

# MICROENTERPRISE ASSISTANCE GRANT APPLICATION



SUBMIT COMPLETED APPLICATION AND SUBMITTALS TO:

WILL FASSETT, [WFASSETT@MARIPOSACOUNTY.ORG](mailto:WFASSETT@MARIPOSACOUNTY.ORG)  
LYNN, MATTOS, [LMATTOS@MARIPOSACOUNTY.ORG](mailto:LMATTOS@MARIPOSACOUNTY.ORG)

Mariposa County has been awarded funding from CA Housing and Community Development (HCD) for the Community Development Block Grant - Microenterprise Grant Program. The primary objective of the CDBG Microenterprise Grant Program is the development of viable communities by expanding economic opportunities principally for persons of low and moderate income (LMI). **Mariposa County will offer \$10,000 grants for up to seven local businesses as part of this program.** All funds need to be expended within three months of the award and documentation of expenses (e.g., receipts) will be required.

If you are interested in receiving grant funding to expand your business, please complete this application. This is a competitive application process and completing this application does not guarantee grant funding. Contact Will Fassett ([wfassett@mariposacounty.org](mailto:wfassett@mariposacounty.org)) if you need assistance with or have questions about the application.

After an application has been submitted, it will be reviewed by a grant committee comprised of board members of the Economic Development Corporation of Mariposa County and Mariposa County staff. A timeline for this process appears on page 2. If the committee recommends your application for approval to the Board of Supervisors, you will be asked to register your business in SAM.gov to ensure that you have not been debarred from receiving funds from the federal government.

**Eligibility:**

- Business has five or fewer employees (based on FTE), one or more of whom owns the enterprise
- The owner(s) credit score is above 620; a credit report request form is part of this application
- The business is a private for-profit corporation, partnership, or sole proprietorship that is legal and operating; nonprofits are not eligible.
- The business operates in Mariposa County and the business owner is a Mariposa County resident.
- The business owner has not previously been awarded a CDBG microenterprise or business assistance loan or grant.
- The applicant must earn 80% or below the area median income for household size for Mariposa County, according to [CA Housing and Community Development’s \(HCD\) income limits \(Page 9\)](#):

Number of Persons in Household	1	2	3	4	5	6	7	8
Income Limit	\$46920	\$53640	\$60320	\$67040	\$72400	\$77760	\$83120	\$88480

**Deadline:**

Complete the application and submit all attachments to [wfassett@mariposacounty.org](mailto:wfassett@mariposacounty.org) and [lmattos@mariposacounty.org](mailto:lmattos@mariposacounty.org) by the **deadline of 11:59PM on January 15, 2024.**



# Microenterprise Grant Process

01

## Application - 1/15/24

Submit your application with all attachments by 11:59PM on 1/15/24 to [wfassett@mariposacounty.org](mailto:wfassett@mariposacounty.org) and [lmattos@mariposacounty.org](mailto:lmattos@mariposacounty.org).

02

## Committee Review - 2/1/24

A grant committee will review materials and notify applicants if their application was recommended to the Board of Supervisors.

03

## Board Meeting - 2/24

Applicants recommended by the committee will give a 2-minute presentation to the Board about their proposal.

04

## Board Approval & Award - 3/24

The Board will make a final determination on grant approval. Award letters and funds will be sent (a W9 will be requested from all awardees).

05

## Post-Award Compliance - 6/24

Three months after receipt of grant funds, awardees will provide the County with receipts/documentation on how funds were expended.

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I. APPLICANT INFORMATION:

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Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of People in Your Family: \_\_\_\_\_ Annual Family Income: \_\_\_\_\_

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II. BUSINESS INFORMATION:

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Existing Business (Date business started \_\_\_\_\_ )

New Business (Less than 6 months)

Entrepreneur (Business not yet formed)

Home-based Business:  Yes  No

**Industry:**

- Construction
- Manufacturer/Producer
- Research/Development
- Retail
- Service
- Wholesale

**Business Type:**

- Sole Proprietor
- Partnership
- Corporation
- Limited Liability
- Sub S Corporation

**Business Classification:**

- Women-Owned Small
- Minority-Owned Small
- Other Small

**Owners/Principals:**

	Name	Address (include city, state, and zip)	SSN	Phone Number	% Owned
1					
2					
3					
4					
5					

Please provide the number of employees you currently have:

- How many full-time employees (>1750 hours) do you currently have, *including yourself and other owners*? \_\_\_\_\_
- How many part-time employees (<1750) do you currently have? \_\_\_\_\_

Please provide the following information for the applicant/business owner:

**Demographic Information**

- American Indian or Alaska Native
- Asian
- African American or Black
- Native Hawaiian/Other Pacific Islander
- White
- Other Multi-Racial

**Additional Information**

- Gender  Male  Female
- Disabled:  No  Yes
- Senior (62+):  No  Yes
- Homeless:  No  Yes
- Latino/Hispanic:  No  Yes
- Single Hoh:  No  Yes

**Educational Background**

- Junior High or Lower
- Some High School
- High School Diploma/GED
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

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**III. BUSINESS PLAN:**

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Provide a business plan, including (1) a description of the business and its products and services, (2) a market analysis, (3) a marketing strategy, and (4) financial plans and projections. Make certain that your business plan, as part of these sections, addresses the following:

- Is the business new or existing; if existing, provide brief history
- Location of business
- Will you have an online presence, storefront, or both?
- Are there competitors in your market and does your business differentiate itself from competitors?
- Does your product or service fill a void in the community? Explain.
- What is your target market/customer base?
- How do you market your business?
- Will a new product or service be provided if grant funds are awarded?
- Statement of need; why do you need these funds?
- What will grant funds be used for?

