

National Disaster Assistance Recovery Loan Program (Ndar)

**TOWN OF UNION
3111 EAST MAIN STREET
ENDWELL, NEW YORK 13760**

Town of Union Economic Development Department

Joseph M. Moody, Director

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The Economic Development Department provides financial assistance to existing businesses located in the national disaster area through the Local Development Corporation (LDC) of the Town of Union. The ***Town of Union National Disaster Assistance Recovery Loan Program (Ndar)*** is one of several loan programs offered by the Local Development Corporation. The Town of Union LDC will work in conjunction with any Federal, State and County Disaster Assistance Programs, as well as private sector and national disaster insurance programs, to maintain a business operation in an impacted area.

Application Fee: None

Closing Costs:

Borrower will be responsible for any Recording Fees and Attorney Fees as applicable.

Application Period:

Based on the Federal, State or Locally declared COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197).

Interest Rate: 0%.

Amount of Financing:

Up to 3 months of an eligible business historical operating expenses, and based on the availability of funding at the time of loan approval. Generally NOT to exceed \$15,000.00 in LDC Loan Funding.

Borrower:

Any legal, for-profit, borrowing entity that is currently located in the Town of Union. Borrower's business must have been profitable prior to the COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197). No borrower that has defaulted on a previous Local Development Corporation loan will be eligible to apply.

Eligible Areas:

Declared COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197), within the geographic areas of the Town of Union, including the Villages of Endicott and Johnson City.

Eligible Use of Proceeds:

Short Term Working Capital Needs.

Ineligible Use of Proceeds:

As determined by Town LDC Board.

Ineligible Users:

NO business that was not profitable prior to COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197).
No Home based business. No business that did not have employees on their payroll prior to the disaster declaration.

Amount of Participation:

Subject to other sources of disaster assistance that the applicant may be eligible for, but generally NOT to exceed \$15,000.00 in LDC Loan Participation.

Term of the loan:

Not to exceed 15 months (comprised of 3 months of deferred payments and 12 months of principal only payments).

Collateral:

As determined by Town LDC Board.

Guarantees:

Personal guarantees from company owners and spouses if involved in the operation of the business. Corporate guarantees if applicable.

Federal Labor Standards Provision:

All Local Development Corporation funding programs are subject to the Federal Labor Standards Provisions and the **Davis-Bacon** prevailing wage requirements (as determined by the U.S. Department of Labor) where construction and/or renovation applies.

Other Criteria:

- * Demonstrated need for financing.
- * Demonstrated ability to repay debt.
- * Demonstrated commitment by the owner(s).
- * Demonstrated uninsured related losses and/or expenses.

Job Retention:

Funding is based on the number of low/moderate income jobs to be retained while business is in the process of once again becoming fully operational. Owners of a business do NOT qualify as meeting the job retention requirement. Family members do NOT qualify of meeting the job creation requirement unless they were on the businesses payroll prior to the COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197).

Job Cost Ratio:

Retention of one low/moderate income individual that was employed by the borrower and is documented on the Borrower's payroll prior to the COVID-19 NYS Federal Disaster Declaration 16346 (NY-00197)
Retention of low/moderate employee per \$15,000 borrowed
1:\$15,000



TOWN OF UNION LOCAL DEVELOPMENT CORPORATION

NDARP LOAN APPLICATION

3111 EAST MAIN STREET

ENDWELL, NEW YORK 13760-5990

Phone: (607) 786-2945 Fax (607) 786-2321

Website: www.townofunion.com E-Mail: economicdevelopment@townofunion.com

National Disaster Assistance Recovery Loan Program (Ndarp)

BUSINESS INFORMATION

DATE OF APPLICATION: ____/____/____

BUSINESS (a/k/a Borrower) NAME: _____

DATE BUSINESS WAS ESTABLISHED: ____/____/____ FEDERAL TAX PAYER ID#: _____

LIST ANY AFFILIATES, SUBSIDIARIES or RELATED BUSINESSES: 1)_____2)_____

CONTACT PERSON: _____ TITLE: _____

PHONE NUMBER: (____) _____-_____ FAX NUMBER: (____) _____-_____

E-MAIL ADDRESS: _____

WEBSITE: _____

BUSINESS ADDRESS: _____

WHAT IS THE CURRENT ZONING AT THE BUSINESS ADDRESS (e.g. Commercial Office, General Commercial, Neighborhood Commercial, Central Business District, Industrial, etc.): _____

DOES THE BUSINESS OWN OR LEASE ITS EXISTING FACILITY?

