



## wayne county planning board

**To:** Interested Agricultural Business Owners  
**From:** Ora Rothfuss III, Ag Development Specialist  
**Re:** Agribusiness Microenterprise Loan  
**Date:**

Thank you for expressing interest in the Agribusiness Microenterprise Program(AMP). I am enclosing an application.

Please note there is a requirement for your business to have a business plan in order to receive a loan through this program. The minimum requirements are included in this package. If you don't have a business plan, the program has consultants available to help you develop one.

Funding for the AMP came from HUD and the Governor's Office for Small Cities. HUD regulations require that the program document impact on low to moderate income jobs- either business owner and/or employee. HUD forms are utilized for the collection of this information which will be stored at the Planning offices in Lyons. These forms are not public information and individual responses will not be released to anyone! The surveys will be used to create semi-annual reports- consisting of summary data only (for example-so many one-family people with income over \$29,600, etc.). The personal information (name and social security, etc.) is held on file for HUD audits of the program in order for HUD auditors to verify the information.

There is no application fee for this program, however you are expected to pay for the closing costs that are a part of a successful loan application. The average closing costs have been in the \$400 to \$500 range. These can vary significantly and more complicated arrangements are quite a bit higher. Please feel free to ask about these costs as the application process proceeds.

If you have questions or concerns, please feel free to contact me.



**Employment Data:**

	<b>Full-time</b>	<b>Part-time</b>	<b>Seasonal</b>	<b>Total</b>
<b>Current Employment</b>				
<b>Previous Employment (last year)</b>				
<b>Previous Employment (2 years ago)</b>				
<b>Previous Employment (3 years ago)</b>				
<b>Projected Employment</b>				
<b>Year One</b>				
<b>Year Two</b>				
<b>Year Three</b>				

What do you expect to pay per hour? Full-time \$\_\_\_\_\_ Part-time \$\_\_\_\_\_

**Additional Information:**

Are you or is your business an endorser or guarantor for any debts not listed on this application or on your financial statements?  Yes  No

Are you or is your business party to any claim or lawsuit?  Yes  No

Have you or your business ever declared bankruptcy?  Yes  No

Does your business owe taxes for other than the current year?  Yes  No

Any personal or business judgements?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Are you on parole or probation?  Yes  No

If "Yes" to any question, please explain: \_\_\_\_\_

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**ADVISORS:**

**Name**

**Telephone**

Banker: \_\_\_\_\_

Accountant: \_\_\_\_\_

Attorney: \_\_\_\_\_

**Section II – Business Plan:**

All individuals applying for loans are required to prepare a business plan which adequately describes the operation of their existing or proposed business.

Have you completed a business plan?  Yes  No If “yes”, please attach a copy of your business plan.) When and by whom was your business plan prepared? \_\_\_\_\_

If you have not completed a business plan would you like information or assistance to help you prepare a business plan?  Yes  No

**Section III – Financing Information:**

Amount of Loan Request: \$ \_\_\_\_\_ Proposed repayment term \_\_\_\_\_ Months

Purpose of Loan: \_\_\_\_\_

Have you already contacted a bank for financing? [  ] Yes [  ] No

If “Yes”, which bank? \_\_\_\_\_ Contact \_\_\_\_\_

Were you approved ? [  ] Yes [  ] No If “No” why? \_\_\_\_\_

Use of Loan Proceeds:

USE	DESCRIPTION	AMOUNT
Receivables		\$
Inventory		\$
Equipment		\$
Fixtures		\$
Payables		\$
Operating Cash		\$
Other		\$
	TOTAL	\$

Other sources of Income: \_\_\_\_\_

Amount and source of personal (non-loan) Capital (cash, equipment, etc.): \_\_\_\_\_

**Section IV – Questions:**

If you have any specific questions which you would like answered about our loan program before we begin evaluating your application, please note them below:

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**Section V –Checklist for Required Information:**

