

**ST. LAWRENCE COUNTY ARPA  
SMALL BUSINESS AND NONPROFIT ASSISTANCE PROGRAM  
Request for Program Consideration**

## Overview

While applicants may apply for up to \$10,000, completion of an application is not a guarantee of an award. Applications will be reviewed, and awards will be made at the discretion of the St. Lawrence County Industrial Development Agency until all program funding is expended.

Applicants will be required to identify, describe, and document the harm experienced by their business or nonprofit operation as a result of the Covid-19 Pandemic as well as the requested response to the harm experienced.

From the US Department of the Treasury Coronavirus State & Local Fiscal Recovery Funds: Overview of the Final Rule:

*Small businesses have faced widespread challenges due to the pandemic, including periods of shutdown, declines in revenue, or increased costs. The final rule provides many tools for recipients to respond to the impacts of the pandemic on small businesses, or disproportionate impacts on businesses where pre-existing disparities like lack of access to capital compounded the pandemic's effects.*

*Small businesses eligible for assistance are those that experienced negative economic impacts or disproportionate impacts of the pandemic and meet the definition of "small business," specifically:*

- 1. Have no more than 500 employees, or if applicable, the size standard in number of employees established by the Administrator of the Small Business Administration for the industry in which the business concern or organization operates, and*
- 2. Are a small business concern as defined in section 3 of the Small Business Act<sup>8</sup> (which includes, among other requirements, that the business is independently owned and operated and is not dominant in its field of operation).*

## **Impacted Small Businesses**

*There are a number of impacts on small businesses from the pandemic which can be considered when seeking assistance, including:*

- Decreased revenue or gross receipts.*
- Financial insecurity*
- Increased costs*
- Capacity to weather financial hardship*
- Challenges covering payroll, rent or mortgage, and other operating costs.*

### General Provisions

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- Reimbursement shall be made only after submission of a completed Voucher (sample provided). The Voucher must have attached any paid invoices and any additional documentation agreed upon by the Employer and the Agency.
- The Agency may modify or terminate the Agreement if the Application fails to comply with the program objectives or reporting requirements, including immediate notification of any change in the training or the training schedules or in the status of the specific individuals to be trained.
- The Application shall agree to provide the Agency with a year-end report, which shall include the impact of the funds provided.
- The Employer shall hold and save the Agency, its official agents, and employees, harmless from liability of any nature or kind, including costs and expenses, for or on account of any suits or damages of any character whatsoever resulting from injuries or damages sustained by any persons or property resulting from in whole or in part from the negligent performance or omission of any employee, agent or representative of the Employer.

### Grievance Procedure

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- The Employer agrees to attempt to resolve disputes arising from this agreement by administrative processes and negotiation in-lieu-of litigation.
- Any disputes concerning the question of fact arising under this agreement which is not settled by informal meetings shall be decided by the Agency's authorized representative who shall mail the written decision to the Employer or otherwise furnish a copy.
- In connection with any appeal proceeding under this provision, the Employer shall be afforded an opportunity to be heard and to offer evidence in support of the appeal. Pending final decision of a dispute hereunder, the performance of the Employer shall proceed in accordance with the Agency's decision.
- This procedure does not preclude consideration of law questions in connection with decisions provided above: Provided that nothing in this agreement shall be construed as making final the decision of any administrative official, representative or board on a question of law.
- The Employer agrees to pay any debt incurred while in violation of this agreement.

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**Available Assistance:**

Assistance to small businesses that experienced negative economic impacts includes the following enumerated uses:

- Loans or grants to mitigate financial hardship, such as by supporting payroll and benefits, costs to retain employees, and mortgage, rent, utility, and other operating costs
- Technical assistance, counseling, or other services to support business planning

**Applicant Information:**

Applicant Name: _____	Federal ID#: _____
Address: _____	Contact Name: _____
_____	Contact Title: _____
City/State/Zip: _____	Contact Email: _____
Telephone: _____	Cell: _____
Alternate Phone: _____	Fax: _____
Current # FTE's: _____	

**Form of Entity:**

- Sole Proprietor
- Partnership:  General  Limited
- Corporation
- Limited Liability Company
- Nonprofit Organization – Typic of Nonprofit (ex 501-C(3)):
- Other:

**Statement of Impact:** Provide a summary of the impact on your business from the pandemic. Please consider the list of impacts provided under the “Impacts on Small Business” section earlier in this application as well as any other impacts suffered by your business. Funding for approved applicants may be provided in an amount of **up to \$10,000** per business or nonprofit organization while funds remain available. At its discretion, the St. Lawrence County Industrial Development Agency may request additional information. Please attach additional pages as needed:

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**Requested Assistance:** List activities to be undertaken with any potential award of funds and how this will be used to offset the impact on your business that you define in the “Statement of Impact” in terms of its operations, profitability, marketing, and other significant operating financial factors. Additional information may be requested. What will you do with the funds if you are granted an award. Attach additional pages as needed:

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**ST. LAWRENCE COUNTY ARPA  
SMALL BUSINESS AND NONPROFIT ASSISTANCE PROGRAM  
COVID FUNDING INFORMATION**

<b>Total Assistance Requested (up to \$10,000):</b>	
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**Impacted Small Businesses**

*There are a number of impacts on small businesses from the pandemic which can be considered when seeking assistance, including:*

- *Decreased revenue or gross receipts*
- *Financial insecurity*
- *Increased costs*
- *Capacity to weather financial hardship*
- *Challenges covering payroll, rent or mortgage, and other operating costs*

(You **MUST** attach tax documents, financial statements and/or calculation sheets that show the impact)

**Total Impact documented due to COVID:**

**Were you awarded any other COVID relief type of funding in the past?  
(List amounts, if any. If you did not receive the funding, please place an N/A in the box.)**

PPP(Paychex Protection Program) – Amount Borrowed	
PPP(Paychex Protection Program) – Amount Forgiven	
EIDL(Economic Injury Disaster Loan) – Amount Borrowed	
EIDL(Economic Injury Disaster Loan) – Amount Forgiven	
NY State COVID Funding	
Any other COVID Relief Funding	
ARPA Funding (Did you receive local municipality ARPA Support - Town, City, Village?)	

**Did you apply for and were denied any other COVID relief type of funding?**

If so, please explain the relief that was applied for and denied.

(From Whom? How Much? Reason Provided as to why you did not qualify)

**Is there any additional information that you would like us to have for the review process?**

(If so, please explain and attach backup as necessary.)

**Completion of an application is not a guaranty of award. Applications will be reviewed, and awards will be made at the discretion of the St. Lawrence County Industrial Development Agency.**

**SMALL BUSINESS AND NONPROFIT ASSISTANCE PROGRAM  
Application Certification, Must be executed upon submission**

<b>Signature of Company Official Completing Application:</b>	<b>Title:</b>	<b>Date Completed</b>
X		

**CERTIFICATION:** I, \_\_\_\_\_, being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true and correct. I further understand that false statements or intentional omissions made in this Application or in connection with the verification process may have an adverse consequence to my application/submission to the St. Lawrence County Industrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.