☐ Own

☐ Lease (Expires ____/____/____)

☐ N/A (Start-Up Business)

IS THE PROPERTY LOCATED IN A FLOOD PLAIN? ☐ YES ☐ NO

IS THE BUSINESS CURRENTLY FULLY OPERATIONAL: ☐ YES ☐ NO

IF YOU DO NOT RECEIVE TOWN OF UNION LDC NDARP FUNDING IS YOUR BUSINESS LIKELY TO CLOSE: ☐ YES ☐ NO

THE BUSINESS (a.k.a. Borrower) DATA UNIVERSAL NUMBER SYSTEM (*DUNS nine-digit number provided by ***Dun & Bradstreet **FREE** of charge*) IS: _____.

***If you do not already have one, you may obtain your unique nine-digit identifier by calling the following D&B toll-free number **1-888-814-1435** or going to their website at **www.dnb.com** (*process takes 5-10 min*).

Federal government requires that all applicants for federal funds have a **DUNS number** (see federal policy at: http://www.omb/grants/grants_docs)

BUSINESS STRUCTURE (Please Check One):

- ☐ SOLE PROPRIETOR
- ☐ GENERAL PARTNERSHIP
- ☐ LIMITED PARTNERSHIP
- ☐ LIMITED LIABILITY PARTNERSHIP
- ☐ S-CORP
- ☐ C- CORP
- ☐ LIMITED LIABILITY COMPANY

(PLEASE ATTACH A COPY OF YOUR DBA, PARTNERSHIP AGREEMENT OR ARTICLES OF INCORPORATION FOR BORROWER, GUARANTOR AND OPERATING COMPANY)

BUSINESS STRUCTURE (Please Complete Table):

Principal(s) of Business	Title	% Percent of Ownership	Social Security Number

IS THE BUSINESS A MINORITY OR WOMEN OWNED BUSINESS? ☐ YES ☐ NO

WAS THE BUSINESS OFFERING EMPLOYER SPONSORED HEALTH CARE BENEFITS TO EMPLOYEES Prior to the NYS Disaster Declaration? ☐ YES ☐ NO If yes, please provide the number of employees enrolled in your employer sponsored health care program: _____

NUMBER OF FULL-TIME (F/T) EQUIVALENT EMPLOYEES (*as of 1/31/2020 COVID-19 Incident, NYS Declaration 16346 (Disaster: NY-00197)*): _____ (F/T = 35 or more hours per week; P/T = less than 35 hours per week).

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NUMBER OF FULL-TIME OR FULL-TIME EQUIVALENT JOBS TO BE RETAINED OVER THE NEXT 15 MONTHS:* ____ (*must be employees that were documented to be on your business payroll as of the COVID-19 NYS Disaster Declaration).

OF THE JOBS BEING RETAINED--HOW MANY POSITIONS ARE CURRENTLY FILLED BY PEOPLE FROM *LOW-MODERATE INCOME HOUSEHOLDS BASED ON THE FAMILY SIZE LISTED BELOW (see chart): ____

CHART

FAMILY SIZE	1	2	3	4	5	6	7	8
LOWER INCOME	\$39,500	\$45,150	\$50,800	\$56,400	\$60,950	\$65,450	\$69,950	\$74,450

* According to Housing and Urban Development (HUD) Family Income Guidelines-Effective 4/24/2019-FY2019-2019 FFY (Subject to change).

