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 technical assistance for businesses and entrepreneurs in support of their start-up or existing businesses. Please see list of “Eligible Requests” below.
● Utilize technical assistance service providers located within our area

Eligible Requests* ($2,500.00 Maximum Request)
Eligible RMAP TA grant requests may include, but are not limited to:
● 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: ____________________________
Date(s): ____________________________

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 **

The following information is requested by the Federal Government in order to monitor WEDCO’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 WEDCO is required to note race and sex on the basis of visual observation or surname.

Applicant:

____ American Indian/Alaskan Native  Ethnicity:  
____ Asian  ____ Hispanic or Latino  
____ Black or African American  ____ Not Hispanic or Latino  
____ Native Hawaiian or other Pacific Islander  
____ White  
____ Other  

Sex:  
____ Male  ____ Female  

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

☐ I do not wish to furnish this information

Co-Applicant:

____ American Indian/Alaskan Native  Ethnicity:  
____ Asian  ____ Hispanic or Latino  
____ Black or African American  ____ Not Hispanic or Latino  
____ Native Hawaiian or other Pacific Islander  
____ White  
____ Other  

Sex:  
____ Male  ____ Female  

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

☐ I do not wish to furnish this information
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 TAgant@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): ____________________________ Ownership % ___

Signature: ____________________________

Date: ____________________________

**Co-applicant:**

Name (please print): ____________________________ Ownership % ___

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.
   ___ X_ 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.

WEDCO

By: __________________________ By: __________________________

Title: Executive Director

Date: __________________________ 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.*

www.WEDCO-NH.org   www.facebook.com/WEDCONH