



Interest Form: Frontier Harvest Fund

Adirondack Frontier Small Business Program

The Franklin County Economic Development Corporation (FCEDC) is partnering with Franklin County to seek funding to support small farms, value-added producers, and agritourism businesses that will directly grow Franklin County's agriculture sector. This program is geared towards small businesses that provide food products, other consumable products such as flowers and soaps, and services such as workshops and events. Funds can be used for the following:

- Equipment
- Furniture
- Fixtures
- Inventory (including livestock & milch animals)
- Salaries
- Hardware & Software
- Marketing
- Reimbursement of the cost to attend the required entrepreneurial training program

Businesses that could be eligible if funding is awarded to Franklin County must meet the following criteria:

- Be a startup, new or existing private for-profit business entity, corporation, partnership, or sole proprietorship
- Have a planned or existing business located in Franklin County
- Have 5 or fewer employees, including business owner(s)
- Create at least one full-time equivalent position that is taken by or made available to someone from a low-to-moderate income (LMI) household OR the owner of the business must be from an LMI household.
- The applicant must provide a minimum 10% cash equity.
- Complete a mandatory, State approved, entrepreneurial training program

Interested businesses should complete this form to show interest, project readiness, and eligibility towards a funding application by FCEDC. The form is due **May 16, 2025 at 5 PM**. *Please return this form to FCEDC at help@adirondackfrontier.com or 360 W Main St, Malone, NY 12953.*

For questions, please contact Rachel Child, Community Development Manager, at rachel@adirondackfrontier.com or 518-481-8211.

Is your business a start-up business, new business or established business? *

- Start-up business (not yet created or less than 6 months in operation)
- New business (6 months - 1 year)
- Established Business

Is your business already located in or will it be located in Franklin County? *

- Yes
- No

Name *

First Name

Last Name

Business Name

Business Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Email *

example@example.com

Phone Number *

Please enter a valid phone number.

Household Information

Can you contribute at least 10% of the total project cost (cannot be in the form of debt)? *

Yes

No

This is a reimbursement grant program. Are you able to provide funds for project expenses and then await reimbursement? *

Yes

No

What is your household size (based on your most recent tax return)? *

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9+

What is your household adjusted gross income (line 11 of your most recent tax return)? *

Business Information

Type of Business *

- Start-up
- Corporation/LLC
- Partnership
- Sole Proprietorship

Does your business have or intend to have less than 5 employees (including owners)? Please exclude employees that have a different principal occupation. *

- Yes Only businesses with less than 5 full-time equivalent (40 hours/week) employees (including owners) are eligible. Multiple part-time employees can equal one full-time equivalent
- No

Please enter the number of full-time employees you have or intend to have:

Full-time employees work at least 35 hours/week.

Please enter the number of part-time employees you have or intend to have:

Please exclude seasonal employees that have a different principal occupation (i.e. another job where they work the majority of hours during the year). For students, their principal occupation is considered the job they work the majority of hours, not their studies.

Do you intend to create new jobs? *

- Yes
- No

Please enter the number of full-time jobs you would be able to create:

Full-time employees work at least 35 hours/week.

Please enter the number of part-time jobs you would be able to create:

Ownership Information

	Owner Names	% Ownership
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

Business Information: Please describe the nature and history of your business, including the products or services offered. For new businesses, please briefly describe your planned business. *

Project Information

What would you use grant funding for (Note: construction is NOT eligible)?

- Equipment
- Furniture
- Fixtures
- Inventory
- Salaries
- Hardware & Software
- Marketing

Please explain in more detail what grant funds will be used for (NOTE: construction is NOT eligible): *

Approximate Total Project Cost *

\$

How much do you have available for the project and what are the sources? *

Acknowledgement

This form is being submitted to show interest, project readiness, and eligibility towards a funding application by Franklin County and FCEDC. I understand that submitting this form does not guarantee my project is eligible nor does it guarantee funding assistance will be provided. I understand that additional documentation will be required and further commitment provided to FCEDC if Franklin County is awarded NYS funding. I certify that all information in this form is true to the best of my knowledge and any changes to this information could impact my eligibility for this program.

Date

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Month Day Year

Signature