

DELAWARE COUNTY 2025 MICROENTERPRISE GRANT
TRAINING REGISTRATION FORM

I. APPLICANT INFORMATION

Name(s): _____

Home Address: _____

County: _____

Mailing Address: _____

Email: _____

Cell Phone Number: _____

Number of People in Your Family: _____

II. BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Tax Map # (s): _____

Daytime Phone Number: _____

DUNS / UEI: _____

EIN: _____

Date business started: _____

Threshold Question:

Is the business a microenterprise defined as having five or fewer employees, including the business owner?

Yes No

Business Type:

Sole Proprietorship LLC Other:

Is the business:

An Existing Business A Start-Up Business (less than six months)

Is the business:

An Agri-Business A Main Street Business Other

Is the business a:

Minority-Owned Business Woman-Owned Business Veteran-Owned Business

Is the business owner*:

LMCMD LMJ

*LMCMC = low-to-moderate income clientele (household income is at or below 80% of area median income)

*LMJ = low-to-moderate job creation/retention

Is the business owner:

U.S. Citizen Legal Permanent Resident

Is the business owner (select one option):

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

- Black / African American *and* White
- Asian *and* White
- American Indian / Alaskan Native *and* White
- Native Hawaiian / Other Pacific Islander *and* White

In addition to race, select if the business owner identifies as:

- Hispanic

Business Ownership:

(please, complete for all owners)

Name	Title	% Ownership Held

Project Site Information:

- I own the location of my business
- I rent / lease the location of my business

Are you in good standing with the State, County, and the Town, and current with your taxes:

- Yes
- No

PROJECT NARRATIVE

Please, provide a brief description of the proposed Microenterprise Project (a detailed project description is required with the full application package once the Entrepreneurial Training program is complete).

TRAINING INFORMATION

The NYS OCR requires entrepreneurial training under the Microenterprise Program that must be completed by at least one of the business owners. All successful applicants / Program participants are required to complete the OCR approved entrepreneurial training program offered by WCCRC before funds can be accessed, if awarded funding. To attend the training program, participants are asked to pay \$100 deposit which will be refunded once they complete the training and a certificate of completion is issued by WCCRC.

Please, complete the training registration form and mail a check in the amount of \$100 to WCCRC, 125 Main Street, Suite A, Stamford, NY 12167. The amount will be refunded once the applicant completes the Training Program.

WCCRC ENTREPRENEURSHIP TRAINING PROGRAM TENTATIVE DATES:

FEBRUARY 17 – MARCH 12, 2026, TUESDAY AND THURSDAY, 5 TO 8 PM (IN-PERSON WITH VIRTUAL OPTIONS AVAILABLE FOR SPECIFIC SESSIONS)

SYLLABUS TO BE POSTED AT WESTERNCATSKILLS.ORG

For more information about the training program, email Simona David at sdavid@westerncatskills.org with the subject line Micro Grant

Any questions regarding the Microenterprise Grant Program should be directed to Lindsay Whitbeck at lindsay.whitbeck@co.delaware.ny.us with the subject line Micro Grant

THE MICROENTERPRISE GRANT FULL APPLICATION FORM IS AVAILABLE AT
<https://dcecodev.com/>

CERTIFICATION AND AUTHORIZATION

By signing below, 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 Delaware County, NY Microenterprise Assistance 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 understand that this information will be used to assess my / our proposed Project and that additional information may be needed in order to rate and rank the Project in accordance with funding criteria. I / we agree to abide by all requirements set forth or to be set forth in connection with said Program.

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

While I / we understand that my / our business may meet the technical definition of a microenterprise, I / we acknowledge that the NYS OCR may, in its opinion, not agree that my / our business or the Project meets the intent of the NYS CDBG Microenterprise Program, and can direct Delaware County, NY to exclude the project or business from participation. I certify that I / we and / or my business will not pursue any legal resources as a result.

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

PRINT NAME AND TITLE: _____

SIGNATURE: _____ DATE: _____

PRINT NAME AND TITLE: _____

SIGNATURE: _____ DATE: _____

PRINT NAME AND TITLE: _____

SIGNATURE: _____ DATE: _____

PRINT NAME AND TITLE: _____

SIGNATURE: _____ DATE: _____

PRINT NAME AND TITLE: _____

SIGNATURE: _____ DATE: _____