



*a town for a lifetime*  
**IRONDEQUOIT** *New York*

**RISE Program Application Form**

**Business / DBA Name and Tax ID:**

Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

**Business Type:**

\_\_\_\_ Retail    \_\_\_\_ Service    \_\_\_\_ Other

Other Type: \_\_\_\_\_

**Business Address:**

\_\_\_\_\_

**Phone:**

Business: \_\_\_\_\_

**Business Owner Name:**

**Application Representative (if applicable):**

\_\_\_\_\_

**Business Owner Email:**

**Applicant E-mail (if applicable):**

\_\_\_\_\_

**Number of FTE (Full Time Equivalent) Employees:**

\_\_\_\_ 5 and under

\_\_\_\_ More than 5

*(Please provide documentation from your most recent payroll to verify your FTE count.)*

Grant Eligibility Questions	Yes	No
Is the business independently and locally owned/operated? If it is a local/regional chain w/ more than 10 locations, please mark "No"		
Is the business a stand-alone retail or service operation (and not classified as a home-based business)?		
Did your business experience a financial loss due to COVID –19?		
Was / is your business operation closed completely due to NY on PAUSE restrictions? <i>(If yes, please indicate the dates below.)</i>		
Dates of mandatory shut-down: _____ to _____		
Is/did your business stay open, but with mandated limits or modifications to standard due to NY on PAUSE restrictions? <i>If yes, please indicate the dates that operations were restricted below).</i>		
Dates of mandatory reduced/modified operation: _____ to _____		
Is your business compliant with all applicable town and state regulations (e.g. no open town code violations or current county/state violations)?		
Is your business up to date on all applicable local, state and federal taxes?		
Is this the first COVID related relief your business has received?		

***Application Continues (Next Page)***



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**Application Page 2**

**Reported Loss:** Provide details of the financial impacts the COVID-19 crisis has had on your business since NY Pause initiated (revenue loss when comparing April 2019 to April 2020, costs associated with adapting to social distancing, inventory etc.).

**Please provide the total dollar amount described above:** \_\_\_\_\_

*NOTE: This amount should be detailed with supporting documentation as described in the application instructions.*

**Proposed Expense(s):** Describe expenses for which funding assistance will be used (e.g. utilities, inventory, insurance, rent/mortgage, staff salary, etc.).

**Please provide the total dollar amount described above:** \_\_\_\_\_

*NOTE: This amount should be detailed with supporting documentation as described in the application instructions.*

**Job Retention:** Describe how this funding will help your business to retain jobs, particularly those of low-to-moderate income employee(s)

**Application Certification:** I hereby certify that, to the best of my knowledge, the information contained in this application is true and accurate. I am the owner of this businesses, and I am aware that any material misrepresentation made in this application constitutes fraud, which may result in termination of the grant award, repayment of any funds disbursed, and possible legal action.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR INTERNAL USE ONLY: Application # \_\_\_\_\_ Date Rcv'd: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Complete \_\_\_\_\_ Incomplete \_\_\_\_\_



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### RISE Program Certification

All applicants must read and initial/date each certification on this page for your application to be considered.

**Non-discrimination Certification:** I hereby certify that my business does not deny services, employment, or membership to persons based on age, race, creed, color, national origin, gender, gender identification, sexual orientation, disability, marital status or income.

**Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tax Certification:** I hereby certify that my business is current, and shall remain current throughout the term of the Grant Agreement, on all real property, federal, state, sales, income and withholding taxes.

**Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Use of Funds Certification:** I hereby certify that my acceptance of grant funds will result in payment of expenses described herein, and further, I understand that my failure to document payment of each expense may result in recovery of grant funds.

**Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Duplication of Funding Certification:** I hereby certify that I have not requested, accepted, or received any additional public funding which will be used to cover expenses described in this application.

**Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_