Item #3.3 Approval of COVID-19 Disaster Emergency Grant Applications

May 2021 Grant Applicants

				Grant Amount					
Business Name	Address	City	Туре	Requested	Dist	MBE	VET	WBE	Use of grant funds
Alleyway Theatre, Inc.	1 Curtain Up Alley	Buffalo	Not for Profit	\$10,000.00	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
BEAM Buffalo Area Engineering Awareness for Minorities	P.O. Box 162	Buffalo	Not for Profit	\$1,217.14	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Buffalo Niagara Convention	403 Main								Purchase of PPE and Installation of
& Visitors Bureau, Inc.	Street	Buffalo	Not for Profit	\$2,987.40	Yes	No	No	No	Fixtures
Buffalo Niagara Convention Center Management Corporation	One Convention Center Plaza	Buffalo	Not for Profit	\$10,000.00	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Central Terminal Restoration Corp.	495 Paderewski Drive	Buffalo	Not for Profit	\$1,027.84	Yes	No	No	No	Purchase of PPE only
D&M Refrigeration, Inc.	1340 William Street	Buffalo	Retail	\$10,000.00	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
	107 Lathrop								Purchase of PPE and Installation of
Jos. A. Sanders & Sons, Inc.	Street	Buffalo	Construction	\$4,625.75	Yes	No	No	Yes	Fixtures
Niagara Lubricant Company Inc.	1057 E. Delavan Ave.	Buffalo	Manufacturing	\$9,234.00	Yes	No	Yes	No	Purchase of PPE only
Ricotta & Ricotta Inc. dba	4264 N.	Orchard							Purchase of PPE and Installation of
Mangia Ristorante & Caffe'	Buffalo Road	Park	Retail	\$10,000.00	No	No	Yes	No	Fixtures
Roach, Lennon & Brown,	535 Washington	D#f-1-	11	£2 204 67	м	M	N		Purchase of PPE and Installation of
PLLC	St	Buffalo	Legal	\$3,381.07	Yes	No	No	No	Fixtures
Surianello General Concrete Contractor, Inc.	635 Wyoming Avenue	Buffalo	Construction	\$3,809.93	Yes	No	No	No	Purchase of PPE only
contractor, me.	1801 Grand Island	Grand	COTISH UCLION	49,009.33	163	NO	IVO	140	Purchase of PPE and Installation of
The Mog Inc.	Boulevard	Island	Health Care	\$3,482.83	Yes	No	No	No	Fixtures