(PLEASE COMPLETE THE ATTACHED EMPLOYMENT PLAN – SCHEDULE “A” AT THIS TIME)

WHAT WOULD BE THE BUSINESS MONTHLY PAYROLL DURING THE 15 MONTH PERIOD (based on all the employees to be retained including the retention of low/moderate income employee(s) as required):
\$ _____

IS THE BUSINESS PRESENTLY INVOLVED IN ANY PERSONAL/BUSINESS JUDGMENTS, UNSETTLED LAWSUITS OR MAJOR DISPUTES?
☐ Yes ☐ No. If yes, please explain: _____

WAS THE BUSINESS PROFITABLE FOR THE PAST TWO YEARS PRIOR (2018 & 2019) TO THE COVID-19 NYS DISASTER DECLARATION? ☐ YES ☐ NO If no, please explain as to why the business has not been profitable: _____

HAS THE BUSINESS OR ANY OF THE OWNERS EVER DECLARED BANKRUPTCY? ☐ YES ☐ NO
If yes, please explain: _____

IS THE BUSINESS FISCAL YEAR THE SAME AS THE CALENDAR YEAR? ☐ YES ☐ NO If no, when does the company fiscal year end: ____/____/____

PROFESSIONAL CONTACTS (if applicable):

LEGAL COUNSEL NAME: _____

ADDRESS: _____

PHONE: (_____) _____ - _____ FAX: (_____) _____ - _____

ACCOUNTANT NAME: _____

ADDRESS: _____

PHONE: (_____) _____ - _____ FAX: (_____) _____ - _____

BUSINESS REFERENCES:

References	Contact Name	Title	Address	Phone	Fax
Bank/Lender/Creditor:					
Suppliers:					
Customers:					

FOR OFFICE USE ONLY:

IS THE PROPOSED PROJECT LOCATED IN ONE OR MORE OF THE FOLLOWING LOCAL, STATE OR FEDERAL TARGETED AREAS LISTED BELOW:

- ☐ Town of Union Central Business District (CBD)
- ☐ 485-b Property Tax Abatement Area
- ☐ i District
- ☐ Endicott Municipal Electric District
- ☐ Slums & Blighted Designated Bldg. or Area
- ☐ Brownfield (known or assumed contaminated site)
- ☐ NYS Brownfield Opportunity Area (BOA)
- ☐ Federal or State Superfund Site
- ☐ Federal HUB Zone
- ☐ HUD-Designated Revitalization Strategy Area (RSA)
- ☐ HUD-Designated Empowerment Zone
- ☐ HUD-Designated Enterprise Community
- ☐ Federal Enterprise Zone
- ☐ Federal Renewal Community
- ☐ NYSERDA Program Area
- ☐ New York State EN Zone
- ☐ National, State or Local Historic Building
- ☒ Other: COVID-19 NYS Disaster Declaration Area

Completed By: _____ Date: __/__/__

PROPOSED TOWN OF UNION LDC NDARP FINANCING:

AMOUNT APPLIED FOR: \$ _____ TERM: 15 Months INTEREST RATE: 0%
PLEASE IDENTIFY USE OF FUNDS: _____ COLLATERAL: _____

ADDITIONAL FUNDING SOURCES THAT THE BUSINESS HAS REQUESTED FOR DISASTER RECOVER:

BANK NAME: _____
CONTACT NAME: _____ PHONE (____) _____ - _____
AMOUNT APPLIED FOR: \$ _____ AMOUNT APPROVED: \$ _____
REPAYMENT TERM: _____ YEARS @ INTEREST RATE: _____% WITH A _____ YEAR CALL (If Applicable)
PLEASE IDENTIFY THE USE OF BANK FUNDS: _____ COLLATERAL: _____
TO DATE, HAVE YOU RECEIVED A COMMITMENT LETTER FROM THE BANK? ☐ YES ☐ NO

SMALL BUSINESS ADMINISTRATION (SBA)

CONTACT NAME: _____ PHONE (_____) _____-

AMOUNT APPLIED FOR \$ _____ AMOUNT APPROVED: \$ _____

REPAYMENT TERM: _____ YEARS @ INTEREST RATE: _____%

PLEASE IDENTIFY THE USE OF SBA FUNDS: _____ COLLATERAL: _____

TO DATE, HAVE YOU RECEIVED AN AWARD LETTER FROM THE SBA? ☐ YES ☐ NO

OTHER FUNDING REQUEST(S) (e.g. ESD, BCIDA, NYBDC, etc..)

