

north
country
alliance



COVID-19 EMERGENCY WORKING CAPITAL LOAN PROGRAM

NCA Contact:

Matthew Siver
c/o Development Authority of the North Country
317 Washington Street
Watertown, New York 13601
Telephone: (315) 661-3200

E-Mail: msiver@danc.org [Preferred Method]

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The North Country Alliance's COVID-19 Emergency Business Relief Program was created to provide businesses, located in the NCA service region, with short-term relief and access to working capital in response to the COVID-19 Pandemic. This program will utilize UDC working capital funds. Funds will remain available for this program at the discretion of the NCA.

Eligible Service Area:	Jefferson, Lewis, St. Lawrence, Clinton, Essex, Franklin and Hamilton Counties, NYS
Maximum Loan Amount:	Maximum of \$25,000. Amount to borrow based upon demonstrated need for 6 months working capital. Two tier lending: Under 20 FTE employees-up to \$10,000 At or above 20 FTE employees-up to \$25,000
Owner Cash/Equity:	None
Maximum Term:	Not to exceed 60 months
Interest Rate:	5%
Repayment:	Principal and interest moratorium for first 3 months, then interest only for subsequent 6 months, then principal and interest payments to amortize the loan over the remaining term. Interest will not accrue during the first three months.
Collateral:	Personal Guarantees/Corporate Guarantees The NCA may request additional collateral, beyond the personal guarantees, for the COVID-19 Emergency Business Relief Program determined on a case-by-case basis.
Eligible Business:	For-profit and Not-for profit entities with under 100 FTE
Ineligible Business:	Newspapers, broadcasting, media, healthcare, civic and community centers, libraries, and farms. Agribusiness is eligible.
Prepayment Penalty:	None
Fees:	Waived
Other Conditions:	NCA Sponsoring Agency must provide written support for the working capital request to the NCA. Start-up businesses are not eligible (those in business less than 12 months). A business must be able to provide at least (2) years of tax returns or financial statements to qualify unless you have only been in business for one year then you must provide 1-year tax return. Applicants should have an average minimum FICO credit score of 620, and debt service coverage ratio of at least 1:1. (Exceptions may be considered on a case-by-case basis.)
Application:	Contact Matt Siver at msiver@danc.org .

The North Country Alliance is a not-for-profit consortium of economic development organizations, healthcare and educational institutions, utilities, private industries, and agencies assisting with business development in New York's North Country. For more information go to www.northcountryalliance.org.

CHECKLIST OF SCHEDULES

Required

- _____ Schedule "A" - Business Name and Form
- _____ Schedule "B" - Description of Business
- _____ Schedule "C" - Personal Financial Statements
- _____ Schedule "D" - Bankruptcy, Litigation, Felony History
- _____ Schedule "E" - Last 2 Year's Tax Returns
- _____ Schedule "F" - Outstanding Debt Details
- _____ Certification and Authorization to Release Credit Information
- _____ NYS Environmental Assessment Form

SCHEDULE "A"

Borrower (Legal Name): _____ EIN/TIN: _____

D/B/A if any: _____ State Unemployment Insurance No. _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Website: _____

Type of Organization (i.e. sole proprietorship, partnership, corporation, etc.) _____

North American Industrial Classification System Number (NAICS): _____

Contact Name: _____ Phone Number: _____ Email: _____

Contact Address: _____ City: _____ State: _____ Zip Code: _____

OWNERSHIP INFORMATION: Indicate names and addresses including percentage of ownership of all principals and officers. Please attach resumes for principals.

Owners/Principals

Name	% Ownership	Officer/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LOAN INFORMATION:

Number of Full Time Employees at 12/31/19: _____ 1FT=1FTE #FTE on 12/31/2019 _____

Number of Part Time Employees at 12/31/19: _____ 2 PT=1FTE #FTE on 12/31/2019 _____

Total Number of Employees at 12/31/19 _____ Total Number of FTE on 12/31/2019 _____

If FTE on 12/31/19 less than 20 then maximum loan amount is \$10,000.00
If FTE on 12/31/19 equal to or greater than 20 then maximum loan amount is \$25,000

TOTAL LOAN AMOUNT REQUESTED _____

Will you be applying for U.S. Small Business Administration financing? Yes/No _____ If yes, for how much and when?

DESCRIPTION OF SCHEDULES

SCHEDULE "B" - DESCRIPTION OF BUSINESS

Provide one page narrative describing your business location, services, and market. Please explain the impacts the COVID 19 pandemic are having on your immediate business.

SCHEDULE "C" - PERSONAL FINANCIAL STATEMENTS (SCHEDULE INCLUDED)

Provide personal financial statements for each proprietor, partner, officer, and stockholder with ten percent or more ownership in the business.

SCHEDULE "D" - BANKRUPTCY, LITIGATION, FELONY HISTORY (SCHEDULE INCLUDED)

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

SCHEDULE "E" – LAST 2 YEARS TAX RETURNS

For existing businesses, provide last 2 years of tax returns. If 2019 are not completed you can submit internally prepared income statement and balance sheet for 12/31/19. If a business has been operational for 12 months and only has 1 year tax return then that will be acceptable. Businesses that have been operational for less than 1 year are not eligible for the program. Businesses will need to demonstrate a debt service coverage ratio of 1:1 to be eligible for the loan.

SCHEDULE "F" - OUTSTANDING DEBT DETAILS (SCHEDULE INCLUDED)

Describe outstanding debt for the business including installment loans, notes and mortgages payable, and capitalized leases showing to whom payable, balance, interest rate, maturity date, monthly payment, security, and whether current or delinquent. A form for the completion of this schedule is provided herewith. Notes to existing financial statements are also sufficient satisfaction of this requirement.

