; the Civil Rights Restoration Act of 1987 (102 Stat. 28); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. Section 794, et seq.) and implementing regulations at 24 CFR Part 8; the Age Discrimination Act of 1975 (42 U.S.C. Section 6101, et seq.) and implementing regulations at 24 CFR Part 146; Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et. seq.) and implementing regulations issued at 7 CFR Part 15 a; Title II of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and implementing regulations issued at 24 CFR part 8; the Fair Housing Act (42 U.S.C. Section 3601, et seq.) and implementing regulations at 24 CFR Part 100; Executive Order 11063, as amended by Executive Order 12259 (3 CFR, 1958--1963 Comp., p. 652 and 3 CFR, 1980 Comp., p. 307 (Equal Opportunity in Housing) and implementing regulations at 24 CFR Part 107; Executive Order 11246 (3 CFR 1964-65, Comp., p. 339) (Equal Employment Opportunity) and the implementing regulations issued at 41 CFR Part 60; Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. Section 1701u) and implementing regulations issued at 24 CFR Part 135; Executive Order 11625, as amended by Executive Order 12007 (3 CFR, 1971-1975 Comp., p. 616 and 3 CFR, 1977 Comp., p. 139) (Minority Business Enterprises); Executive Order 12432 (3 CFR, 1983 Comp., p. 198) (Minority Business Enterprise Development); and Executive Order 12138, as amended by Executive Order 12608 (3 CFR, 1977 Comp., p. 393 and 3 CFR, 1987 Comp., p. 245) (Women's Business Enterprise); other applicable federal non-discrimination laws, including but not limited to, Section 13 of the Federal Water Pollution Control Act Amendments of 1972, 40 C.F.R. Part 7, 23 C.F.R. Part 200, and 49 C.F.R. Part 21; and related statutes and regulations in all programs and activities, as further stated in any project documents and agreements executed by and between the City and each successful applicant.

The Following Must Be Signed by the Owner/Principal of the Business

Non-Discrimination Certification: I hereby certify that this company does not deny services, employment, or membership to persons based on age, race, creed, color, national origin, gender, gender identity or expression, sexual orientation, disability, marital status or source of income.

Application Certification: I certify and affirm by my signature below the information contained in this application or otherwise supplied as part of this application is complete and current to the best of my knowledge. I further understand that intentional misrepresentation of facts may be the basis for a denial of credit.

Information for Federal Reporting:

The information requested below is for HUD reporting. The information is requested in order to monitor compliance. Please check which applies.

Applicant	Co-App	Race	Hispanic origin Yes/No
_____	_____	White	_____
_____	_____	Black or African American	_____
_____	_____	American Indian or Alaska Native	_____
_____	_____	Native Hawaiian or Other Pacific Islander	_____
_____	_____	American Indian or Alaska Native and White	_____
_____	_____	Black or African American and White	_____
_____	_____	American Indian or Alaska Native and Black or African American	_____
_____	_____	Other, Multi Racial	_____
_____	_____	Do Not Wish To Disclose	_____

I acknowledge receipt and review of the APPLICATION FOR THE SMALL BUSINESS MATCHING GRANT

The City of Rochester welcomes the opportunity to review your request for financial assistance. Promoting business growth is a priority for the City. Your business is important to us as we work together to create jobs in our community.

In order for the City of Rochester to process your request in a timely manner, it is important that the applicant provide all the necessary information found on the financial assistance and/or small business grant application(s). ***Incomplete applications cannot be considered for review.*** *Any delays in receiving needed information or documentation during application processing or underwriting will result in delays in approval, contracting and closing. Following the submission of a completed application, additional questions may be asked during the underwriting review process. It is the applicant's responsibility to provide answers and additional documentation as requested by the City throughout the underwriting and review process. Failure to provide the information requested on a timely basis will delay the review process and ultimately disallow the City to make a decision on potential assistance. Once all information has been provided and a complete application has been submitted, you will be notified in writing that your application is under review.*

The review process will not take place until a completed application has been received. *By signing this form, you agree and understand that your request for financial assistance will not be considered until all required documentation is received by the City, and that delays in providing this information on a timely basis will not only delay the review process but may result in your request for financial assistance being declined.*

Acceptance of a completed application does not represent a commitment of funds.

By signing below, the applicant confirms that the statements made in this application are accurate and correct and agree to provide the required information to complete the necessary review and approval processes.

Also, that it is understood and agreed (please initial):

____ **All taxes on properties owned must be current and up-to-date to apply for financial assistance.**

____ **Business and property owners with existing code violations are not eligible to apply for financial assistance until all violations have been satisfactorily corrected.**

____ **Individuals/Businesses who received financial assistance within the past 2 years are not eligible to apply for further assistance until this time period has passed. In regards to loans, 24 months must pass from the loan payoff date.**

____ **Financial assistance is a reimbursement and the entire project must be completed, along with providing the required documentation to close not limited to accurate cost documentation (invoices and front and back of signed checks/credit card statements, etc.)**

_____ _____
Applicant Signature Date

_____ _____
Reviewed By Date

_____ _____
Manager – Completion Verification Date

Insurance Example

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER
Anytown Insurance Agency
1234 Main Street
Rochester, NY 14614

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
My Business Name
Business Street Address
Rochester, NY 146XX

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Insurance Company Name	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	X	**GENERAL LIABILITY**		7/1/2017	6/30/2018	EACH OCCURRENCE	$ 1,000,000
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	$
		CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PRODUCTS - COMP/OP AGG	$
							$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS				BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR / CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

THE CITY OF ROCHESTER IS INCLUDED AS AN ADDITIONAL INSURED PER THE ATTACHED ENDORSEMENT (INCLUDE ENDORSEMENT NUMBER, IF APPLICABLE)

CERTIFICATE HOLDER

City of Rochester
City Hall, Room 005A
Rochester, NY 14614

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08)

© ACORD CORPORATION 1988

Clear All

Sample Additional Insured Endorsement
where city is specifically named

POLICY NUMBER: [redacted]

COMMERCIAL GENERAL LIABILITY
ISSUE DATE: [redacted]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED–DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of person or organization:

THE CITY OF ROCHESTER

30 CHURCH STREET
ROCHESTER NY 14614

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your acts or omissions.

[redacted]

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, 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.

Business Ownership: List all owners/officers of the business with **20% or more ownership**, and their titles:

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: _____

Please ONLY check one option: (1) or (2 and 2.a.):

I/We certify that:

_____**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.

2. a.) 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 theinstrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Notary Public/Commissioner of Deeds

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

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:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ 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.)

Requester'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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below), and
4. 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 IRS.gov for information about Form W-9, at *www.irs.gov/w9*. 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.

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

Company Name:_____

Pursuant to the requirements of 0MB 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 return this completed document to your City of Rochester program manager

Credit Check Consent Form

It is standard procedure for the City of Rochester to complete a credit check of any company and its principals **(includes anyone with 20% or more ownership)** 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:

Applicant #1 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

++++++

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HIRING PREFERENCE AGREEMENT
(CDBG Funds)

This **LETTER OF AGREEMENT**, is made this _____, day of _____, 20_____, 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 <u>not</u> 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)*** <u>and</u> 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 <u>or</u> 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: Gary Kirkmire
Title: Commissioner of Neighborhood and Business Development

Employer Name: _____

By: _____

Name: _____

Title: _____