AGENCY NAME: _____ CONTACT NAME: _____ PHONE: (_____) _____-

AMOUNT APPLIED FOR: \$ _____ AMOUNT APPROVED: \$ _____

REPAYMENT TERM: _____ YEARS @ INTEREST RATE: _____%

PLEASE IDENTIFY THE USE OF FUNDS: _____ COLLATERAL: _____

HAVE YOU RECEIVED A COMMITMENT LETTER FROM THE OTHER FUNDING SOURCE? ☐ YES ☐ NO

PROJECT FINANCIAL INFORMATION

SOURCES AND USES OF FUNDS

Project Financing	
Owners Equity	\$
Bank	\$
SBA	\$
Town of Union LDC	\$
Other (list name(s) of organization(s):	\$
	\$
	\$
Total Project Financing=	\$

Project Costs	
Working Capital	\$
Other (if applicable list):	\$
	\$
	\$
	\$
	\$
	\$
Total Project Costs=	\$

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FOR OFFICE USE ONLY:

SOURCES OF FUNDING:	AMOUNT (\$)	TERM (Yrs.)	RATE (%)	MONTHLY DEBT SERVICE
EQUITY	_____	_____	_____	\$ _____ N/A _____
PARTICIPATING BANK	_____	_____	_____	\$ _____
SBA	_____	_____	_____	\$ _____
TOWN OF UNION LDC	_____	_____	_____	\$ _____
OTHER: _____	_____	_____	_____	\$ _____
TOTAL MONTHLY DEBT SERVICE=				\$ _____

Completed By: _____ Date: ____/____/____

SOURCE OF REPAYMENT OF MONTHLY DEBT SERVICE (Please Check All That Apply):

☐ Operating Profit ☐ Personal Income ☐ Other (please describe): _____

*****By signing below, the owners/proprietors authorize the Town of Union Economic Development Department/Local Development Corporation (LDC) to do a personal and business credit check and obtain information from lenders, customers, suppliers, as may be required concerning statements made in the Town of Union Local Development Corporation Loan Application. All parties signing above further acknowledge that intentional misrepresentation of facts may be the basis for a denial of credit.***

Without in any way limiting the foregoing, all parties affirm, represent and warrant that they have no outstanding obligations to any bank, loan company, corporation, or individual and that no suits, judgments or legal claims of any kind whatsoever are pending against any party, except those stated in the loan application.

All parties signing below do hereby certify that, should they be approved for financing through the Town of Union Local Development Corporation (LDC), they will comply with all Federal laws in regards to the use and repayment of the Community Development Block Grant (CDBG) Funds used in their project.

All parties signing below do hereby understand that, should they be approved for financing through the Town of Union LDC, financing for their project will be based on the availability of CDBG funds for economic development at the time of loan approval.

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All parties signing below do hereby understand that, the **LDC Ndarb Loan Program(s)** may be **subject to change at anytime and without notice.**

V. PROPRIETOR/OWNER INFORMATION CONSENT FORM (Each owner/proprietor must sign and provide the following information requested below):

NAME: _____ TITLE: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PERCENT (%) OF OWNERSHIP: _____

PERSONAL ADDRESS: _____

DUTIES AND RESPONSIBILITIES: _____

NUMBER OF YEARS WITH COMPANY: _____

****SIGNATURE:** _____ DATE: ____/____/____

NAME: _____ TITLE: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ PERCENT (%) OF OWNERSHIP: _____

PERSONAL ADDRESS: _____

DUTIES AND RESPONSIBILITIES: _____

NUMBER OF YEARS WITH COMPANY: _____

****SIGNATURE:** _____ DATE: ____/____/____

**VI. CHECKLIST OF ADDITIONAL ITEMS REQUIRED TO BE SUBMITTED FOR TOWN OF UNION
LOCAL DEVELOPMENT CORPORATION FUNDING**

All of the below documents are required, and your application will not be considered for funding until the requested documents have been submitted to the Town of Union Local Development Corporation (a.k.a. Town of Union Economic Development Department).