CERTIFICATION AND AUTHORIZATION TO RELEASE CREDIT INFORMATION

A form must be completed for each person that owns 10% or more ownership in the business. This allows the NCA to run a credit report on the guarantors. If a corporation or LLC, please complete a form for the corporation as well. A FICO Score of at least 620 is required to be eligible to apply for funding.

SHORT ENVIRONMENTAL ASSESSMENT FORM

Please complete to the best of your abilities.

Schedule "C" PERSONAL FINANCIAL STATEMENT

As of : _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _____ Business Phone () _____

Residence Address _____ Residence Phone: () _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hands & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payment \$ _____	
(Complete Section 8)		Installment Account (other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payment \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of income	Contingent Liabilities
Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____
	\$ _____
	\$ _____

Description of Other Income in Section 1.

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others.					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency	Security Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Type of Property	Property A	Property B	Property C
Name & Address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries).

I authorize the Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

SCHEDULE "D"
BANKRUPTCY, LITIGATION AND FELONY HISTORY

Describe any bankruptcy history, litigation history having a material effect on the business solvency, or convicted felony activity associated with the owners, management, or officers of the business.

1. Are any of the officers, owners, or management of the business presently under indictment, on parole, or probation? Yes _____ No _____

If yes, describe:

2. Have any of the owners, officers, or management of the business ever been charged with or arrested for any criminal offense other than a minor traffic infraction?
Yes _____ No _____

If yes, describe:

3. Have any of the owners, officers, or management of the business ever been convicted of any criminal offense, other than a minor traffic infraction? Yes _____ No _____

If yes, describe: _____

4. Has the business, its present owners, officers, or management ever been the subject of bankruptcy proceedings? Yes _____ No _____

If yes, describe: _____

Signed, _____

SCHEDULE "F"
OUTSTANDING DEBT DETAILS

Describe outstanding debt for the business including installment loans, notes, mortgages payable and capitalized leases, showing to whom payable, balance, interest rate, maturity date, monthly payment, security and whether current or delinquent. **If business is a sole proprietorship, provide personal indebtedness information.** Fill out as many sections as necessary.

1. Debt Type: _____ Lender: _____
(installment loan, mortgage, lease, etc.) (bank , individual, etc.)
Term: _____ months Interest Rate: _____ %
Date _____
Maturity Date: _____
Original Amount: \$ _____ Current Balance: \$ _____
Collateral Supporting Debt: _____
Monthly Payment: \$ _____ Current? Yes No

2. Debt Type: _____ Lender: _____
(installment loan, mortgage, lease, etc.) (bank , individual, etc.)
Date _____
Term: _____ months Interest Rate: _____ %
Maturity Date: _____
Original Amount: \$ _____ Current Balance: \$ _____
Collateral Supporting Debt: _____
Monthly Payment: \$ _____ Current? Yes No

3. Debt Type: _____ Lender: _____
(installment loan, mortgage, lease, etc.) (bank , individual, etc.)
Date _____
Term: _____ months Interest Rate: _____ %
Maturity Date: _____
Original Amount: \$ _____ Current Balance: \$ _____
Collateral Supporting Debt: _____
Monthly Payment: \$ _____ Current? Yes No

Signed _____ Date _____

(USE ADDITIONAL COPIES OF THIS SHEET IF NECESSARY)

CERTIFICATION
AND
AUTHORIZATION TO RELEASE CREDIT INFORMATION

_____, being duly sworn, deposes and says: that (s)he is the president of _____, the Project occupant (the Company) described in the foregoing application; that (s)he has read the foregoing application and knows the contents thereof; that the same is true to his/her own knowledge except as to the matters stated therein to be alleged upon his/her information and belief, and as to those matters (s)he believes it to be true; that to the best of here/his knowledge (s)he is in compliance with all federal and state legislation dealing with the hiring of illegal aliens and equal employment opportunity; that (s)he has read and understood rule 1 of the _____ as heretofore set forth; and that the execution of this application has (lender) been duly authorized by the board of directors of the Company; and authorizes the lender to investigate and obtain a report concerning my (our) credit for the purpose of processing and underwriting my (our) loan application.

Applicant Signature

_____ Applicant's Street Address

_____ Applicant's previous address

_____ City/State(province)/Country, Postal Code

_____ Current Place of Employment

_____ Current Employment address

_____ Previous employer

_____ Address previous employer

_____ Applicant's SS# or SIN#

_____ Applicant's Date of Birth

_____ Spouse's name

_____ Credit Reporting Agency

617.21
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I-PROJECT INFORMATION (To be completed by Applicant or Project sponsor)

1. APPLICANT /SPONSOR: _____ 2. PROJECT NAME : _____

3. PROJECT LOCATION: Municipality _____ County _____

4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map):

5. IS PROPOSED ACTION: New Expansion Modification/alteration

6. DESCRIBE PROJECT BRIEFLY:

7. AMOUNT OF LAND AFFECTED:
Initially _____ acres Ultimately _____ acres

8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?
 Yes No If No, describe briefly

9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?
 Residential Industrial Commercial Agriculture Park/Forest/Open space Other
Describe: _____

10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?
 Yes No If yes, list agency(s) and permit/approvals

11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?
 Yes No If yes, list agency(s) and permit/approvals

12. AS A RESULT OF PROPOSED ACTION, WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?
 Yes No

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Applicant/Sponsor Name: _____ Date: _____
Signature: _____

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.