1.	Application
2.	Business Plan
3.	Monthly cash flow projection for one year.
4.	Personal Financial Statement(s) for Business Owner(s).
5.	Personal tax returns for the last ____ Years.
6.	Resume(s) for Owner(s) and Management.
7.	List of Customers and Suppliers.
8.	Copies of Permits and licenses necessary to your business.
9.	Company Product/ Service Brochure/Samples/Other information.
10.	Business Owner survey
11.	Short form EAF (Environmental Assessment Form)
12.	Conflict of Interest affidavit
13.	Other (Describe):_____
<b>For Existing businesses, please also provide the following:</b>	
1.	Last three years Financial Statements
2.	Interim Financial Statement if year end statements are more than 120 days old.
3.	Last three years Tax Returns.
4.	Receivable and Payable Aging.
5.	Employee Family income form for each current employee
6.	Job descriptions for all current and/or proposed positions ( <b>Form 1</b> or equivalent)
<b>There may be other information required specific to each request.</b>	

**Section VI – Certifications:**

The following certifications must be signed by the owner(s) or principals (s) of the applicant's business.

**Non-discrimination Certification:** I/we hereby certify that this company does not deny services, employment, or membership to persons based on political preference, race, religion, sexual preference, handicap, marital status age or national origin.

**Application Certification:** I/ we certify and affirm by signing below that the information on this application was prepared by me or at my request and that it is complete and current and I/we agree to notify you of any change of information. I/we further understand that intentional misrepresentation of facts may be the basis for a denial of credit.

**Credit Check:** I/we authorize Wayne County Industrial Development Agency ("WCIDA") to research the company's and its principal(s) history, make credit checks, obtain credit reports, contact the company's financial institution, and perform other related activities in connection with this application and any update, renewal or extension thereof.

**Technical Assistance Disclaimer:**

In connection with the Wayne County Agribusiness Microenterprise Program, Wayne County (The County), Wayne County Industrial Development Agency (WCIDA), Cornell Cooperative Extension of Wayne County, NYFarmNet, or Farm Credit of WNY may render certain technical assistance, directly or indirectly, to you, the applicant, in connection with management systems, internal controls, marketing plans, business plans, financial projections, and compilations. Such assistance and all statements made in connection therewith are for the applicant's internal use only, and not to be used or communicated in any manner whatsoever to third parties without Wayne County IDA's express written consent.

It is agreed and understood that the County and WCIDA have taken no independent steps to verify the information the applicant has provided in connection therewith, and does not have capabilities, nor has the County or WCIDA performed any auditing functions in connection therewith. The County and WCIDA have strictly relied upon the information as obtained, provided and presented by the applicant.

The County and WCIDA are in no way responsible for the applicant's use of this information, and make no warranties and representations in connection therewith except as expressly granted in writing.

The applicant agrees to indemnify and hold Wayne County and WCIDA harmless in connection with the use or misuse of such information, documents, representation or writing. Said technical assistance to be used by the applicant only after the applicant has reviewed and fully understood it, verified and confirmed to the applicant's satisfaction that all statements of facts and representations contained therein are true and accurate. The same is rendered to the applicant in addition to and not in lieu of any and all acts and actions, evaluations and analysis necessary for the applicant in the ordinary course of the applicant's business or otherwise, and is not intended to replace same.

THE SOURCE OF FUNDS FOR THIS LOAN IS A COMMUNITY BLOCK GRANT FROM THE GOVERNOR'S OFFICE FOR SMALL CITIES (GOSC) AND THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD). GOSC AND HUD GOALS ARE THE CREATION AND/OR RETENTION OF EMPLOYMENT FOR LOW AND MODERATE INCOME PERSONS. There will therefore, be reporting requirements as a condition to working with this program so that achievement of these employment goals can be monitored.

If Applicant is a proprietor or partner, sign below.

By: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

By: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

By: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

If Applicant is a corporation, sign below.

