



City of Niagara Falls, NY

**Minority and Women Business
Enterprise (MWBE) Grant
Application**

**N.F.C. Development
Corporation**

Mayor Robert M. Restaino

N.F.C. Development Corporation
745 Main Street
Room 300A
Niagara Falls, NY 14301

(716) 286.4482
www.niagarafallsusa.org

Applying for N.F.C. Development Corp. MWBE Grant Program

Getting Started:

You will need to provide certain documentation and supporting information along with your application. At a minimum, you will need the following:

- A completed business plan with Pro Forma (3-year projections)
- Current Profit and Loss statement, if applicable
- A copy of your personal tax returns for three (3) years
- A copy of your business tax returns for three (3) years (if applicable)
- A copy of your Business license(s)
- Corporate documentation including:
 - ✓ Articles of Organization & Filing Receipt
 - ✓ Operating Agreement
 - ✓ Certificate & Affidavit of Publication and Filing receipt
- Documentation to support the level of financial assistance requested i.e. Construction quotes, Vendor quotes, etc.
- Project Budget (Sources and Uses of project funds)
- Commitment of other sources of funding
- Planning Board Approval (if necessary)
- Environmental Analysis (SEQRA)
- Copy of Lease/Purchase Agreement
- An explanation of why N.F.C. MWBE funding is requested in lieu of traditional financing.
- Personal Financial Statement (SBA Form 413)
- Copy of NYS MWBE Certification Letter (for certified MWBEs only)
- A check in the amount of **\$25.00** (per applicant) payable to N.F.C. Development Corporation to cover the cost of obtaining a credit report.

PLEASE NOTE: Be sure to review the MWBE application for any additional requirements specific to your project and/or business.

The Application Process:

1. All MWBE Grant application requests will be reviewed by N.F.C. staff and Economic Development staff to determine the eligibility of the business and applicant(s)—and the completeness of the application.

Please Note: No applications will be presented to the N.F.C. Board of Directors.

2. A credit report is required for all applicants. A credit score of **600** is the minimum score necessary to move forward with the application process; however, a credit score of 600 or greater does not guarantee approval of the application. If the credit score is less than 600, the applicant may request two (2) additional credit reports ordered by N.F.C. staff, at the applicant's expense.
3. N.F.C. staff and Economic Development staff will either approve or decline grant application requests. If approved, the applicant will be required to sign a **Grant Agreement** prepared by the N.F.C. Attorney specifying the use of MWBE Grant Funds—as well as any other special conditions. An N.F.C. staff member or Economic Development staff member will contact the applicant to schedule an appointment to further discuss the terms of the **Grant Agreement**.

PLEASE NOTE: All MWBE Grant applications and required documentation must be submitted to the N.F.C. Development Corporation at Niagara Falls City Hall by 4:00 p.m. on April 15, 2024. NO EXCEPTIONS!

Minority and Women Business Enterprise (MWBE) Grant Program Policies and Procedures

(Adopted April 13, 2022; Amended January 31, 2024)

Funding Source: American Rescue Plan Funds through N.F.C. Development Corporation (based on availability of funds)

The N.F.C. Development Corporation will consider cash **grants** to the following qualified businesses:

- a.) Up to **\$50,000** for existing New York State certified Minority and Women Business Enterprise (MWBE) businesses located in the jurisdictional limits of the City of Niagara Falls, New York.
- b.) Up to **\$25,000** for non-NYS certified Minority and Women Business Enterprise (MWBE) start-ups or existing businesses located in the jurisdictional limits of the City of Niagara Falls, New York.

An MWBE—as defined under **Section 310 of the New York State (Article 15-A) Executive Law** states that at least **51%** of the business is owned and controlled by the minority members and/or women.

“Minority group member” shall mean a United States citizen or permanent resident alien who is and can demonstrate membership in one of the following groups:

- (a) Black persons having origins in any of the Black African racial groups;
- (b) Hispanic persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American of either Indian or Hispanic origin, regardless of race;
- (c) Native American or Alaskan native persons having origins in any of the original peoples of North American;
- (d) Asian and Pacific Islander persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands.

The program’s goal is to provide an alternative source of funding to benefit new and existing small business enterprises owned and controlled by socially and economically disadvantaged individuals—promoting economic development, job creation, and diversity in the City of Niagara Falls.

Job Requirement

The Minority and Women Business Enterprise (MWBE) Grant Program requires that all certified and non-certified businesses must retain or create one (1) full-time (FTE) job. The applicant/owner can qualify as all or a portion of the FTE job created. An FTE is either one (1) full-time job of at least 40 hours a week, or two (2) part-time jobs of at least 20 hours a week each.

