

GROW NEW YORK'S ENTERPRISE PROGRAM

Helping Agri-Businesses Grow in New York State



1. Business/Community Information

Business Contact Information

Name: _____ Title: _____

Organization: _____

Address: _____

_____ NY Zip Code _____

Telephone: _____ Fax: _____

E-mail: _____

Applicant Community Contact Information

Name: _____ Title: _____

Organization: _____

Address: _____

_____ NY Zip Code _____

Telephone: _____ Fax: _____

E-mail: _____

2. Description of Business(es) to be assisted or other end user.

Name of Business(es) _____

Describe the Business _____

List the current location(s) of the business(es) and the current number of employees.

1. _____

2. _____

3. _____

4. _____

Number of years in operation _____

3. Project Description

Project Location: County _____ City/Town/Village _____

Describe the proposed project and the nature of need of the business.

4. Public Benefit

Provide the following information regarding number of jobs to be created:

	Year 1	Year 2	Year 3	Total
Job Creation				

5. Project Financing

Complete the following table including the use of funds and the source of funds.

Uses of Funds	Sources of Funds...				Total
	Grow NY	Equity	Lender	Other	
TOTAL					

Submit to: Scott Collins scott.collins@agmkt.state.ny.us FAX: 518-457-2716
 NYS Dept. of Agriculture & Markets, Attn: Scott Collins, 1 Winners Circle, Albany, NY 12235