\_\_\_\_\_  
Corporate Name and Seal / \_\_\_\_ / \_\_\_\_  
Date

By: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of President Date

Attested By: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature of Corporate Secretary Date

# Conflict of Interest

## AFFIDAVIT

### Attachment to Wayne County Agribusiness Microenterprise Program Loan Application

I, \_\_\_\_\_, being duly sworn,  
(Print Name)

certify that the information provided in response to the items below is true and correct:

1. If you are related by blood or marriage to an elected official of Wayne County or an employee of Wayne County, please describe fully. If no family relationship exists, please state so.

2. If you have a business or professional relationship with an elected official of Wayne County or an employee of Wayne County or intend to enter into a business or professional relationship with an elected official of Wayne County, please describe the relationship in detail. If no business or professional relationship exists or will exist, please state so. Attach additional pages, if necessary.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

New York Statutory All Purpose Acknowledgment

STATE OF NEW YORK )  
COUNTY OF WAYNE )

On the \_\_\_\_ day of \_\_\_\_\_ in the year 200\_, before me, the undersigned, a notary public in and for said State, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the person on behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

**Wayne County  
Agribusiness Microenterprise Program**

Instructions on back

**Business Owner Survey  
Family Income Form**

This technical assistance has made available with financial assistance from Wayne County using Federal Community Development Block Grant Funding. As a result, the County is required to obtain the following information. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Your Name: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_

Family Size (circle)	My Family Income is						Ethnic Origin (Check one) "I consider myself ___"	
	Below		Between		Between	Above		
1 person		\$ 13,050		\$ 21,750		\$ 34,800	White	
2 people		\$ 14,900		\$ 24,850		\$ 39,750	Black	
3 people		\$ 16,750		\$ 27,950		\$ 44,700	Asian/Pacific Islander	
4 people		\$ 18,650		\$ 31,050		\$ 49,700	Hispanic	
5 people		\$ 20,100		\$ 33,550		\$ 53,650	American Indian	
6 people		\$ 21,600		\$ 36,000		\$ 57,650	Aleut or Eskimo	
7 people		\$ 23,100		\$ 38,500		\$ 61,600	Other(specify) _____	
8 people		\$ 24,600		\$ 41,000		\$ 65,600		
9 or more- #	Actual Income = \$							

Is your household female-headed?  Yes  No      Are you 62 or older?  Yes  No

Are you considered disabled?  Yes  No

How many people does your farm business currently employ full-time including the farm owner?

How many people does your farm business currently employ part-time including the farm owner?

Do you hire seasonal part-time help?  Yes  No      If Yes, how many?

Are the seasonal workers considered migrant farm workers?  Yes  No

How many of your employees are 62 or older?

How many of your employees are the female head of their household?

How many of your employees are considered disabled?

The information provided herein will be confidential and will only be used to provide statistical data required by the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the New York State Governor's Office for Small Cities and the U.S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signed : \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

**Business Owner Survey  
Family Income Form**

**INSTRUCTIONS**

1. Determine your family size by counting yourself and each family member who currently resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption.
2. Circle the appropriate housing family size.
3. Next total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who currently resides with you.
4. Compare this figure to the figure listed for the circled family size and indicate whether it is above or below the listed figures by checking the appropriate box.
5. Next check the box in the column labeled “ethnic origin” which most accurately completes the sentence “I consider myself\_\_\_.”