- COMPANY HISTORY: Include any significant information that you would like
- PROJECT OBJECTIVES: What will the new injection of funding accomplish and how will it impact the company's existing line of business, operations, profitability and other significant financial factors during the COVID-19 disaster recovery process.
- COMPILED (AUDITED, IF AVAILABLE) INCOME STATEMENT (PROFIT & LOSS) AND BALANCE SHEETS: For the previous two (2) fiscal year period.
- 2018 & 2019 (if completed) CORPORATE AND PERSONAL TAX RETURNS : For each proprietor/stockholder with 20% or more ownership in the project.
- PERSONAL FINANCIAL STATEMENT "NET WORTH": For each proprietor/stockholder with 20% or more ownership (complete attached form).
- INTERIM INCOME STATEMENT (PROFIT & LOSS), BALANCE SHEET AND CASH FLOW STMT.
- PROJECTED INCOME STATEMENT (PROFIT & LOSS) AND BALANCE SHEET and CASH FLOW PROJECTIONS: For one (1) fiscal year.
- LISTING OF EXISTING DEBT: Include original amount, date of original loan, term, interest rate and monthly payment.
- EMPLOYMENT PLAN - SCHEDULE "A" FORM (see attached form and example): Please complete the form in its entirety.
- EMPLOYEE RETENTION FORMS (see attached form and example): Please have each to be (retained) employee complete the appropriate form (additional copies are available upon request). **These completed forms HAVE to be submitted along with your Ndarb Application as LDC financing is being based on the retention of low/moderate income employees during the 15 month loan term.**
- SHORT ENVIRONMENTAL ASSESSMENT FORM (see attached form): **Please complete Part 1: Project Information.** The Town of Union will complete Part 2: Impact Assessment.
- BANK, SBA and/or OTHER Funding Sources COMMITMENT LETTER(S).
- ☐ ? HAZARD INSURANCE and may require FLOOD INSURANCE (if in the 100 year flood plain).
- PERSONAL GUARANTIES (Assuming your request for financing is approved by the LDC, all proprietors/stockholders with more than 20% ownership will be required to sign a personal guaranty at the time of the actual loan closing.

UPON COMPLETION OF YOUR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION (LDC) NDARP LOAN APPLICATION PLEASE SUBMIT THE ORIGINAL APPLICATION ALONG WITH ALL REQUIRED ATTACHMENTS TO THE TOWN OF UNION LOCAL DEVELOPMENT CORPORATION OFFICE (a.k.a. TOWN OF UNION ECONOMIC DEVELOPMENT DEPARTMENT). ALL INFORMATION MUST BE SUBMITTED NO LATER THAN 14 DAYS PRIOR TO A REGULARLY SCHEDULED LDC BOARD MEETING (If requested, a schedule of the LDC Board Meetings will be provided).

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FOR OFFICE USE ONLY:

DATE STAMP WHEN APPLICATION WAS RECEIVED:

DOCUMENTS STILL PENDING (list below):

RECEIVED BY: _____

PERSONAL FINANCIAL STATEMENT (NET WORTH) – A form is to be completed by each owner, proprietor, officer, director, stockholder or any other person providing a guaranty for the loan.

As of _____, 20__.

Name: _____
Address: _____ State ____ Zip Code _____
Phone No.(____) _____ - _____
Date of Birth ____/____/____
Social Security No. _____ - _____ - _____

<u>ASSETS</u>	<u>EST. \$ VALUE</u>	<u>LIABILITIES</u>	<u>\$ BALANCE OWED</u>
REAL ESTATE (Address)		MORTGAGE (Specify)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
AUTO(S) (YR, MAKE & MODEL)		AUTO LOAN(S) (Specify)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
CHECKING ACCOUNT(S)		CREDIT CARD ACCOUNT(S) (Specify)	
_____	_____	_____	_____
_____	_____	_____	_____
SAVINGS ACCOUNT(S)		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
STOCKS, BONDS & CD’S		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
CASH VALUE LIFE INSURANCE		_____	_____
_____	_____	PERSONAL LOAN(S) (Specify)	
PERSONAL ITEMS		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
OTHER (Specify)		OTHER (Specify)	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
= TOTAL ASSETS	\$ _____	= TOTAL LIABILITIES	\$ _____

