

TIOGA COUNTY
MICROENTERPRISE ASSISTANCE PROGRAM (MAP)

Application Deadline: October 13, 2026, at 5:00 PM

Please submit your completed application and all required attachments using one of the following methods:

By Mail, Via email or In-Person: Ryan Harriott, Thoma Development Consultants

34 Tompkins Street Cortland, NY 13045 or by email at ryan@thomadevelopment.com or

In-Person Casey Yelverton, Dept. of Economic Development & Planning

56 Main Street, Owego, NY 13827

I. PERSONAL INFORMATION

Name(s): _____

Address: _____ Email: _____

Business Name: _____

Address: _____

Daytime Phone Number: _____ Cell Phone: _____

Unique Entity Identification: _____

Number of people in your family: _____

II. BUSINESS/JOB INFORMATION

☐ Existing Business (Date business started _____) ☐ New Business (Less than 6 months)

Please summarize what employees you currently have and how many you will hire if awarded funds:

How many full-time employees do you currently have, *including yourself and other owners*? _____

How many part-time employees do you currently have? _____

How many full-time employees do you plan to hire if funds are awarded? _____

How many part-time employees do you plan to hire if funds are awarded? _____

What is the total number of hours all part-time employees to be hired will work in a week? _____

Please list the types of jobs to be created, whether FT, PT (and number of hours to work if PT)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

For both existing and new business, indicate the type of business:

- ☐ Corporation – Provide information in I. for all officers (Attach separate sheet of paper if needed)
- ☐ Partnership – Provide information in I. for all partners (Attach separate sheet of paper if needed)
- ☐ LLC. (Number of members _____) - Provide information in I. for all members (Attach separate sheet of paper if needed)
- ☐ Sole Proprietor; Doing business as _____
- ☐ Other (Specify) _____

III. PROJECT NARRATIVE

On a separate sheet of paper titled, IV. Project Narrative, provide a **detailed (typed or printed)** description of the proposed Microenterprise Project in a paragraph or two. Please address the following issues (in any order that is appropriate for the details of your Project):

- Is the business new or existing; if existing provide brief history
- Type of business
- What new product or service will be provided if grant funds are awarded
- Does the product or service fill a void in the community; explain
- What will grant funds be used for
- Specify type of job(s) to be created
- How does the project facilitate job creation, if appropriate
- Location of business
- Will you have an on-line presence, store front or both

A line-by-line budget with each Project component should be provided on a chart included at the end of this application titled "IV. PROPOSED BUDGET".

IV. PROPOSED BUDGET

Please complete the chart below. Identify the item(s) to be purchased/paid for in the appropriate category that is required for the Project, regardless of whether microenterprise funds or equity will be used. Include the estimated cost of each item and the source of the estimates, such as actual quotes or online retailers such as Amazon, etc. Each item cost should be supported by a written quote, cut sheet, website etc. to be submitted with this application (See Submittal Requirements in Section X below). Each successful applicant will have to provide 10% of the total Project cost as equity (which cannot be in the form of debt), in addition to the cost in excess of the maximum award of \$35,000. Note that not all applicants will receive the maximum award. Applicants should request only what is needed to complete the Project and should have sufficient equity to contribute to the Project if, and when, an award is made. Building supplies, construction activities, and generally, passenger motor vehicles (cars, trucks, vans) are not eligible under the MAP.

CATEGORY	NAME OF ITEM	ESTIMATED COST	SOURCE OF ESTIMATE
Equipment			
Equipment			
Equipment			
Equipment			
Equipment			
Furniture & Fixtures			
Furniture & Fixtures			
Furniture & Fixtures			
Computers			
Other Electronics			
Software			
Inventory - Specify			
Inventory - Specify			
Working Capital - Specify			
Working Capital - Specify			
TOTAL:			

I currently have the required 10% equity for the above project and have included the documentation of the equity with the submittals (See Section X). The source of the equity is:

(Please specify source): _____

V. STATEMENT OF NEED

Microenterprise funds are intended to assist small /micro businesses that do not have access to traditional bank financing. Please provide below a statement of need; that is, specify why this Project can't be or is not being financed with traditional bank financing and why it is necessary and appropriate to use federal funds: _____

VI. TRAINING

The NYS OCR requires entrepreneurial training under the Microenterprise Program that must be completed by at least one of the business **owners**. ALL successful applicants/Program participants will be required to complete approved training before funds can be accessed, if awarded funding. The cost of training is not eligible for reimbursement but can be used toward the 10% equity.

