

Toms River Township
Micro-Enterprise Grant Application

Application Release Date: October 20 , 2019

Application Due Date: Friday, November 22 , 2019, 4:30pm
Must be received by the due date.

Location:

Division of Community Development, 2nd floor
Toms River Township Municipal Complex
33 Washington Street
Toms River, NJ 08753

***Late applications will automatically be disqualified.**

If you have questions or need assistance completing the application, please **contact Erika Stahl, Assistant Planner, Township of Toms River, 732-341-1000 x. 8356.**

Micro-Enterprise Grant Application

APPLICANT NAME(S): _____

Is Your Business Eligible?		
Does your business consist of 5 individuals or less including the owner at the time of application?	Yes	No
If no, stop. Your business does not qualify for this grant.		
Are you, the owner, qualified as a low/moderate income household?	Yes	No
If no, then 51% of or new workers must qualify as low/moderate income households		
Is your business willing to verify household incomes of employees as a stipulation of receiving funds?	Yes	No
If no, stop. Your business is not eligible for this grant.		

For All Grants	Check
Signed grant application (by co-applicant as well, if applicable)	
Copy of Driver's License (by co-applicant as well, if applicable)	
Copy of Social Security card (by co-applicant as well, if applicable)	
Personal tax returns (most recent two (2) years)/most recent paycheck stubs or proof of government payments) - for low/mod. business qualification only	
Copy of Sole Proprietorship, Partnership, LLC or Articles of Incorporation filing	
Resume(s) of key management (include co-applicant as well, if applicable)	
Lease Agreement or Mortgage Statement	
Location must be in a commercial land use zone. Please provide Zoning permit.	
12-month cash flow statement (Part F)	
Explanation of past-due bills, bankruptcies, etc. that may appear on credit report	
New Businesses Only (in addition to info for all grants)	
Business plan	
Existing Businesses Only (in addition to info for all grants)	
Business notes payable schedule	
Business tax returns (most recent two years)	
Profit/loss statement (most recent quarter end)	
Updated Business Plan	

PART A: INTENDED USE OF GRANT FUNDS

	Amount to be spent	Specific list of items to be purchase/paid for by grant funds (If necessary, attach additional sheets)
Equipment	\$ _____	_____
Inventory	\$ _____	_____
Property Improvements	\$ _____	_____
Working Capital	\$ _____	_____
Salary/Wage (Job Creation)	\$ _____	_____ (include number of new jobs created)
Grant Request of (max \$5,000; dollar for dollar match)	\$ _____	

PART B: PERSONAL INFORMATION

Primary Applicant

Applicant name (first, last) _____ Social Security number _____ Birth date _____

Street address _____ City _____ State _____ Zip _____ Years at
this _____ address

Mailing address (if different from above) _____

Previous address (if less than two years _____ City _____ State _____ Zip _____
at current address)

Home telephone: _____ Work telephone: _____

Cell telephone: _____ Email: _____

Are you currently employed? If yes, provide employer's name, address and telephone number below.

What are your work hours? _____

What is your job title? _____

Do you plan to keep this job while operating your business? Yes No

How long have you been employed with the above employer? _____ years _____ months

If less than two years please list previous employer and position. _____

(Co-Applicant)

Spouse's name

Social Security number

Birth date

Street address (if different from above)

City

State

Zip

Home telephone: _____ Work telephone: _____

Employer: _____ Position: _____

Length of employment: _____ Salary _____

Do you own your home? Yes No If own, is it a house mobile home

Name of mortgage holder: _____

If rent, please provide landlord's name, address and phone number: _____

Note: Parts C and D are only to be completed by a NEW Business Owner, or if the Business Owner is applying as low/moderate income owner

PART C: PERSONAL FINANCIAL STATEMENT

Please provide us with information about your current financial situation. If more space is needed, please attach additional sheets. This personal financial statement accurately reflects my financial situation as of ____ (date).

ASSETS		LIABILITIES	
Cash on hand	Amount \$ _____	Loans from lending institutions	Balance \$ _____
Cash in checking account(s) List financial institutions	Amount \$ _____ \$ _____ \$ _____	Student Loans	\$ _____
Cash in savings account(s) List financial institutions	Amount \$ _____ \$ _____	Other Loans	\$ _____
Securities, stocks and bonds	\$ _____	Other Loans	\$ _____
Automobile(s)	Value	Credit cards	Balance
Year Make Model	\$ _____	Company name	\$ _____
	\$ _____	Company name	\$ _____
	\$ _____	Company name	\$ _____
Personal property	\$ _____		
Real estate	\$ _____	Vehicle loans/liens/leases	Balance
Address _____		Company name Vehicle make	\$ _____
		Company name Vehicle make	\$ _____
Other assets (list):	Value	Company name Vehicle make	\$ _____
	\$ _____		
TOTAL	\$ _____	Real Estate	Balance
		Mortgage on real estate	\$ _____
		2 nd Mortgage or Line of Credit	\$ _____
		TOTAL	\$ _____

REFERENCES

Please provide names of two relatives not living with you and one personal reference that is **not related** :

(Relative)	(Relative)	(Reference)
Name	Name	Name
Relationship	Relationship	Relationship
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Telephone	Telephone	Telephone

PART D: PERSONAL BUDGET STATEMENT

Please tell us about your monthly income and expenses.