TOTAL ASSETS – TOTAL LIABILITIES = PERSONAL NET WORTH

\$ _____ - \$ _____ = \$ _____

SCHEDULE A
EMPLOYMENT PLAN

COMPANY NAME: _____ PREPARED BY: _____ DATE: ____/____/____
(SIGNATURE)

CONTACT PERSON: _____ TITLE: _____
(PLEASE PRINT)

TELEPHONE NUMBER: (____) _____

OCCUPATIONS BY JOB CATEGORY	CURRENT JOBS BY OCCUPATION <i>as of 1/31/20</i>		PROJECTION OF NEW PERMANENT FULL-TIME AND/OR FULLTIME EQUIVALENT JOBS CREATED BY OCCUPATION WITHIN THE APPROVED PERFORMING PERIOD							
	NO. OF EXISTING EMPLOYEES	*L/M	<u>1ST YEAR</u> NO. OF EMPLOYEES	*L/M	<u>2ND YEAR</u> NO. OF EMPLOYEES	*L/M	<u>3RD YEAR</u> NO. OF EMPLOYEES	*L/M	TOTAL NO.	*L/M
OFFICIALS AND MANAGERS										
PROFESSIONAL										
TECHNICIANS										
SALES										
OFFICE AND CLERICAL										
CRAFT WORKERS (SKILLED)										
OPERATIVES (SKILLED)										
LABORERS (UNSKILLED)										
SERVICE WORKERS										
TOTAL NO.										

*JOBS MUST BE MADE AVAILABLE TO LOW AND MODERATE INCOME PEOPLE (AS DETERMINED BY THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) FAMILY INCOME GUIDELINES). INCOME GUIDELINES ARE ADJUSTED ANNUALLY BY HUD, PLEASE REFER TO YOUR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION BUSINESS ASSISTANCE APPLICATION FOR THE CURRENT INCOME GUIDELINES. PLEASE NOTE, THE NUMBER OF EMPLOYEES ARE NOT A CUMULATIVE NUMBER, **FOR EXAMPLE**, IF THERE WAS ONE CLERICAL PERSON AS AN EXISTING EMPLOYEE AND TWO PROJECTED TO BE HIRED IN THE SECOND YEAR, A NUMBER ONE WOULD BE PLACED IN THE COLUMN LABELED CURRENT JOBS BY OCCUPATION, A ZERO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE FIRST YEAR AND A NUMBER TWO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE SECOND YEAR. ADDITIONALLY, A NUMBER TWO UNDER THE TOTAL NUMBER OF NEW EMPLOYEES COLUMN FOR YEAR TWO WOULD BE PLACED IN THE TOTAL BY YEAR COLUMN AND A NUMBER THREE IN THE TOTAL NUMBER OF EMPLOYEES BY OCCUPATION COLUMN (LAST COLUMN).

PLEASE REFER TO SCHEDULE A-1 FOR JOB CATEGORY DEFINITIONS

SCHEDULE A
EMPLOYMENT PLAN

COMPANY NAME: XYZ Corporation

PREPARED BY: John Doe
(SIGNATURE)

DATE: 5/15/17

CONTACT PERSON: John Doe
(PLEASE PRINT)

TITLE: CFO

TELEPHONE NUMBER: 000 000-0000

EXAMPLE

OCCUPATIONS BY JOB CATEGORY	CURRENT JOBS BY OCCUPATION		PROJECTION OF NEW PERMANENT FULL-TIME AND/OR FULLTIME EQUIVALENT JOBS CREATED BY OCCUPATION WITHIN THE APPROVED PERFORMING PERIOD							
			1 ST YEAR		2ND YEAR		3RD YEAR		TOTAL	
	NO. OF EXISTING EMPLOYEES	*L/M	NO. OF EMPLOYEES	*L/M	NO. OF EMPLOYEES	*L/M	NO. OF EMPLOYEES	*L/M	NO.	*L/M
OFFICIALS AND MANAGERS										
PROFESSIONAL			1	0					1	0
TECHNICIANS										
SALES										
OFFICE AND CLERICAL					1	0			1	0
CRAFT WORKERS (SKILLED)	1	1			2	2			3	3
OPERATIVES (SKILLED)										
LABORERS (UNSKILLED)	1	1					1	1	2	2
SERVICE WORKERS										
TOTAL NO.	2	2	1	0	3	2	1	1	7	5