The two approved programs are provided by the Small Business Development Centers (SBDC) at Onondaga Community College and Binghamton University. Please indicate whether you have previously completed a small business training program or are currently enrolled in a small business training program from either of the above SBDCs.

I have completed a small business training program *within the past 24 months* per the above criteria.

☐ Yes ☐ No.

(If **yes**, please provide a copy of the course certificate with completion date and course syllabus)

I am currently enrolled in a small business training program per the above criteria.

☐ Yes ☐ No

VII. LOW-TO-MODERATE INCOME CRITERIA

Complete, sign and date the Family Income Form below. If your income based on family size is less than 30% of median income; 30-50% of median income; or 50-80% of median income, you qualify as a low-to-moderate income owner (Note: At least 51% of owners must meet the LMI criteria if there is more than one owner in order to qualify under the LMI criteria). If your family income is greater than 80%, you do not meet the LMI criteria, so the Project must result in the creation of at least one full-time or full-time equivalent (FTE) job.

Name of Community: Tioga County

Business Name: _____ CFA ID: _____

Control
Number _____**FAMILY INCOME FORM**

The employment position for which you are applying has been made available with financial assistance from Tioga County using federal Community Development Block Grant Funding. As a result, the employer is required to obtain the following information:

Name: _____ Job Title: _____

Address: _____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who **currently** resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption. Circle the appropriate family size below. Next, total the income from all sources received during the last calendar year (January - December) by yourself and each member of your family who **currently** resides with you. Income includes wages, salaries, tips, business income, interest, dividends, the taxable portion of pensions and annuities, IRA distributions, rents, royalties, partnerships, unemployment compensation, and social security; less alimony paid, and unreimbursed employee business expenses calculated consistent with IRS Form 2106. Compare this total to the figure listed for the circled family size and indicate which range your family income falls within by checking the appropriate box.

My Family Income is (check one)

Family Size (Circle)	<30% Median	30-50% Median	50-80% Median	>80% Median
1	☐ < \$18,900	☐ \$18,901-\$31,500	☐ \$31,501-\$50,349	☐ >\$50,350
2	☐ < \$21,600	☐ \$21,601-\$36,000	☐ \$36,001-\$57,549	☐ >\$57,550
3	☐ < \$24,300	☐ \$24,301-\$40,500	☐ \$40,501-\$64,749	☐ >\$64,750
4	☐ < \$26,950	☐ \$26,951-\$44,950	☐ \$44,951-\$71,899	☐ >\$71,900
5	☐ < \$29,150	☐ \$29,151-\$48,550	☐ \$48,551-\$77,699	☐ >\$77,700
6	☐ < \$31,600	☐ \$31,601-\$52,150	☐ \$52,151-\$83,449	☐ >\$83,450
7	☐ < \$33,450	☐ \$33,451-\$55,750	☐ \$55,751-\$89,199	☐ >\$89,200
8	☐ < \$35,450	☐ \$35,451-\$59,350	☐ \$59,351-\$94,949	☐ >\$94,950

9 or more _____ Actual Income \$ _____

Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native and White ☐ Asian and White
☐ Black/African American and White ☐ American Indian/Alaskan Native and Black/African American
☐ Other Multi-Racial ☐ Hispanic*

Ethnicity

* Hispanic - HUD has designated Hispanic as an ethnic group. A person should be identified as both a member of a racial group and an ethnic group when this ethnic group is selected

☐ Female Head of Households ☐ Elderly Persons ☐ Disabled Persons

Currently Employed? Yes or No (circle)

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the Office of Community Renewal and the U.S. Department of Housing and Urban Development.

I certify that the information provided herein is true to the best of my knowledge.

Signature_____
Date

VIII. CONFLICT OF INTEREST

Under certain circumstances, an applicant for State or federal funding may have a “conflict of interest” and may need a waiver in order to participate in a program. For example, a conflict of interest may be present if the applicant is related to an employee, officer, or elected official of the County. There are other cases where conflicts may also be present. Please answer the questions below to help us make that determination. If a conflict does exist, the County may request a waiver on your behalf, if necessary and appropriate. Waivers are reviewed and granted, if appropriate, only by the NYS OCR.

Each corporate officer/partner/LLC Member should complete their own disclosure. Make copies as needed. Forms must be signed and dated.

