ONONDAGA COUNTY COVID-19 BRIDGE LOAN APPLICATION

The Onondaga County Office of Economic Development has created a temporary bridge loan program to assist businesses impacted by COVID-19. The goal of this program is to enable as many Onondaga County businesses as possible to survive until their SBA loan closes. Within seven (7) days from closing their SBA loan, businesses will be required to pay back the money obtained through the Onondaga County COVID-19 Bridge Loan Program.

I. APPLICANT INFORMATION		
Name:	Title:	Phone:
Street Address:		
City:	State:	Zip:
Driver License State:	Driver License ID Number:	

II. BUSINESS INFORMATION		
Business Name (Include DBA):		EIN:
Business Street Address:		
City:	State:	Zip:
Email:	Website:	
Industry: ☐Essential ☐Non-Essential (If unsure, see https://esd.ny.gov/guidance-executive-order-2026)		
Entity Type: ☐C-Corp ☐S-Corp ☐LLC ☐Partnership ☐Sole Proprietorship ☐Nonprofit ☐Other		

Business Ownership: (Additional pages at end of application for additional owners. Total ownership must equal 100%. All owners will be required to guaranty the loan.)

Name: Address: City: State: Zip: Phone: Percentage of Ownership:	Name: Address: City: State: Zip: Phone: Percentage of Ownership:	Name: Address: City: State: Zip: Phone: Percentage of Ownership:

Brief Description of Business:		
Year Business Established:	Owner (Optional): ☐Minority ☐Woman ☐Veteran ☐Living with Disability	
Current Full-Time Employees:	Current Part-Time Employees:	Total Employees:

III. SBA LOAN INFORMATION

1. Has the business applied for U.S. Small Business Association ("SBA") Disaster Loan Assistance due to the COVID-19 pandemic?
   ☐ Yes ☐ No
2. If the answer to Question 1 above is "yes," please attach a copy of the submitted SBA loan form to this application.

IV. COVID-19 BRIDGE LOAN INFORMATION

1. COVID-19 Bridge Loan amount requested: $ _____

This amount should reflect the capital required to pay for qualifying costs of the business until its SBA loan will close. Qualifying costs include rent, utilities, salaries of employees, working capital needs and other expenses to maintain your business. Costs that do not qualify include, but are not limited to, personal taxes, bonuses, business trips, owner salaries/draws, as well as any personal or discretionary expense.

2. Please describe the business loss/hardship as a result of COVID-19 (attach additional pages if necessary):

3. Please provide the business plan for recovering from COVID-19 (attach additional pages if necessary):

4. Please describe the use of COVID-19 Bridge Loan funds (attach additional pages if necessary):

V. COMPANY CERTIFICATION

The undersigned authorized representative of the Company (as described in Section II above) hereby certifies, on behalf of the Company, as follows:

A. The information contained in this application is true and correct. The Company is aware that any material misrepresentation made in this application constitutes an act of fraud, resulting in termination of participation and require repayment in full of the Onondaga County COVID-19 Bridge Loan Program
B. The Company understands the terms and conditions of the program noted above.
C. The Company, all officers and owners are current and will remain current throughout the term of this agreement, on all real property, federal, state, sales, income and withholding taxes.
D. The Company will maintain its headquarters at a nonresidential address in Onondaga County.
E. If a company has received a loan, the Company must pay the total amount in full within seven (7) business days from the date that its SBA loan closes.
F. The Company understands qualification for participation in the program is to be determined by Onondaga County in its sole discretion.
G. The Company certifies the use of proceeds is for business purposes as described above.
H. The Company agrees all owners of the business will guarantee the loan.

IN WITNESS WHEREOF, the undersigned has executed this company's certificate as of this date:

Date: _____ Company/Business Name: _____

Signature: _____
Print Name:
Print Title:

Please mail original application with original signatures to:

Onondaga County
Office of Economic Development
Attn: COVID-19 Bridge Loan
333 W. Washington Street, Suite 130
Syracuse, New York 13202

Please email an electronic copy of your application to:

OCEDBridgeLoan@ongov.net

ADDITIONAL BUSINESS OWNERSHIP INFORMATION		
Name:		Phone:
Street Address:		
City:	State:	Zip:
Percentage of Ownership:		
Name:		Phone:
Street Address:		
City:	State:	Zip:
Percentage of Ownership:		
Name:		Phone:
Street Address:		
City:	State:	Zip:
Percentage of Ownership:		
Name:		Phone:
Street Address:		
City:	State:	Zip:
Percentage of Ownership:		
Name:		Phone:
Street Address:		
City:	State:	Zip:
Percentage of Ownership:		

Guidance on the Onondaga County COVID-19 Bridge Loan Application

1. The amount requested by each business should be $25,000 or less
2. If possible, the business should have submitted an SBA Express Loan Application. Here is the link to apply:
    a. https://www.sba.gov/partners/lenders/7a-loan-program/pilot-loan-programs#section-header-8
3. The business must have submitted an SBA Loan Application. Here is the link to apply:
    a. https://disasterloan.sba.gov/ela
4. The business must be located in Onondaga County
5. The business must utilize the funds requested for the same purposes outlined in their SBA loan application.
6. 0% Interest Rate