*JOBS MUST BE MADE AVAILABLE TO LOW AND MODERATE INCOME PEOPLE (AS DETERMINED BY THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) FAMILY INCOME GUIDELINES). INCOME GUIDELINES ARE ADJUSTED ANNUALLY BY HUD, PLEASE REFER TO YOUR TOWN OF UNION LOCAL DEVELOPMENT CORPORATION BUSINESS ASSISTANCE APPLICATION FOR THE CURRENT INCOME GUIDELINES. PLEASE NOTE, THE NUMBER OF EMPLOYEES ARE NOT A CUMULATIVE NUMBER, **FOR EXAMPLE**, IF THERE WAS ONE CLERICAL PERSON AS AN EXISTING EMPLOYEE AND TWO PROJECTED TO BE HIRED IN THE SECOND YEAR, A NUMBER ONE WOULD BE PLACED IN THE COLUMN LABELED CURRENT JOBS BY OCCUPATION, A ZERO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE FIRST YEAR AND A NUMBER TWO IN PROJECTED NEW PERMANENT FULL-TIME AND/OR FULL-TIME EQUIVALENT JOBS BY OCCUPATION IN THE SECOND YEAR. ADDITIONALLY, A NUMBER TWO UNDER THE TOTAL NUMBER OF NEW EMPLOYEES COLUMN FOR YEAR TWO WOULD BE PLACED IN THE TOTAL BY YEAR COLUMN AND A NUMBER THREE IN THE TOTAL NUMBER OF EMPLOYEES BY OCCUPATION COLUMN (LAST COLUMN).

PLEASE REFER TO SCHEDULE A-1 FOR JOB CATEGORY DEFINITIONS

TOWN OF UNION LOCAL DEVELOPMENT CORPORATION
EMPLOYEE CERTIFICATION FORM (RETENTION) - 2019

EMPLOYER: _____ DATE HIRED: ____/____/____

EMPLOYEE’S NAME: _____

EMPLOYEE’S HOME ADDRESS: _____

EMPLOYEE’S SOCIAL SECURITY # (ONLY THE LAST 4 NUMBERS): XXX-XX-_____

POSITION (TITLE): _____

This form must be
completed in its
entirety

ARE YOU CURRENTLY ENROLLED IN AN EMPLOYER SPONSORED HEALTH CARE PROGRAM: YES or NO (circle)

FULL TIME (F/T = 35 or more Hours per Week): YES or NO (circle one)

PART TIME (P/T = less than 35 Hours per Week): YES or NO (circle one) Indicate Total # of Hours per Week: _____ Hrs.

HOW MANY PEOPLE ARE IN YOUR FAMILY: _____

*Prior to being hired for this position, was your family income lower or higher than the income listed below for the size of your family? ++Were you unemployed prior to being hired for this position? Yes or No (circle one ++)

CHART A:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	\$39,500	\$45,150	\$50,800	\$56,400	\$60,950	\$65,450	\$69,950	\$74,450

(check one) Yes, Income is lower _____ No, Income is higher _____

CHART B:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	\$24,700	\$28,200	\$31,750	\$35,250	\$38,100	\$40,900	\$43,750	\$46,550

(check one) Yes, Income is lower _____ No, Income is higher _____

CHART C:

Total No. of Persons in your Family	1	2	3	4	5	6	7	8
Total Family Income	\$14,850	\$16,950	\$21,330	\$25,750	\$30,170	\$34,590	\$39,010	\$43,430

(check one) Yes, Income is lower _____ No, Income is higher _____

ARE YOU A FEMALE HEAD OF HOUSEHOLD: YES or NO (circle one)