\$69,765.96

COVID 19 Disaster Emergency Grants Approved Sept 2020 – April 2021

Approval				
Date	Business Name	City	Business Type	Grant Amt
9/23/2020	A1 Express Inc.	Buffalo	Service	4,619.35
9/23/2020	ABC Learn and Play 2, Inc.	Buffalo	Service	9,087.92
9/23/2020	Arts Services Initiative of WNY, Inc.	Buffalo	Not for Profit	1,582.52
9/23/2020	Black Rock Historical Society	Buffalo	Not for Profit	1,264.50
9/23/2020	Explore Buffalo Inc.	Buffalo	Not for Profit	9,626.00
9/23/2020	Kirchmyer & Goode Physical Therapists, P.C.	West Seneca	Health Care	4,791.83
9/23/2020	MidCity Office	Buffalo	Service	6,168.49
9/23/2020	Peaceprints of WNY	Buffalo	Not for Profit	7,046.86
9/23/2020	Theodore Roosevelt Inaugural Site Foundation	Buffalo	Not for Profit	4,498.00
10/28/2020	Amy Lynn's Dance Studio	Orchard Park	Retail	5,331.87
10/28/2020	Beyond Boundaries Therapy For Kids	Hamburg	Service	1,328.28
	Buffalo & Erie County Botanical Gardens			
10/28/2020	Society	Buffalo	Not for Profit	3,107.70
10/28/2020	Buffalo Center for Arts and Technology, Inc.	Buffalo	Not for Profit	5,474.36
10/28/2020	Buffalo String Works, Inc.	Buffalo	Not for Profit	1,685.82
10/28/2020	Children First Christian Childcare & Preschool	West Seneca	Service	10,000.00
10/28/2020	Computer SOS, Inc.	Buffalo	Service	7,195.65
10/28/2020	Eclips Hair Salon, Inc.	West Seneca	Service	1,742.10
10/28/2020	Explore & More Children's Museum	Buffalo	Not for Profit	9,846.00
10/28/2020	Martin House Restoration Corp.	Buffalo	Not for Profit	8,660.13
10/28/2020	Safe Mobility Service Rides, LLC	West Seneca	Service	2,192.51
10/28/2020	Trace Assets Protection Service LLC	Buffalo	Service	1,232.37
10/28/2020	USA Occupational Services	Buffalo	Service	1,000.00
10/28/2020	West Side Community Services, Inc.	Buffalo	Not for Profit	1,776.97
10/28/2020	Western New York Book Arts Collaborative, Inc.	Buffalo	Not for Profit	2,396.20
11/18/2020	110 Moreland Street, Inc.	Buffalo	Hospitality/Tourism	10,000.00
11/18/2020	716 Limousine LLC	Buffalo	Service	6,627.63
11/18/2020	Babz BBQ	Akron	Retail	5,033.84
11/18/2020	Bikeorbar LLC	Buffalo	Service	10,000.00
11/18/2020	Buffalo & Erie County Naval & Military Park	Buffalo	Not for Profit	5,481.05
11/18/2020	Buffalo Girlchoir	Buffalo	Not for Profit	1,223.06
11/18/2020	Buffalo Pediatric Associates, LLC.	Buffalo	Health Care	10,000.00
11/18/2020	C&R Housing	Buffalo	Construction	6,904.12
11/18/2020	Computers for Children (aka Mission Ignite)	Buffalo	Not for Profit	8,999.82
11/18/2020	Dasa Properties LLC	Buffalo	Real Estate	10,000.00
	Gerard Place Housing Development Fund	A DESCRIPTION		
11/18/2020	Company	Buffalo	Not for Profit	10,000.00
11/18/2020	Great Expectations Child Care Center, Inc.	West Seneca	Service	3,610.56
11/18/2020	La Casa De Nacho Inc.	Buffalo	Retail	9,764.00
11/18/2020	Little Spanish Garden LLC	Cheektowaga	Service	10,000.00