NOTE: All applicants will be required to sign an affidavit adhering to N.F.C. job requirements.

Prohibition

For a specific project at a specific location, MWBE applicants are eligible to apply to this grant program, but cannot apply to any other N.F.C. Development Corporation grant or loan program.

Non-certified applicants who receive MWBE certification after they have been approved for their initial grant funding (up to \$25,000) are not eligible to apply for additional grant funding reserved for certified applicants. Applicants who qualify for grant funding up to \$50,000 must be certified as of the “date of application.”

Eligible Businesses

Existing certified or non-certified MWBE businesses in good standing, or MWBE start-ups. MWBE businesses must be engaged in manufacturing, warehousing, retail and/or services.

All **certified** MWBEs must submit a copy of their certification letter from the New York State Division of Minority and Business Development (DMWBD).

Ineligible Businesses: Include but not limited to not for profits, governmental and quasi-governmental agencies, adult entertainment and media, massage parlors, gambling, liquor stores, and any projects that has a residential (home-based) component.

Eligible Applicants: United States Citizens and non-US Citizens who are lawfully in the United States as demonstrated by a current Resident Alien Card or Permanent Resident Card.

Ineligible Applicants

- a) A person who at the time of application is incarcerated, under indictment, on parole, or on probation, or an alien unlawfully in the United States are ineligible to participate in the program. Such a person may not have 10% or more ownership of an applicant corporation, limited liability company or partnership;
- b) Any person or business at the time of application in default with the N.F.C. Development Corporation, and/or the City of Niagara Falls, NY and any of its entities for an existing loan or grant are ineligible to apply;
- c) Any person or business that is engaged in legal action against the N.F.C. Development Corporation, and/or the City of Niagara Falls, NY and any of its entities is ineligible to apply;
- d) Through January 31, 2024 employees of the N.F.C. and the City of Niagara Falls, NY are ineligible to apply during employment and one-year thereafter. However, pursuant to the amendment approved by the N.F.C. Board of Directors on January 31, 2024, employees of the N.F.C. and City of Niagara Falls are eligible to apply during employment and one-year thereafter, effective February 1, 2024.
- e) If the applicant, its owners and/or principals are delinquent in the payment of any school taxes, city or county real property taxes, PILOTS, fees, assessments, or other charges due and owing to the City and/or any of its entities, it is ineligible to apply. The ineligibility also applies to any applicant business located at the site of the aforementioned delinquency(s).

Eligible Use of the Minority and Women Business Enterprise (MWBE) Grant Assistance Funds: Project costs incurred between the **date of application and 08/31/24** are eligible project costs.

MWBE Grant Funds can be used for the following items:

- rehabilitation of commercial properties/leasehold improvements
- storefront and façade improvements
- the purchase of machinery, equipment, furniture, fixtures and equipment
- initial inventory (ex. Stock or store of goods) used in the conduct of the business, and situated at the business location
- project “soft costs” **(for start-ups businesses only)** such as legal, accounting, environmental, architectural and engineering
- mortgage and rent payments on business property for businesses that have been impacted by the pandemic and are behind on payments
- utilities payments for businesses that have been impacted by the pandemic and are behind on payments
- supplies (ex. Office, shipping, cleaning, etc.)

Ineligible Use of Minority and Women Business Enterprise Grant Assistance Funds: MWBE Grant Funds cannot be used to cover working capital costs, subscription fees, parking lots, rolling stock (i.e., equipment available for use as transportation, mobile food trucks, etc.), and stock.

Match Requirement

No matching funds are required for this grant.

Release of Grant Funds

- MWBE Grant Funds shall be paid by the CITY to Applicant based upon acceptable documentation in the form of invoices, cancelled checks, proof of delivery of the items to be purchased and such other documentation of the project costs as may be required by N.F.C.
- All Applicants will be required to sign an affidavit adhering to the submission of acceptable documentation listed above. If applicant fails to submit required documentation, the CITY has the right to forfeit the remaining balance of the grant—and exercise all other legal remedies.
- Prior to the release of grant funds, Applicant shall provide to N.F.C. staff and Economic Development staff a properly filled out and signed W-9 taxpayer identification form.
- MWBE Grant Funds will be used for payment of eligible costs incurred on the Project. The amount of each request for disbursement shall be limited to the amount identified or supporting documentation. All eligible costs will be reviewed by N.F.C. staff and Economic Development staff prior to release of funds for approval.
- Final payment of MWBE Grant funds shall be made when the work on the Project has been completed, the construction contracts/leasehold improvements fully performed, and the contractor has provided releases of liens and certificates of completion for the Property have been issued.