Conflict of Interest Disclosure Form

Please place an “X” in the appropriate box for all questions listed below so that we may make a determination of whether any conflicts may be applicable to your Project.

1. Are you now, or have you ever been an employee, agent, consultant, an officer or an elected official of the County? (* If **yes**, please provide details in the space below question #3.)

☐ Yes ☐ No

2. Are you related to an employee, an agent, or an elected or appointed official of the County, or a consultant working for the County? (*If **yes**, please provide details in the space below question #3.)

☐ Yes ☐ No

3. Do you have a business connection to any of the people listed in #1? (*If **yes**, please provide details below)

☐ Yes ☐ No

Please provide detail for any of the above questions to which you answered “yes”

Print name and Title: _____

Signature: _____

Date: _____

IX. CERTIFICATION AND AUTHORIZATION

By signing below, I/we certify that all information, which has been or will be furnished in support of this application, is given for the purpose of obtaining funds under the Tioga County Microenterprise Assistance Program. I /we further certify that all information submitted has been examined and approved by me/us and is true, correct, and complete. I/we understand that this information will be used to assess my/our proposed Project and that additional information may be needed in order to rate and rank the Project in accordance with funding criteria. I/we agree to abide by all requirements set forth or to be set forth in connection with said Program.

In addition, I/we understand that falsification of any item contained herein, or fraudulent misrepresentation of my/our business and its processes could result in criminal and/or civil penalties applicable under or pursuant to local, state, and federal laws. Further, I/we agree that verification of any information contained herein, or to be provided in support of this funding request, may be obtained by whatever means the County or its agent determines is appropriate, and a formal credit check may be undertaken by any source deemed appropriate by the County or its agents.

While I/we understand that my /our business may meet the technical definition of a microenterprise, I/we acknowledge that the NYS OCR may, in its opinion, not agree that my/our business or the Project meets the intent of the NYS CDBG Microenterprise Program and can direct the County to exclude the project or business from participation. I certify that I/we and/or my business will not pursue any legal recourse as a result.

All corporate officers, LLC Members, Partners, or business owners must sign and date below.

PRINT NAME & TITLE: _____

SIGNATURE: _____ DATE: _____

PRINT NAME & TITLE: _____

SIGNATURE: _____ DATE: _____

PRINT NAME & TITLE: _____

SIGNATURE: _____ DATE: _____

PRINT NAME & TITLE: _____

SIGNATURE: _____ DATE: _____

Continue to next page for a list of required documents to be submitted with your application. Please submit the checklist with your application

X. SUBMITTAL REQUIREMENTS

A. FOR THOSE QUALIFYING AS A LOW-TO-MODERATE INCOME OWNER:

The following information is required **ONLY** for those applicants/business owners that qualify for the MAP as a member of a low-to-moderate income family. Family in this context is defined as all people that reside in the same household that are **related** by birth, marriage, or adoption.

- ☐ Complete federal income tax returns for the past three years (business and personal); If you have been self-employed or held income property, make sure the tax returns include the Schedules C and E (**NYS returns not required**);
- ☐ Documentation of current wages for all employed family members of applicant's family such as most recent pay stubs (including applicant if paid as an employee of the business);
- ☐ Documentation of any other form of income such as Social Security, SSI, SSD, pension, rental properties, interest earned on any assets, etc.;
- ☐ Copies of birth certificates for all family members of applicant's family; and
- ☐ Personal bank statements (both checking and savings) for the last two months.

INTERNAL OFFICE USE ONLY: At least 51% of the business ownership has been verified to be low-moderate income. _____ (initial here)

B. THE FOLLOWING INFORMATION IS REQUIRED FROM ALL APPLICANTS INCLUDING THOSE QUALIFYING AS A LOW-TO-MODERATE INCOME OWNER (IN ADDITION TO THE INFORMATION REQUESTED ABOVE):

- ☐ A Business Plan that references the microenterprise project; The County or its consultant can provide a template for a business plan, which will be instrumental in rating your Project. Assistance can also be provided to the applicant by the Small Business Development Center at OCC or Binghamton University. Applications submitted without a business plan will not be reviewed and rated;
- ☐ Cash Flow Projections (Income and Expenses) for three years; year one should be displayed on a monthly basis; years two and three can be by year. Assistance can also be provided to the applicant by the Small Business Development Center at OCC or Binghamton University. Applications submitted without cash flow statements will not be reviewed and rated;
- ☐ Documentation of source of all other funds required to complete the Project if total Project cost exceeds \$35,000 Program maximum;
- ☐ Documentation of source of owner's 10% cash equity in Project (cannot be in the form of debt; must be applicant's funds);
- ☐ Vendor and/or Contractor Quotes for all components of the Project as included in the chart in IV Proposed Budget;
- ☐ Proof of Site Control for project (i.e. deed, long-term lease (5 years or 3 with option to extend); executed purchase option, etc.);