INCOME		EXPENSES	
	Amount		Payment Amount
Take-home pay		Loan payment to	
From the business	\$ _____	Lending institutions	\$ _____
From other jobs	\$ _____	Friends	\$ _____
Spouse if joint application	\$ _____	Student Loans	\$ _____
		Others	\$ _____
**Governmental payments		Credit card(s) (Total) \$ _____	
TANF	\$ _____	Vehicle	
Social Security	\$ _____	Fuel	\$ _____
Food stamps	\$ _____	Insurance	\$ _____
Unemployment	\$ _____	Repairs	\$ _____
Housing assistance	\$ _____	Loans/lease	\$ _____
**Other income \$ _____		Mortgages/Rent	
Interest income	\$ _____	Primary residence	\$ _____
Bonuses/commissions	\$ _____	Mortgage on property you rent	\$ _____
Rental income	\$ _____	Second mortgage/home equity loan	\$ _____
Child support*	\$ _____	Household expenses	
Alimony*	\$ _____	Insurance payments	\$ _____
		Property taxes	\$ _____
		Electricity	\$ _____
		Home Phone	\$ _____
		Cell Phone	\$ _____
		Gas (heat)	\$ _____
		Cable	\$ _____
		Water/sewer	\$ _____
NOTE: * Alimony or child support payments are required ONLY IF you desire such payments to count toward your total income.		Family support expenses	
**Please provide proof of income.		Food	\$ _____
		Clothing	\$ _____
		Medical expenses	\$ _____
		Child care	\$ _____
		Alimony	\$ _____
		Child support	\$ _____
		Other expenses	\$ _____
TOTAL INCOME	\$ _____	TOTAL EXPENSES	\$ _____

PART E: YOUR BUSINESS

Please provide us with information on your business. If you need more space, please attach additional sheets.

Please give the name, address, telephone number and website of your business.

Please provide the DUNS and EIN number for your business.

Describe in detail the type of product or service your business will offer.

Is your business: Start-up Currently operating Since _____

What type of industry: (please check all that apply)

Service Retail Wholesale

Number of Employees

Full Time _____

Part Time _____

What is the legal structure:

- Sole proprietorship
 Partnership (please list all partners' names and addresses)
 Limited Liability Company
 Corporation, C-Corp, S-Corp

Include copy of all legal documents filed with county Register of Deeds or NJ Secretary of State.

Please list any state and/or federal licenses your business is required to have in order to operate.

Do you currently have this license? Yes No Not Applicable

Please list current OCCUPIED job titles and the respective employees' names. If you are utilizing funds to retain jobs please include household income verification for employees (household tax returns for last year). 51% of employees must be low/moderate income and jobs must remain permanent.

Please list the job titles you will CREATE. (Note: a successful grantee will be responsible to submit the previous year's income tax returns for each new employee's household). Jobs must be permanent.

If this Grant is not approved, please explain any future plans (or next steps) for this business?

PART F: Business Notes Payable Schedule *(existing businesses only)*

Please include on this schedule all existing notes and long-term leases for your business, including mortgages, revolving credit arrangements, equipment leases and any other type of debts, secured or unsecured.

Creditor	Original Amount	Original Date	Balance Due	Interest Rate	Maturity Date	Monthly Payment	Collateral

What other funding sources are available or pending approval for use in this business?

Company / Source

_____	\$ _____
_____	\$ _____
Total	\$ _____

Signature

The undersigned hereby authorizes **Toms River Twp.** or any of its affiliates to make all inquiries with credit bureaus and others it deems necessary to verify the accuracy of the information provided herein and to determine credit worthiness. Further, the undersigned hereby certifies that the enclosed application information-- including all attachments, exhibits, schedules and supporting documents, is valid, accurate and complete as of the stated date(s). These statements are made for the purpose of obtaining a grant. False statements may result in the forfeiture of benefits. The undersigned hereby further certifies that the proceeds of any grant made as a result of this application will be used for business purposes only and will not be used to cover current debt, general fees related to the preparation of this document or personal or consumer purchases.

Failure to provide income verification documents for the owner or workers (as applicable) is a breach of contract. Any business that fails to provide such documentation will be required to return all received grant funds to the Township of Toms River. Businesses will be required to sign a Subrecipient Agreement with the Township of Toms River, identifying their responsibilities.

GRANT APPLICANT:

Name (print)

Signature

Date

GRANT CO-APPLICANT:

Name (print)

Signature

Date

OPTIONAL

The following answers are voluntary and are requested for the purpose of determining compliance with federal civil rights law and for our own statistical monitoring. Your response to these questions will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner.

Gender: Male Female

Marital Status: Single Married Widowed Divorced

Ethnicity: African American Asian Hispanic Native American White Other

Veteran of the U.S. military: Yes No

Please mail completed application to:

**Micro-enterprise Grant Program
c/o
Erika Stahl, Asst. Planner
Division of Community Development
Township of Toms River
33 Washington St.
Toms River, NJ 08753**