**RACIAL ORIGIN (check one): White____ Black or African American____ American Indian or Alaska Native____ Asian____
Native Hawaiian or Other Pacific Islander____

**ETHNIC ORIGIN (check one): Hispanic or Latino ____ NOT Hispanic or Latino: ____

SIGNATURE OF EMPLOYEE: _____ TODAY’S DATE: ____/____/____

ALL INFORMATION IS NEEDED FOR REPORTING EMPLOYEES TO BE HIRED WITH GRANT/LOAN PROVIDED FROM THE LOCAL DEVELOPMENT CORPORATION OF THE TOWN OF UNION. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

*According to Housing and Urban Development (HUD) Family Income Guidelines Effective 4/24/2019 (Subject to change).
**Racial/Ethnic Categories Added 1/1/04 As Per HUD Imposed Requirements.

TOWN OF UNION LOCAL DEVELOPMENT CORPORATION
EMPLOYEE CERTIFICATION FORM (RETENTION) - 2019

EMPLOYER: XYZ Corporation DATE HIRED: 5/1/19
EMPLOYEE'S NAME: John Doe
EMPLOYEE'S HOME ADDRESS: 1 Main St., Endwell, NY 13760
EMPLOYEE'S SOCIAL SECURITY # (ONLY THE LAST 4 NUMBERS): XXX-XX-6789
POSITION (TITLE): CFO

This form must be
completed in its
entirety
EXAMPLE

ARE YOU CURRENTLY ENROLLED IN AN EMPLOYER SPONSORED HEALTH CARE PROGRAM: YES or NO (circle)

FULL TIME (F/T = 35 or more Hours per Week): YES or NO (circle one)

PART TIME (P/T = less than 35 Hours per Week): YES or NO (circle one) Indicate Total # of Hours per Week: _____ Hrs.

HOW MANY PEOPLE ARE IN YOUR FAMILY: 3

*Prior to being hired for this position, was your family income lower or higher than the income listed below for the size of your family? ++Were you unemployed prior to being hired for this position? Yes or No (circle one) ++

CHART A:

Total No. of Persons in your Family	1	2	<u>3</u>	4	5	6	7	8
Total Family Income	\$39,500	\$45,150	\$50,800	\$56,400	\$60,950	\$65,450	\$69,950	\$74,450

(check one) Yes, Income is lower X No, Income is higher _____

CHART B:

Total No. of Persons in your Family	1	2	<u>3</u>	4	5	6	7	8
Total Family Income	\$24,700	\$28,200	\$31,750	\$35,250	\$38,100	\$40,900	\$43,750	\$46,550

(check one) Yes, Income is lower _____ No, Income is higher X

CHART C:

Total No. of Persons in your Family	1	2	<u>3</u>	4	5	6	7	8
Total Family Income	\$14,850	\$16,950	\$21,330	\$25,750	\$30,170	\$34,590	\$39,010	\$43,430

(check one) Yes, Income is lower _____ No, Income is higher X

ARE YOU A FEMALE HEAD OF HOUSEHOLD: YES or NO (circle one)

**RACIAL ORIGIN (check one): White X Black or African American _____ American Indian or Alaska Native _____ Asian _____ Native Hawaiian or Other Pacific Islander _____

**ETHNIC ORIGIN (check one): Hispanic or Latino _____ NOT Hispanic or Latino: X

SIGNATURE OF EMPLOYEE: John Doe TODAY'S DATE: 5/15/19

ALL INFORMATION IS NEEDED FOR REPORTING EMPLOYEES TO BE HIRED WITH GRANT/LOAN PROVIDED FROM THE LOCAL DEVELOPMENT CORPORATION OF THE TOWN OF UNION. ALL INFORMATION PROVIDED WILL BE KEPT STRICTLY CONFIDENTIAL.

*According to Housing and Urban Development (HUD) Family Income Guidelines Effective 4/24/2019 (Subject to change).
**Racial/Ethnic Categories Added 1/1/04 As Per HUD Imposed Requirements.

	April	May	June
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	

	April	May	June
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	

	April	May	June
\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	