Please Note:

- If the business closes or is sold within the first year of receiving the grant award, approximately 100% of grant funds will need to be reimbursed to the city.
- If the business closes or is sold within two years of the grant award, approximately 50% of grant funds will need to be reimbursed to the city.
- If the business closes or is sold after two years, no repayment is required.

Other Program Requirements

- Prior to the disbursement of grant funds all school, real property, water and sewer taxes must be current at the business location, together with any other real estate in the City owned by the applicant or any individual with an equity interest in the business. If the applicant is leasing space from the property owner, he/she must be current on their lease payments.
- All project costs must be documented to the satisfaction of the N.F.C staff and Economic Development staff prior to the disbursement of grant funds.
- Individual owners of the business must guarantee compliance with the grant terms for corporate, LP or LLC applicants.
- All applicants will be required to sign an affidavit adhering to N.F.C. job requirements.
- The city of Niagara Falls highly encourages all non-certified MWBE businesses to become New York State certified.
- All N.F.C. Policies and Procedures must be adhere to.

8/24/22 Updated

City of Niagara Falls, NY

N.F.C. Development Corporation

Project Checklist

Project Name: _____

Staff Initials	Task	Date
_____	Completed Business Plan	_____
_____	Pro Forma with 3-year projections	_____
_____	Planning Department Consultation	_____
_____	Code Enforcement Consultation	_____
_____	Current Profit/Loss Statement, if Applicable	_____
_____	Personal Financial Statement SBA Form 413	_____
_____	Resume (If Applicable)	_____
_____	Personal Tax Returns (3 years)	_____
_____	Business Tax Returns (3 years)	_____
_____	Corporate Documentation/Business License (Ex. Articles of Organization, Operating Agreement, etc.)	_____
_____	City of NF Business License (\$50.00)	_____
_____	List of Collateral Available (For Loan program only)	_____
_____	Project Costs w/ Construction and/or Vendor Quotes	_____
_____	Commitment of other sources of funding	_____
_____	Copy of any previous government financing	_____
_____	Planning Board Approval (if needed)	_____
_____	Verification of Permits	_____
_____	Environmental Analysis (SEQRA)	_____
_____	Copy of Lease/Purchase Agreement	_____
_____	Verification of Property Taxes	_____
_____	Credit Report Fee paid by Applicant (\$25.00)	_____
_____	Credit Report (obtained by N.F.C.)	_____
_____	Copy of NYS MWBE Certification Letter	_____
_____	Arrears letter from Mortgage Servicer (MWBE Grant only)	_____
_____	Arrears letter from landlord (MWBE Grant only)	_____
_____	Utility bills (MWBE Grant only)	_____

Please Note: Incomplete applications cannot be processed!

N.F.C. APPLICATION FOR FINANCIAL ASSISTANCE

	GENERAL INFORMATION		
SECTION 1:		DATA SHEET	
A.	PROJECT NAME:		
	PROJECT SITE:		
	ZONING CLASSIFICATION:	IS THIS A PERMISSABLE USE?	
B.	APPLICANT ORGANIZATION		
	LEGAL NAME:	D/B/A	
	STREET (NOT P.O. BOX)		
	CITY:	ZIP:	COUNTY:
	PHONE:	EXT.	FAX: e-mail:
	CONTACT NAME AND TITLE:		
	FEDERAL TAXPAYER I.D./	DUNS NUMBER	
	PARENT COMPANY NAME: (if applicable)		
	STREET (NOT P.O. BOX)		
	CITY:	ZIP:	COUNTY:
C.	Name of Organization receiving funding (Complete this section only if applying for funds that will benefit another entity. If your application is for a group project, please provide the following information for each funding recipient on a separate sheet.)		
	LEGAL NAME:	D/B/A	
	STREET (NOT P.O. BOX)		
	CITY:	ZIP:	COUNTY:
	PHONE:	EXT.	FAX: E-MAIL:
	CONTACT NAME AND TITLE:		
	FEDERAL TAXPAYER I.D./:	DUNS NUMBER	
	PARENT COMPANY NAME:		
	STREET (NOT P.O. BOX)		
	CITY:	ZIP:	COUNTY:

D.	1. A. FORM OF BUSINESS <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> BUSINESS CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUBCHAPTER S CORPORATION	B. IS THE COMPANY: MINORITY-OWNED <input type="checkbox"/> YES <input type="checkbox"/> NO WOMAN-OWNED <input type="checkbox"/> YES <input type="checkbox"/> NO (For a minority or Woman-owned Business, please attach a copy of your New York State Certification Letter.)
	C. CORPORATE DOCUMENTATION Please attach a copy of all business organization agreements; include names of principals and titles. If LLC: Also attach copies of 1) Articles of Organization & Filing Receipt, 2) Operating Agreement, 3) Certificate & Affidavit of Publication and Filing Receipt	

	<div style="display: flex; justify-content: space-between;"> <div> 2. A. IS THE COMPANY CURRENTLY SEEKING ANY OTHER PUBLIC ASSISTANCE? B. HAS THE COMPANY EVER APPLIED FOR OR RECEIVED PRIOR N.F.C. CORP. FUNDING? (IF YOU ANSWERED "YES" TO EITHER 2a OR 2b, PLEASE DESCRIBE EACH PROJECT, ITS DATE, PURPOSE AND LOCATION, THE PUBLIC FUNDING REQUESTED/PROVIDED AND FROM WHICH AGENCY FOR WHICH PUBLIC ASSISTANCE WAS OR IS BEING SOUGHT.) </div> <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div>
SECTION 2: COMPANY	
	<p>Please provide a concise narrative describing the following:</p> <ul style="list-style-type: none"> The Company's history. Pro forma balance sheet and profit/loss for three years A balance sheet and Profit/Loss statement for the previous three (3) years. Personal and business income tax statements for the past three (3) years Personal financial statement of principals <p>In response, you may reference and attach your <u>business plan</u>, annual report and other Company literature, if available.</p>
SECTION 3: PROJECT ACTIVITIES	
A.	Describe the specific activities that will be undertaken and funded through the project. If the proposed project involves: <ul style="list-style-type: none"> The construction or renovation of buildings or infrastructure improvements, describe. The acquisition of machinery and equipment, describe the equipment, where it will be installed, indicate whether it is new or used, whether it will be purchased or leased, its cost and its proposed uses. Provide all supporting documentation. e.g. Construction quotes, invoices, equipment quotes, etc.
B.	Provide a <u>time schedule</u> for the project (e.g., consultant selection, draft report, design, site acquisition, construction start, time table, equipment installation, project completion date).
SECTION 4: JOB CREATION	
	Describe the type and number of existing full-time and part-time jobs and the number of each that will be created.

SECTION 5:		PROJECT BUDGET				
A.		Complete the following Project Budget with as much detail as is currently available, according to additional instructions on applicable attachment. Lengthen Use of Funds column as needed.				
B.		<div>USE OF FUNDS</div> <div>List Direct Costs:</div>		List Cost Amounts:	<div>SOURCES</div> <div>APPLICANT</div>	<div>NFC CORP.</div> <div>/Other Sources</div>
			\$	\$	\$	\$
		List Indirect/Soft Costs:	\$	\$	\$	\$
		TOTAL	\$	\$	\$	\$
		Attach commitment letters or letters of intent from each source of financing indicated (other than NFC).				
SECTION 6:		STATEMENT OF NEED & CRITERIA				
Please provide an explanation of why N.F.C. Development Corporation MWBE funding is being requested, using one or more of the following as a guide. Provide supporting documentation as applicable.						
Financing Gap:		Sufficient funds cannot be obtained from other sources to complete the project without N.F.C. Development Corporation's assistance. <i>(Include evidence that N.F.C.'s assistance is needed to subsidize, encourage, or leverage private investment.)</i>				
Feasibility:		The project cannot go forward on the basis of terms offered by private and/or public funding sources. <i>(Indicate the expected terms that would be imposed by other sources and why these will not allow the project to proceed. Outline the terms that are required and explain how these will make the project feasible.)</i>				
Attraction/Retention:		The project will induce the formulation of a new business venture and investment in a target area, or encourage an existing enterprise to invest in a project that contributes to the redevelopment of the target area.				
Criteria:		N.F.C. Development Corporation will consider projects that demonstrate the ability to deliver a viable project, including the following general elements: <ul style="list-style-type: none"> Project costs incurred prior to project approval by N.F.C. and Economic Development staff may not be reimbursed. Job creation consistent with program objectives. 				

