**Application Deadline November 17, 2023**

Application Date:

Type of Application:  Entrepreneurial Seed Funding |  Existing Business

|  |  |  |
| --- | --- | --- |
| **Applicant Contact Information** | | |
| Contact Person | Contact Telephone | Contact Email |
| **Company Information** | | |
| Company Name | Date Established | EIN |
| Address | | |
| Status of Business  Existing  New  Purchase of Existing | Form of Ownership  Sole Prop./DBA  Partnership  LLC/Corporation | Ownership Status  Minority owned  Woman owned  Veteran owned |
| Type of Business  Food & Beverage Est/Provider Retail Hospitality Entertainment/Rec Wholesale  Business Services Consumer Services Personal Care Services Consulting  Manufacturing Construction Transportation Other | | |
| Primary Product or Service | Number of Current Employees:  Full Time  Part Time  Seasonal | Number of Jobs to be Created:  Full Time  Part Time  Seasonal |
| **Principals/Owners** | | |
| Name & Title | Home Address | % Ownership |
|  |  | % |
|  |  | % |
|  |  | % |
| **Project Information** | | |
| Project Location (if different from company address): | | |
| Detailed Project Description (describe use of funds and anticipated outcomes): | | |
| Project Timeline (how long will the project take to complete?): | | |
| Does the applicant own the property where the project will occur? Yes No  If no, will there be renovations made to the property? Yes No  If there will be renovations, has the property owner been notified and given approval? Yes No | | |
| Project Quality of Life Impacts (choose all that apply and describe below):  Result in the reuse of vacant space Include measures to improve energy efficiency  Positively Impact youth Include measures to improve accessibility (ADA)  Describe: | | |

**Project Budget: Sources & Uses**

*Minimum match as a percent of total project cost: Entrepreneurial Seed Funding=20%; Existing Business=30%.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Use of Funds** | **Bank** | **Owner** | **DRI Grant** | **SBAP Loan** | **Total\*** |
| Building/Land Acquisition | $ | $ |  | $ | $ |
| New Construction | $ | $ |  |  | $ |
| Renovation/  Leasehold Improvement | $ | $ | $ |  | $ |
| Soft Costs | $ | $ | $ | $ | $ |
| Signage | $ | $ | $ | $ | $ |
| Machinery & Permanent Equip. | $ | $ | $ | $ | $ |
| Inventory | $ | $ |  | $ | $ |
| Working Capital\* | $ | $ |  | $ | $ |
| Other (describe below) | $ | $ | $ | $ | $ |
| **Total** | $ | $ | $ | $ | $ |

Describe any expenses included under “Other”:

*\*Working capital expenses for entrepreneurs and existing businesses: Rent, utilities, inventory, commercial and property insurance, licensing fees, capitalized website development costs (new or substantially upgraded website)*

**Project Financing**

DRI Grant Funds will be provided on a reimbursement basis. How will these costs be covered prior to reimbursement:  Bank Loan/LOC  Cash/Equity  Auburn SBAP  Other

Are the above source(s) secured/currently available?  Yes  No

**Additional Documentation**

Please provide the following based on your type of application:

|  |  |
| --- | --- |
| Entrepreneur Seed Funding | Existing Business |
| Business Plan  Resumes or CVs for all owners  P&L and Balance Sheet for business to date (if applicable)  2 years of projected financials (P&Ls, balance sheets, cash flow statements) | Business Plan  Resumes or CVs for all owners  P&L and Balance Sheet for  2021  2022  2023 thru July  Projected P&L and Balance Sheet for 2024 & 2025 |

**Acknowledgement**

The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of this application or any resulting financial assistances, as well as potential recapture of any benefit received.

I have read the overview of the Auburn DRI Small Project Grant Fund and agree to comply with all terms and conditions contained therein, as well as the policies of the Cayuga Economic Development Agency and City of Auburn Small Business Assistance Program Committee.

Signature of Authorized Business Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Name Title

**Submission Instructions**

* Have all application files, including this application form and supporting documents, saved together on your computer
* Go to <https://driveuploader.com/upload/YniygEI1aJ/>
* Drag and Drop: navigate to where the files are saved on your computer, select the first file, hit and hold the CRTL key, select the remaining files, drag and drop those files into the designated area

OR:

Select files: choose “Select Files” button, navigate to where the files are saved on your computer, select the first file, hit and hold the CRTL key, select the remaining files, click “Open”

* Enter your name and address
* Click Send