

## Application for Assistance Directions

**Eligibility:** You must own and operate a small business between Woodgate and Raquette Lake having less than 25 FTE.

**Application:** Applications are available at [www.cap-21.org](http://www.cap-21.org) or at our office, 108 Codling Street, Old Forge, NY.

**Submitting application:** Email completed application packet to [rhill@cap-21.org](mailto:rhill@cap-21.org), mail to CAP-21 at PO Box 642, Old Forge, NY 13420 or drop off at 108 Codling Street, Old Forge, NY. If you have any questions, please call CAP-21 at (315) 369-3353.

# CADK COVID Business Grant Application

Corporate Name & d/b/a: \_\_\_\_\_

Physical & Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Name & Number: \_\_\_\_\_

Email address: \_\_\_\_\_

How many years has this business existed? \_\_\_\_\_ How many years have you owned it? \_\_\_\_\_

Co-Owner Name (if applicable) \_\_\_\_\_

Business Type, i.e. Retail/Hospitality/Service/Media/Recreation: \_\_\_\_\_

Seasonal or Year-Round: \_\_\_\_\_

What other resources or funding have you applied for **and/or** received? \_\_\_\_\_

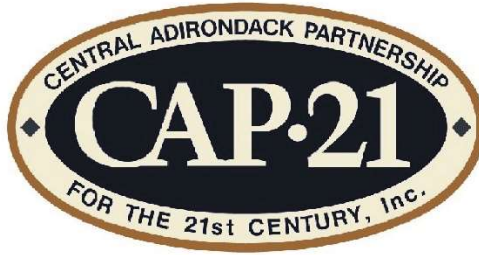
\_\_\_\_\_

Amount of Financial Aid Requested: \_\_\_\_\_

Briefly describe financial impact & circumstances (250 words or less)

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## CADK COVID BUSINESS GRANT APPLICATION INSTRUCTIONS

1. **Eligibility:** If you own a business within the region of Woodgate, NY through Raquette Lake, NY and employ less than 25 full time equivalent employees and meet the following criteria, you are eligible to submit an application for consideration. If you received a previous grant from this Fund, you **may** still apply. However, priority will be given to first time applicants.
2. **Criteria:**
  - a. Have you experienced unusual expenses related to meeting the pandemic safety protocols to operate your business?
  - b. Have you experienced a loss of income through your business while trying to meet New York State pandemic mandates?
  - c. Has your business been delayed in opening or did not open this year due to COVID-19 pandemic mandates? (Please include a narrative. If you were delayed in opening, please provide the date that you finally opened).
3. **Documents Required:**
  - a. All applicants must attach a comparative Profit & Loss or Income & Expense Statement for the periods April through September for both 2019 and 2020.
  - b. Complete, sign and date the application provided at [www.cap-21.org](http://www.cap-21.org) and include the required documentation identified in this Section 3.
  - c. Execute the Letter of Certification available w/the application provided at [www.cap-21.org](http://www.cap-21.org) and submit with your application and required documentation.
  - d. If Criteria 2(a) above applies to you, please attach copies of invoices for unusual expenses related to meeting safety protocols.
4. The review committee may ask for additional documentation upon review of your application. Said documents to be provided to CAP-21 within two (2) business days of request. All documents submitted are kept confidential and will remain the property of CAP-21.
5. The application and supporting documentation can be emailed to [rhill@cap-21.org](mailto:rhill@cap-21.org), mailed to CAP-21, Attn: Robin Hill, P.O. Box 642, Old Forge, NY 13420 or hand delivered to CAP-21, 108 Codling Street, Old Forge, NY.
6. **Deadline for Submission:** All applications should be submitted to CAP-21 **no later than 12:00 Noon, Friday, October 30, 2020**. CAP-21 cannot guarantee that all grant requests will be funded. The committee will determine the amount of the grant based upon fund availability and if applicant submitted all required application documentation.



## Applicant Letter of Certification

I \_\_\_\_\_ (print) hereby certify to CAP-21 (Grantor) that:

I am the/an owner of the business named in the grant application and am authorized to receive any funds that are disbursed as a result of a Grant decision

AND

That all information as provided in the grant application, including attachments, or supplemental information requested in the decision process is TRUE, COMPLETE AND ACCURATE to the best of my knowledge.

Should any information be found that does not meet said criteria, this application will not be considered or if funds have been disbursed, Grantor may seek return of such funds.

Signed \_\_\_\_\_

Date \_\_\_\_\_