- ☐ For projects that involve job creation, provide list of jobs to be created; include number of jobs, timetable for hiring, salaries or wages for jobs and description of jobs with hours;
- ☐ List of all properties owned by the Applicant/Business in Tioga County;
- ☐ For existing businesses: copy of last two quarters NYS-45 (Quarterly Combined Withholding, Wage Reporting, And Unemployment Return) and NYS- 45-ATT (Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return – Attachment); these forms are needed to document that you are qualified as a microenterprise, i.e. that you have 5 or fewer employees including the owner(s);
- ☐ Resume(s) of Applicant/Business Owner(s)/partners/corporate officers/ LLC Members; resumes should include (at a minimum) education and employment histories;
- ☐ Current financial statements of applicant business (within last two months), to include: balance sheet and income and expense statements, if the business is in operation;
- ☐ Complete copy of federal income tax return for last completed year. **(NYS returns not required)**. One year of both personal and business tax returns are required, if appropriate. Partnerships shall also provide personal income tax statements for all partners and corporations shall provide personal income tax returns from all corporate officers;
- ☐ Copy of your most current credit report (and those of all owners). You can access a report free of charge at www.annualcreditreport.com. Accessing this free report once per year will not negatively impact your credit score.
- ☐ Your “Statement of Need” in Section V above will be used to determine if award of federal funds is “necessary and appropriate”. If you have sought financing from traditional sources and have been rejected, provide letters from lenders as to why the financing was not provided.

STOP – BEFORE YOU SUBMIT YOUR APPLICATION AND THE REQUIRED SUBMITTALS PLEASE CHECK FOR THE FOLLOWING:

- ☐ Have you included a Project narrative referenced in Section III on a separate sheet of paper?
- ☐ Have you completed and included in your application package the budget chart in Section IV?
- ☐ Have you included a signed and dated family income form in Section VII for each officer, partner, LLC Member of the business?
- ☐ Have you included a signed and dated conflict of interest form in Section VIII for each officer, partner, LLC Member of the business?
- ☐ Have all officers, partners, LLC Members signed and dated the application in Section IX?
- ☐ Have you included all the documents required from the above list?

PROJECTS THAT ARE MISSING INFORMATION REQUESTED/REQUIRED ABOVE MAY NOT BE ABLE TO BE RATED AND RANKED. IF YOU HAVE QUESTIONS, PLEASE CONTACT THE RYAN HARRIOTT PRIOR TO THE DEADLINE AT 607-753-1433 or ryan@thomadevelopment.com

CERTIFICATION OF BUSINESS

Name of Business: _____

The undersigned does/do solemnly affirm that to the best of my/our knowledge, information and belief, all statements in this application, including all schedules, appendices and additional information submitted in connection herewith, are true and accurate.

A. Is the Company, or any of its principal officers, presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? ☐ Yes ☐ No

B. Has the Company, any of its principal officers, or any of its affiliates, ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors? Yes ☐ No

C. Has the Company, or any of its affiliates, ever settled debt with a lending institution for less than the full amount outstanding? Yes ☐ No

D. Has a senior manager or principal of the Company ever been convicted of a felony or misdemeanor, other than a minor traffic violation, or are any such charges pending? Yes ☐ No

E. Has the Company or any of its affiliates, been cited for a violation of federal, state, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution operating practices? ☐ Yes ☐ No

F. Are there any outstanding judgments or liens pending against the Company other than liens in the normal course of business? ☐ Yes ☐ No

G. Is the Company delinquent on any New York State, federal or local tax obligations? ☐ Yes ☐ No

(NOTE: If your answer is "Yes" for any of the above questions, please provide an explanation.)

H. I understand that information and documentation provided in this application, including but not limited to, any descriptive text, all funding sources and use of funds, may be used by the NYS Office of Community Renewal as part of their Public Information Office's outreach and media efforts. Personal and confidential material will not be shared.
Yes No

Signature: _____ **Print Name:** _____
Chief Executive Officer

Phone: _____ **Title:** _____

Email: _____ **Address:** _____

Date: _____