The grant committee will evaluate applications based on the following criteria on a three-point scale:

(0) – Disagree (1) – Somewhat Agree (2) – Agree (3) – Strongly Agree

- A) Does the business meet the needs of the community or the target market?
- B) Does the proposed use of grant funds align with the community/market need?
- C) Is the business plan feasible?

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**IV. PROPOSED BUDGET:**

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Please complete the chart below.

Identify the item(s) to be purchased/paid for in the appropriate category. Include the estimated cost of each item and the source of the estimates, such as actual quotes or online retailers. Each item cost should be supported by a written quote, cut sheet, website etc. to be submitted with this application. Eligible costs include machinery/equipment, payroll, supplies/materials, advertising/marketing, refinancing of business debt, inventory, operating capital, furniture/fixtures, and acquisition of property.

<b>Category</b> (payroll, rent/mortgage, inventory/supplies, equipment, working capital, etc.).	<b>Name of Item</b>	<b>Estimated Cost</b>	<b>Source of Estimate</b> (attach supporting documentation of estimates to the application)
<b>Total:</b>			

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V. CONFLICT OF INTEREST:

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Please place an "X" in the appropriate box for all questions listed below so that we may make a determination of whether any conflicts may be applicable to your proposal.

1. Are you now, or have you ever been an employee, agent, consultant, an officer, or an elected official of *Mariposa County*?

Yes (If **yes**, please provide details in the box provided below)

No

2. Are you related to an employee, an agent, or an elected or appointed official of Mariposa County or a consultant working for the County?

Yes (If **yes**, please provide details in the box provided below)

No

3. Do you have a business connection to any of the people listed in #2?

Yes (If **yes**, please provide details in the box provided below)

No

*Please provide detail for any of the above questions to which you answered **yes**.*

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VI. CREDIT REPORT INFORMATION:

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Name:

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First Name	Middle Name	Last Name
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Spouse:

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First Name	Middle Name	Last Name
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Address:

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City/State	Zip Code
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Social Security #: \_\_\_\_\_

Spousal Social security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Spouse Date of Birth: \_\_\_\_\_

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VII. APPLICATION ATTACHMENTS:

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The following information is required for those applicants/business owners that qualify for the Microenterprise Program as a member of a low-to-moderate income family. Family in this context is defined as all persons that reside in the same household that are **related** by birth, marriage, or adoption.

- Tax return transcripts from the past 3 years from IRS.gov (business and personal)
- One paystub from the last 30 days for all employed family members (not applicable if self-employed)
- Resume(s) of Business Owner(s); resume(s) should include (at a minimum) education and employment histories
- Current financial statements of applicant business (within last two months), to include: balance sheet and income and expense statements if the business is in operation
- Business plan; business plan should all the information requested in Section III of this application
- Supporting documentation for proposed budget (see section IV)



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VIII. CERTIFICATION AND AUTHORIZATION:

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By signing below, I 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 Mariposa County's Microenterprise Assistance Program. I further certify that all information submitted has been examined and approved by me and is true, correct, and complete. I understand that this information will be used to assess my application and that additional information may be needed to rate and rank the proposal in accordance with funding criteria. I agree to abide by all requirements set forth or to be set forth in connection with the Microenterprise Program.

In addition, I understand that falsification of any item contained herein, or fraudulent misrepresentation of my business and its processes could result in criminal and/or civil penalties applicable under or pursuant to local, state, and federal laws. Further, I agree that verification of any information contained herein, or to be provided in support of this funding request, may be obtained by whatever means Mariposa County or its agent determines is appropriate, and a formal credit check may be undertaken by any source deemed appropriate by Mariposa County or its agents.

I/We hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance. To the fullest extent permitted by law, the undersigned shall hold harmless, defend at its own expenses, and indemnify the County of Mariposa and the Mariposa County Economic Development Corporation, and their respective officers, employees, agents, and volunteers, against any and all liability, claims, losses, damages, or expenses, including reasonable attorney's fees, resulting from all negligent acts or omissions in connection with the unauthorized release of any information contained in my (our) credit report.

While I understand that my business may meet the technical definition of a microenterprise, I acknowledge that Mariposa County or Economic Development Corporation of Mariposa County may, in their opinion, not agree that my business meets the intent of the Microenterprise Program and can exclude the business from participation. To the fullest extent permitted by law, the undersigned shall hold harmless, defend at its own expenses, and indemnify the County of Mariposa and the Mariposa County Economic Development Corporation, and their respective officers, employees, agents, and volunteers, against any and all liability, claims, losses, damages, or expenses, including reasonable attorney's fees, resulting from the exclusion of my (our) business from participation in Mariposa County's Microenterprise Program. All corporate officers, LLC members, partners, or business owners must sign and date below.

PRINT NAME & TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_