# FORM 1-6B MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM

Section I – CDBG Recipient Information									
Recipient Name			CDBG #						
<b>Duplication of Benefits</b>									
business to OCR before/with this set up form? Yes ☐ No ☐ If no, please attach to this form.									
Section II – Business Information									
Business Name	Business DUNS								
Owner Name									
Owner Name									
Business Address									
	NY ZIP + 4								
Type of Business									
Total Number of Current E	mployees Including the Owner(s)								
Date Business Owner Completed Entrepreneurial Training									
Date Business was Award	ded Microenterprise Assis	stance by Rec	ipient						
Is this a Start-Up or Existi	ng Business?	g Business? Start-Up 📗 Existing 🔲							
Year Business Establishe	d								
Is the Business Located in	n a NY Main Street Targe	t Area Progra	ım?	Yes 🗌	No 🗌				
Section III – National Objective Information									
The business must meet one of the following in order to be eligible for a NYS CDBGMicroenterprise									
grant. Check whether the business will create at least one LMI job or if the owner(s) qualify as low- to									
moderate-income. (Select LMJ or LMCMC)									
LMJ - LOW/MOD CREATION 24 CFR 570.208(a)(4): Activities designed to create/retain									
	obs, at least 51% of whic		•						
	l be made available to LM				LMI persons				
	MOD LIMITED CLIENTE								
Activities that are carried out under 24 CFR 570.201(o) and the owner(s) /entrepreneur(s)are LMI									
persons.									
Section IVa - Job Creati	on Information								
If the business is propos	ing to meet the LMJ Nat	ional Objectiv	e, complete the	e chart bel	ow for each job title				
to be created.									
Job Classification Title and Skills Required			- Time Jobs		- Time Jobs				
		Total #	Total # LMI	Total #	Total # LMI				
Total									
Average Numb									
Normal Hours of Operation:									

Section IVb – Job Retention Information (CDBG-CV Projects Only)										
Retention Eligibility - Has a financial analysis been submitted for this business to OCR before/with this set										
up form? Yes ☐ No ☐ If no, please attach to this form  Full – Time Jobs Part – Time Jobs					Average Number of Hours Worked Per Week for					
						Part-Time Jobs:				
Total #	Total # LMI	Total #	otal # Total # LMI							
						Normal Hours of Operation:				
Section V – Scope of Work: Please provide a brief scope of work for the business.										
								proposed business		
activities will	l prepare, prever	nt, and/or res	spond to C	OVID	19. Atta	ach additional	pages as need	led.		
Section VI	I – Project Cost	Information	n							
		Source Of Funds								
Us	e of Funds	NYS	CDBG	E		Other	041	Culatatal		
			WIG GDDG		uity	Other	Other	Subtotal		
Direct Assi	istance to Busin	ess								
% of Total	l Project Cost									
Entreprene	eurial Training									
Program D	Delivery									
Total Amount of Funding										
Section VII – Certification of Microenterprise Business Project Summary Form										
I certify that	t, to the best of	my knowledg	e, this proje	ect sur	nmary is	s an accurate a	nd truthful repor	ting of project details.		
Typed Name of Chief Elected Official										
Signature of Chief Elected Official										
Date			CEO T	itle						
•	Name									
Prepared b	E-Mail									
	Phone					Date				

## Ulster County Economic Development Alliance P.O. Box 1800, 244 Fair Street Kingston, NY 12402-1800

Tel: 845.340.3556



# Memorandum

To: Sarah Haley, Chair of Ulster County Economic Development Alliance

CC: Timothy Weidemann, President, Ulster County Economic Development Alliance,

Lindsay Simonson, Assistant Ulster County Attorney

From: Kate Heidecker, Deputy Director Ulster County Economic Development

Date: November 4th 2021

Re: Ulster County CARES Small Business Assistance Program- Alleyway Ice Cream

## <u>Applicant</u>

Julian Hom, Sole Proprietor (100% owner)

### **Business Description**

Alleyway Ice Cream is a small batch, handmade ice cream shop. The shop specializes in both classic and unconventional flavors (Ube Heath Bar Crunch, Thai Tea Cookies & Cream) as well as vegan ice cream (Vegan Cold Brew Ice Cream with Magic Donut Dust). The business reduced its operating hours for at least four consecutive weeks during the period March 1, 2020 to September 30, 2021, or otherwise substantially changed its business operations due to COVID-19 during that period.

#### Eligibility

Location: 135 Partition Street, Saugerties NY 12401

For-profit: Yes

Pre-COVID: Operating Current: Operating

Distress: Business is a seasonal ice cream business that makes and sells ice cream

at retail location. Pre-COVID, operated 7 days a week during the summer. After COVID, initially reduced hours to only Friday - Sunday from 2 - 7 and only sold pints. This allowed thorough cleaning and limited customers' exposure to COVID. Business still has not recovered to pre-COVID operating hours and menu is still reduced. With help from funding assistance, business

will increase production and wholesale ice cream

L/M Micro: Yes

L/M Jobs: Project retains sole proprietor's business. Qualifies due to income.

Minority-Owned Business: Yes Woman-Owned Business: No Veteran-Owned Business: No

#### Use of Funds

The proposed expansion project includes purchasing removable equipment suitable for outfitting a larger production facility. With a larger production space, business will be able to produce more ice cream and therefore will have capacity to fulfill wholesale requests they have been forced to reject due to already being at max capacity with COVID space restrictions. Increased production capacity will allow business to hire more employees, and sell more product. Being able to wholesale ice cream will allow business to continue operations even if they are forced to close our retail establishment due to COVID restrictions. In the event of a closure due to COVID, the wholesale business will continue selling to grocery stores, gas stations, etc.

#### CDBG Underwriting

**Project Costs** – Applicant will use grant funds for purchasing equipment within 120 days of grant agreement execution. Documentation of business-related costs will be required prior to disbursement and must be eligible and reasonable.

**Commitment of Other Sources of Funds** – None required. Applicant is using own funds to repay an EIDL loan that is also supporting the project.

**No Substitution of CDBG Funds for Non-Federal Funds** – There are no other non-federal grant sources available to assist in post-COVID business restoration costs.

**Financial Feasibility** – The business has seen strong growth despite the challenges of COVID. CDBG grant funds will allow business to regain capacity by addressing space restrictions and creating a new wholesale model through continuing COVID volatility. With this assistance, the business appears to be financially sound going forward.

**Reasonable Return on Equity** – There is nothing in the company's historical operating performance that suggests that the proposed grant would produce an unreasonable return on equity or result in profitability substantially in excess of industry standards.

**Pro Rata Disbursement of CDBG Funds** – No matching funds are required. Documentation of all project expenditures will be required prior to the disbursement of CDBG funds.

#### Connection to Coronavirus

Per Ulster County's application to the CDBG-CV program, the proposed project meets the following program goals:

- Support of Sole proprietor business that meets LMI qualifications
- Investment in equipment to grow business and establish wholesale operation
- Expenses related to buying equipment to have COVID safe operation

#### Recommendation

Applicant can be conditionally approved for a grant of up to \$35,000 based on being a Microenterprise with a low-moderate income owner. Based on eligible expenses, the maximum allowable grant award could be \$35,000