



RMAP Technical Assistance Grant Program

Wentworth Economic Development Corporation, Inc. (WEDCO)
P.O. Box 641, 15 Varney Road, Wolfeboro, NH 03894
Phone: (603) 569-4216 Email: TAgrant@wedco-nh.org

General Information

The U.S. Department of Agriculture Rural Development (USDA-RD), through their Rural Microentrepreneur* Assistance Program (RMAP), has made available to the Wentworth Economic Development Corporation, Inc. (WEDCO) resources designated as grant funds for enhanced business Technical Assistance (TA) in southern Carroll County and northern Strafford County.

***Note: RMAP defines a Microentrepreneur as a business with 10 or fewer full-time employees**

The following application is intended to give structure and process to the disbursement of these funds.

Program Goals

- Provide business technical assistance for businesses and entrepreneurs in support of their start-up or existing businesses. Please see list of "Eligible Requests" below.
- Benefit businesses and providers of technical assistance services located within our area

Eligible Requests* (\$2,500.00 Maximum Request)

Eligible RMAP TA grant requests may include, but are not limited to:

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- QuickBooks software, setup, training, support
- Website design and development
- Online marketing services, training
- Workshops, webinars, etc.

Additional items will be considered dependent on USDA-RD approval.

***Note: All Technical Assistance Grants require a minimum of 15% cash match by applicant**

Evaluation Criteria

Applications will be evaluated based on the quality and content of the project narrative, budget, and work plan. Submissions should focus on how this grant would assist the business achieve its goals as described in the narrative, as well as the sustainability and projected growth associated with these granted funds.

SBDC Assistance (www.nhsbdb.org)

WEDCO maintains a partnership with the NH Small Business Development Center (SBDC), and requires awardees to log a predetermined amount of TA hours by either meeting with a SBDC Business Advisor, participating in webinars, e-courses and/or by attending WEDCO sponsored workshops and trainings. Contact the SBDC by calling their office at UNH at 603-862-5221 to start the enrollment process. You will be given the name of the advisor assigned to you. Please indicate below the name of your advisor and the date(s) of your initial contact:

SBDC Advisor: _____

Appointment Date: _____

Key Dates

This program has a rolling application process and applications will be evaluated on a first come, first served basis. Funding for this program is contingent on number of requests receive and annual availability from USDA-RD.

Business Information

If you need assistance, please email Rosemary Lounsbury at TAgrant@wedco-nh.org

Part A: BUSINESS INFORMATION

REGISTERED Name of Business (as filed with NH Secretary of State)

Primary Business Activity

Legal Structure (check one):

____ Sole Proprietor ____ Corporation (S or C) ____ Limited Liability Company (LLC)
____ Limited Partnership (LP) ____ Limited Liability Partnership (LLP)

State Incorporated or Registered _____ Month/Year Established _____

Employer Identification Number (EIN) _____

Physical / Street Address City State Zip County

Mailing Address (if different) City State Zip County

Owner Phone (____) _____

Email Website / Facebook

Grant Amount Requested (\$2,500 Max.): \$ _____

Grant Cash Match (15% Minimum): \$ _____

How many employees, including the owners, does the business have now?

full time* _____ part time** _____

Do you expect to hire additional employees due to this grant?

full time* _____ part time** _____

* Full time equals 30.5 hours or more a week ** part time equals less than 30.5 hour/week

Part B: DEMOGRAPHIC INFORMATION (Optional)

The following information is requested by the Federal Government in order to monitor the Lender's compliance with the Equal Credit Opportunity Act. You are **not** required to furnish this information, but are encouraged to do so.

The law requires that the Lender may neither discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Lender is required to note race and sex on the basis of visual observation or surname.

Business Owner: ___ I do not wish to furnish this information

_____ Female ___ Male _____ Age _____ % Ownership

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: _____ American Indian/Alaskan Native _____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White _____ Other

Veteran Status: _____ Non-Vet _____ Vietnam Era _____ Other Vet

Business Owner: ___ I do not wish to furnish this information

_____ Female ___ Male _____ Age _____ % Ownership

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: _____ American Indian/Alaskan Native _____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White _____ Other

Veteran Status: _____ Non-Vet _____ Vietnam Era _____ Other Vet

Grant Application Narrative Requirements (up to four pages)

Narrative: Describe the needs of your business and how this grant would impact your company. Include any data you deem appropriate. Tell the story of who you are and what you do

Work Plan: Describe the work plan you will implement to address the need(s) identified above, as well as a timeline for your proposed work. Please provide an estimate of the Begin and End dates of your project. Include any diagrams, designs, or renditions of proposed project

Project Budget: Show an itemized list of items and/or services that would be purchased with this grant money

Important Note: When the grant application package is complete, send a single PDF file to Rosemary Lounsbury at TAgrant@wedco-nh.org

Note: WEDCO reserves the right to use the name, logo, or any image of successful applicants in future promotional and informational material

Undersigned hereby certifies that the enclosed application information including all attachments, exhibits, schedules, and supporting documents are valid, accurate and complete as of the stated date(s). False statements may result in the forfeiture of benefits.

If applicant is a **Corporation, LLC, LP, or LLP**, sign below:

Name of Company: _____

Name and Title of Company Officer (please print): _____

Signature of Company Officer: _____

Date: _____

If applicant is an/are **Individual(s)**, sign below:

Primary Applicant:

Name (please print): _____

Signature: _____

Date: _____

Co-applicant:

Name (please print): _____

Signature: _____

Date: _____

SERVICE AGREEMENT

WEDCO, the Wentworth Economic Development Corp., Inc., has received funding from the NH Community Development Finance Authority (CDFA) to provide technical assistance to businesses in our region. In order to be in compliance with the requirements of these funds, we need to document the services you request and we agree to provide.

1. **SCOPE OF SERVICE:** WEDCO offers the following services to businesses in their region, please indicate what services your business needs:

- Technical Assistance, Business Plan, Budgeting, etc.
- Grants, Loans, other finance options
- Acquisition, Expansion, Relocation
- Marketing
- Workforce Development, Training, etc.
- Other (please identify) _____

2. **BUSINESS RESPONSIBILITIES:** The Business agrees to work cooperatively with WEDCO to accomplish the Technical Assistance activity, including providing WEDCO with any necessary data and financial information necessary to provide the service(s) needed.

If you plan to hire any new employees as a result of the activities provided, please indicate the number of new employees you anticipate (if any): _____

3. **COST:** Business technical assistance is provided by WEDCO at no cost to the business. WEDCO will be reimbursed by the NH CDFA for the time spent providing these services to your business.

IN WITNESS WHEREOF, WEDCO and the Business have executed this agreement as of the date and year last written below.

WEDCO

By: _____	_____
Title: <u>Executive Director</u>	Business Name
Date: _____	By: _____
	Title: _____
	Date: _____

WEDCO: Estimated number of hours to provide above services: _____

CBDG ED BUSINESS TECHNICAL ASSISTANCE

WEDCO's mission is to promote and support businesses and the creation of employment opportunities by providing development assistance and financing.