Columbia County Microenterprise Grant 2026

Checklist and Application

This grant program is made available by the Columbia County Board of Supervisors as a result of a NYS Community Development Block Grant Microenterprise fund awarded by NYS Homes and Community Renewal.

The primary objective of the CDBG Microenterprise program is to create viable communities by expanding economic opportunities principally for persons of low and moderate income (LMI). If you are interested in receiving grant funding to support business operations, please complete this application. Completing this application does not guarantee grant funding.

Choose Columbia
Columbia Economic Development Corporation

Grant Application Checklist

Initial required documents:

- ◯ Grant application, signed by all owners
- ◯ Family income form for business owners (to determine LMI status)

Additional required documents:

- ◯ Business plan, including financial projections
- ◯ Personal Financial Statement (SBA Form 413)
- ◯ Statement of Personal History (SBA Form 912)
- ◯ Debarment Certificate (SBA Form 1624)
- ◯ Copy of Microenterprise Training Program Certificate of Completion
- ◯ Two years of personal tax returns (federal only, all pages)
- ◯ Two years of business tax returns (federal only, all pages)
- ◯ Interim financial statements
- ◯ Two months of business bank statements (checking and savings)
- ◯ Documentation of all funds outlined in budget, including minimum of 10% owner's equity
- ◯ Articles of incorporation, copy of DBA or membership agreement
- ◯ Lease (if applicable)
- ◯ Business permits/ licenses/certificates (if applicable)
- ◯ For existing businesses with employees, copy of last two quarters NYS-45 used to document that you are qualified as a Microenterprise

Other Requirements:

- ◯ Environment Review, conducted by CEDC or its affiliate, is required for all Microenterprise Grant Projects regardless of the use of funds.
- ◯ Unique Entity ID (UEI) number is required for all grant recipients (free at sam.gov).

Columbia County Microenterprise

Grant Application

I. BUSINESS INFORMATION

Name of Business					
Business Contact Person					
Contact Person Email					
Contact Person Telephone					
Business Website URL					
Business EIN or TIN					
DUNS#			EUI#		
Business Street Address					
City		State		Zip	

Business Structure		C Corporation		S Corporation			LLC
		Sole Proprietorship		Partnership			
Business Ownership		Female Owned		Ethnic/Minority owned			
		Veteran Owned					
Is the Business?		Startup		Existing			
Business Start Date:				NAICS Code:			

Nature of Business (Product or Service)		Is the Business a Franchise?	
Provide a brief project description. (Type of business, proposed project, what the grant funds will be used for, and number of jobs to be created as a result.)			

II. EMPLOYMENT INFORMATION

Summarize what employees you currently have and how many you will hire if awarded funds:

How many full-time employees do you currently have, including yourself and other owners?	
How many part-time employees do you currently have?	
If awarded, how many full-time positions will be created?	
If awarded, how many part-time positions will be created?	

	List the type of jobs to be **created**, whether FT/PT, and the number of hours to work if PT.

Job Title to be Created	Description of Duties	Hours per week	Salary / Wages	# of Positions	Est. Date of Hire
Ex) Head Housekeeper	*Ex. Cleaning, manage staff*	*30*	*$20/hr*	*1*	*6/1/2027*

Please Note: Full-time jobs for this program are those working 40 hours per week. To determine the number of full-time equivalent jobs (FTE) to be created from part-time workers, add number of hours worked by all part-time (PT) employees and divide by 40.

Company Affiliates/Subsidiaries:	

Company Attorney		Company Accountant	
Name		Name	
Firm Name		Firm Name	
Email Address		Email Address	
Telephone #		Telephone #	

III. PRINCIPALS (Person with 20% or more ownership in the business)

Name Home Address	Office Held / Title	% of Ownership	Personal Net Income	Total Household Income	Household Size

If the answer to any of the next four questions is "YES", please provide a detailed confidential explanation under a separate cover addressed to CEDC Counsel.

	YES	NO
Is the Company or management of the Company now a plaintiff or a defendant in any civil or criminal litigation?		
Has any person listed above ever been a plaintiff or defendant in any civil or criminal litigation?		
Has any person listed above ever been charged of a criminal offense other than a minor traffic violation?		
Has any person listed above or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt?		

IV. GRANT REQUEST

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STATEMENT OF NEED Microenterprise funds are intended to assist small/micro businesses that do not have access to traditional bank financing. Provide below a statement of need specifying why this project can't be or is not being financed with traditional bank financing and why it is necessary and appropriate to use federal funds.