**Wayne County**  
**Agribusiness Microenterprise Program**

**Business Owner Survey**  
**Job/Business Retention Form**

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It is my opinion that within 3 years I would have ceased business operations.  Yes  No

The reason(s) for this opinion is (check all that apply)

- Low profit margin
- Low equity growth
- Equity losses
- Poor profit potential in existing markets
- Restrictive facility design
- Labor shortage
- Other \_\_\_\_\_  
(Please explain)

It is my opinion that the assistance provided through the Agri-business Microenterprise Program will enable me to remain in business for longer than 3 years.  Yes  No

The reason(s) for this opinion is (check all that apply)

- I have identified a new potential market.
  - I have developed a plan to serve a niche market
  - The loan program enabled me to expand or diversify my business.
  - The technical assistance helped me to identify and address some opportunity areas of my business.
- Other
- (Please explain)

You may return this completed form to your employer, or send it to Wayne County Planning, 9 Pearl Street, Lyons, NY 14489 labeled "confidential" Attn: Microenterprise Program

**Wayne County**  
**Agribusiness Microenterprise Program**  
**Job Retention**  
**Employee Family Income Form**

Your current employment position continues to be made available with financial assistance from Wayne County using Federal Community Development Block Grant Funding. As a result, the employer is required to obtain the following information. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Your Name: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_  
(Please Print)

Address: \_\_\_\_\_ Employer \_\_\_\_\_

**INSTRUCTIONS**

Determine your family size by counting yourself and each family member who currently resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption. Circle the appropriate housing family size below. Next total the income from all sources received during the last calendar year (January through December) by yourself and each member of your family who currently resides with you. Compare this figure to the figure listed for the circled family size and indicate whether it is above or below the listed figure by checking the appropriate box. Next check the box in the column labeled "ethnic origin" which most accurately completes the sentence "I consider myself \_\_\_."

Family Size (circle)	My Family Income is						Ethnic Origin (Check one) "I consider myself ___"
	Below		Between		Between	Above	
1 person		\$ 13,050		\$ 21,750		\$ 34,800	White
2 people		\$ 14,900		\$ 24,850		\$ 39,750	Black
3 people		\$ 16,750		\$ 27,950		\$ 44,700	Asian/Pacific Islander
4 people		\$ 18,650		\$ 31,050		\$ 49,700	Hispanic
5 people		\$ 20,100		\$ 33,550		\$ 53,650	American Indian
6 people		\$ 21,600		\$ 36,000		\$ 57,650	Aleut or Eskimo
7 people		\$ 23,100		\$ 38,500		\$ 61,600	Other(specify) _____
8 people		\$ 24,600		\$ 41,000		\$ 65,600	
9 or more- #		Actual Income = \$					

Is your household female-headed?  Yes  No

Are you 62 or older?  Yes  No

Are you considered disabled?  Yes  No

The information provided herein will be confidential and will only be used to provide statistical data required by the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the New York State Governor's Office for Small Cities and the U.S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signed : \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

## **Wayne County Agri-Business Micro-enterprise Program**

### **Business Plan Requirements-**

A business plan is required for the Agribusiness Microenterprise Loan Program. The minimum requirements for a business plan under this program are:

#### I. Executive Summary

#### II. The Business

- a. Description
- b. Products/Services
- c. Market Analysis and Sales Strategies
- d. Location
- e. Competition
- f. Management (include résumé's)
- g. Personnel

#### III. Financial Data

- a. Financial Statements
- b. Sales & Cash Flow Projections
- c. Collateral listing (including equipment)
- d. proposed capital purchases



PROJECT ID NUMBER

617.20  
APPENDIX C

SEQR

STATE ENVIRONMENTAL QUALITY REVIEW

### SHORT ENVIRONMENTAL ASSESSMENT FORM for UNLISTED ACTIONS Only

#### PART 1 - 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 : <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> 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 RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No      If no, describe briefly:	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply.) <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park / Forest / Open Space <input type="checkbox"/> Other (describe)	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or Local) <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list agency name and permit / approval:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, list agency name and permit / approval:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT / APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> 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 a Coastal Area, and you are a state agency,  
complete the Coastal Assessment Form before proceeding with this assessment**

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.  
 Yes  No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.  
 Yes  No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? (If yes, explain briefly:  
 Yes  No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? If yes explain:  
 Yes  No

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question d of part ii was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)