SECTION 7:		ENVIRONMENTAL INFORMATION	
<p>If you need assistance understanding the State Environmental Quality Review Act ("SEQRA"), identifying a lead agency or obtaining and completing an appropriate Environmental Assessment Form, please contact the City of Niagara Falls Planning Department office at (716) 286-4477.</p>			
<p>Basic SEQR Applicant Instructions:</p> <ol style="list-style-type: none"> Using your internet browser, navigate to: www.dec.ny.gov/eafmapper As per the text box on the left hand side of the welcome page, follow the instructions regarding popup blockers and press enter. Click the tab marked "Locate Address" on the right hand side of the page under "Navigate To Area (Step 1)". Type the site's address into the box, including city and zip code and press the "Locate" button. <ol style="list-style-type: none"> The map will zoom to the general area of your address - but not all the way. Zoom in to your identified address point so that parcel ID numbers are visible and you can identify your exact property. Click "Select Tax Parcel" under the section labeled "Define Project Site (Step 2)". Select your property with the mouse. Click "Short Form" in the last box on the bottom, unless instructed otherwise by Niagara Falls' Planning / Environmental Office. <ol style="list-style-type: none"> There will be a popup box informing you that it might take a while. Click OK. <ol style="list-style-type: none"> Note that it might take a number of minutes for the process to complete. Once the EAFMapper's process is complete, it will download a PDF file labeled "download.pdf" Navigate to the downloaded file and open it using Adobe Acrobat or equivalent. Fill out ALL of the lines contained within part 1 (pages 1, 2, and 3). <ol style="list-style-type: none"> Note that some of the questions will already have check marks (questions 7, 12a, 12b, 13a, 15, 16, and 20). These answers came from the DEC and cannot be changed. <ol style="list-style-type: none"> The Planning & Environmental Office will make any determination of applicability to the project site. As you fill out the form, if there are ANY questions on how or what to put in the fields, click on the question and it will take you to DEC's website (you may have to give permission to access the internet) to get detailed instructions for that question. <ol style="list-style-type: none"> If you cannot find the answer, please contact us! Do not make any "assumptions". Once Part 1 is complete, save, print and sign. <ol style="list-style-type: none"> Note: Use the print command in Acrobat - not the print button on the form. Submit the completed SEQR Part 1, including the page labeled "EAF Mapper Summary Report" with your site N.F.C. application. 			
SECTION 8:		MISCELLANEOUS	
1. Is the Company or any of the principals presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Has the company, any of its principals or any of its affiliates ever been involved in bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has the company ever settled a debt with a lending institution for less than the full amount outstanding?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has any senior manager or principal of the Company ever been convicted or any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. 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 or operating practices?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are there any outstanding judgments or liens pending against the Company other than liens in the normal course of business?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is the Company delinquent on any New York State, federal or local tax obligations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>(NOTE: If your answer is "YES" for any of the above questions, please provide an explanation.)</p>			
8. Have all required permits been received?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 9:	CERTIFICATIONS
	<p>Certification of Applicant and Recipient</p> <p>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. I/we hereby authorize the City of Niagara Falls N.F.C. Development Corporation to order credit reports or other financial background information on the Company, and any individual or entity proposed as a guarantor, as may be necessary to provide the assistance requested.</p> <p>Applicant Signature: _____ Date: _____</p> <p>Print Name: _____ Title: _____</p> <p>Beneficiary/Recipient Signature: _____ Date: _____</p> <p>Print Name: _____ Title: _____</p>
SECTION 10:	PERSONAL FINANCIAL STATEMENT See Attachment

ATTACHMENT CHECKLIST

The following list is provided to help applicants ensure that all required information has been attached to the application before submission. **Most applicants will complete only a few of these attachments.** Please ask an N.F.C. or Economic Development staff member for help if you are unsure which attachments are required in your case.

Section	Attachment Name/Type	Must be submitted if:
1D	NYS Certification Letter	Applicant is an MWBE
1D	Corporate Documentation	All applicants must submit
1D	Info on prior public applications/projects	Applicant has applied for or received public assistance
2	Company and market info	All applicants must submit
2	Business & personal tax returns	All applicants must submit
3A	Project description	All applicants must submit
3B	Project time schedule	All applicants must submit
4	Job Creation	All applicants must submit
5A	Project Budget	All applicants must submit
5B	Commitment/intent letters	All applicants must submit
6	Statement of Need	All applicants must submit
7	SEQRA information	Your project requires environmental review
8	Info on litigation, violations, etc.	You answered "yes" to any question (except #8 in Section 10)
9	Certifications	All applicants must submit
10	Personal Financial Statement	All applicants must submit