V. BANKING/FINANCIAL INFORMATION

BUSINESS DEPOSIT ACCOUNTS	A	B	C
Bank Name			
Phone Number			
Type of Account			
Account Number			
Present Balance			

BUSINESS LOANS / OBLIGATIONS/ LEASES (if applicable)	A	B	C
Name of Creditor			
Original Amount of Loan			
Monthly Payment			
Current Balance			

VI. PROJECT BUDGET / SOURCE & USE OF GRANT FUNDS

Identify the item(s) to be purchased/paid for in the appropriate category that is required for the project. Include the estimated cost of each item under the appropriate source of funding that will be used to acquire the item. Each item cost should be supported by a written quote, cut sheet, website, etc. to be submitted with this application. **Each successful applicant will have to provide a minimum 10% of the total project cost as equity, which cannot be in the form of debt.**

Please note: Applicants may not receive the maximum award. Applicants should request only what is needed to complete the project and should have sufficient equity to contribute to the project if, and when, an award is made.

Building supplies, construction/renovation activities, and generally, passenger motor vehicles (cars, trucks, vans) are not eligible under the program.

	Owner Cash Equity	Micro Grant	Other Loan ( )	TOTAL
Business Acquisition				
Machinery & Equipment				
Inventory				
Professional Fees				
Licenses, Permits				
Working Capital				
Other:				
Other:				
Other:				
Other:				
Other:				
TOTAL:				

Are you in the process of applying for any other loan or line of credit for your business or for any personal loan such as a mortgage, home equity line of credit, auto loan, student loan, etc.?	

VII. PROPOSED COLLATERAL

Provide the following information for any collateral that is being offered to secure the proposed grant.				
Real Estate Address or Collateral Description	Original Cost	Current Value	Existing Liens or Mortgages	
			Lender	Loan Balance

VIII. TRAINING

Completing an entrepreneurial training program is required under the Columbia Forward Microenterprise Grant Program. At least one of the owner will be required to complete approved training before funds can be accessed. Training is provided by Columbia Economic Development Corporation. Please contact 518-828-4718 to register for the training program.		
	YES	NO
Have you completed a small business training program within the past 24 months? If yes, provide a copy of the course certificate with completion date, and course syllabus		
If no, are you currently enrolled in a small business training program? If yes, provide a copy of the course syllabus.		

IX. CONFLICT OF INTEREST

Under certain circumstances, an applicant for State or federal funding may have a "conflict of interest" and may need a waiver in order to participate in a program. For example, a conflict of interest may be present if the applicant is related to an employee, officer, or elected official of the County. There are other cases where conflicts may also be present. Please answer the questions below to help us make that determination. If a conflict does exist, the County may request a waiver on your behalf, if necessary and appropriate. Waivers are reviewed and granted, if appropriate, only by the NYS OCR.

Each corporate officer/partner/LLC Member should complete their own disclosure. Make copies as needed. Forms must be signed and dated.

	YES	NO
Are you now, or have you ever been an employee, agent, consultant, an officer, or an elected official of Columbia County?		
Are you related to an employee, an agent, or an elected or appointed official of Columbia County or a consultant working for Columbia County?		
Do you have a business connection to any of the people listed in #1?		
Provide detail for any of the above questions to which you answered **yes**.		

X. CERTIFICATION

I/We certify that all information, which has been or will be furnished in support of this application, is given for the purpose of obtaining funds under the Columbia Forward Microenterprise Development (CFMDP) Program. I/We further certify that all information submitted has been examined and approved by me/us and is true, correct, and complete.

I/We grant the Columbia Economic Development Corporation (CEDC) and/or the CFMDP Grant Committee the right to independently verify any or all of the information herein, and understands that CEDC/CFMDP may refuse to approve the application or may revoke a commitment made if there is any material misrepresentation in the application, including attachments thereto.

I/We for ourselves and as owner(s)/partner(s) authorize CEDC/CFMDP to obtain any information relating to my/our credit worthiness from any source, including a credit reporting agency, any time during the grant process.

I/We certifies that to the best of my/our knowledge, the company is in compliance with all federal and state laws and regulations, including regulations dealing with the hiring of illegal aliens and equal employment opportunities.

All corporate officers, LLC Members, Partners, or business owners: please sign and date below.

Print Name:		Title:	
SSN:		DOB:	
Signature:		Date:	

Print Name:		Title:	
SSN:		DOB:	
Signature:		Date:	

Print Name:		Title:	
SSN:		DOB:	
Signature:		Date:	

Print Name:		Title:	
SSN:		DOB:	
Signature:		Date:	

Print Name:		Title:	
SSN:		DOB:	
Signature:		Date:	