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11/18/2020	Nurse Practitioner Adult Health P.C.	Buffalo	Health Care	10,000.00
11/18/2020	Schutte-Buffalo Hammermill	Buffalo	Manufacturing	10,000.00
11/18/2020	Weaver Metal & Roofing, Inc.	Buffalo	Construction	8,584.77
12/16/2020	Burden, Hafner & Hansen, LLC	Buffalo	Legal	10,000.00
12/16/2020	EPIC - Every Person Influences Children, Inc.	Buffalo	Not for Profit	4,166.48
12/16/2020	Erin L. Reukauf dba Lyfe Beauty & Mind	Orchard Park	Service	7,805.22
12/16/2020	Gordon A. Kent, D.M.D., PC (Smile Center)	Cheektowaga	Health Care	10,000.00
12/16/2020	Manna Culinary Group	Buffalo	Retail	7,850.00
12/16/2020	Neill & Strong	Alden	Legal	2,029.60
12/16/2020	Rappold Family Dentistry, PC	Cheektowaga	Health Care	10,000.00
12/16/2020	Rec Room Holdings, LLC	Buffalo	Retail	8,642.51
12/16/2020	Salon 716 NY, LLC	Kenmore	Service	9,975.79
12/16/2020	Sheridan Medical Group	Tonawanda	Health Care	10,000.00
12/16/2020	SowFit Buffalo dba PBnJ Enterprises	Buffalo	Service	10,000.00
12/16/2020	Susan E. Bennett PT PC	Kenmore	Health Care	10,000.00
	Tammy Perison, DDS Family & Cosmetic Dental			
12/16/2020	Care	West Seneca	Health Care	10,000.00
	The Igloo WNY LLC dba The Black Sheep			
12/16/2020	Restaurant & Bar	Buffalo	Retail	4,098.41
12/16/2020	The Intersection Cafe, Inc. dba The Intersection	Buffalo	Retail	4,462.31
12/16/2020	Tremetris Nance dba Nance Nelson's Enterprise	Buffalo	Service	5,304.22
1/27/2021	A&B Heritage Inc. dba ASI Signage Innovations	Grand Island	Advanced Manufact	2,285.58
1/27/2021	A-Kleen Windows Inc.	Grand Island	Service	3,456.70
1/27/2021	Cold Narly Generation	Buffalo	Service	4,426.00
1/27/2021	Le Nails	Derby	Service	5,912.00
1/27/2021	Local Honey Beauty Hive	Buffalo	Service	6,041.00
1/27/2021	Mental Health Association of Erie County	Buffalo	Not for Profit	2,560.24
	Parent Network of NYS 1 dba Parent Network	- 65 1		
1/27/2021	of WNY	Buffalo	Not for Profit	2,428.93
1/27/2021	Thin Man Brewery	Buffalo	Advanced Manufact	10,000.00
2/24/2021	Be Fit Fitness, Inc.	Lackawanna	Service	7,883.57
2/24/2021	Duffela Class Black Commons	Duffala	Warehouse	4.024.12
2/24/2021	Buffalo Glass Block Company Buffalo River Fest Park, LLC / Valley Community	Buffalo	Distribution	4,034.13
2/24/2021	Association Inc. Sole Member	Buffalo	Not for Profit	8,938.71
2/24/2021	Fika Midwifery PLLC	Buffalo	Health Care	9,786.67
2/24/2021	Greco Trapp, PLLC	Buffalo	Service	7,182.19
2/24/2021	Sherri's Little Angels Inc.	Buffalo	Service	4,743.70
3/24/2021	Buffalo Society of Natural Sciences	Buffalo	Not for Profit	10,000.00
3/24/2021	DawJ, LLC dba The Oakk Room	Buffalo	Retail	4,790.03
3/24/2021	Flax's Barber Shop	Buffalo	Service	6,492.60
3/2-1/2021	Flax's Gold Buyer	Buffalo	Retail	6,116.94

COVID 19 Disaster Emergency Grants Approved Sept 2020 – April 2021

3/24/2021	Heidi I. Jones Attorney & Consultant	Buffalo	Legal	5,687.12
3/24/2021	Kiddy Skateland, LLC	Buffalo	Service	10,000.00
3/24/2021	Limousine Acquisition Company, LLC dba Buffalo Limousine	Buffalo	Service	4,589.37
3/24/2021	Prime Care Transportation Inc.	Buffalo	Service	5,503.50
3/24/2021	Print2Web	Buffalo	Service	1,455.24
3/24/2021	Tappo of Buffalo, LLC	Buffalo	Retail	10,000.00
3/24/2021	Tappo Pizza, LLC	Buffalo	Retail	6,597.80
4/28/2021	Buffalo City Swim Racers	Buffalo	Not for Profit	8,980.37
4/28/2021	Buffalo Collegiate Charter School	Buffalo	Not for Profit	10,000.00
4/28/2021	Buffalo Film Works	Buffalo	Service	10,000.00
4/28/2021	Center for Exploratory and Perceptual Arts, Inc.	Buffalo	Not for Profit	4,431.76
4/28/2021	Country Club Catering of WNY Inc.	Derby	Retail	2,250.00
4/28/2021	ECMC Foundation, Inc.	Buffalo	Not for Profit	2,421.43
4/28/2021	Fostering Greatness Inc.	Buffalo	Not for Profit	9,090.08
4/28/2021	Kleinhan's Music Hall	Buffalo	Not for Profit	10,000.00
4/28/2021	Pappy Martin Legacy Jazz Collective	Buffalo	Not for Profit	9,794.44
4/28/2021	Trend Setters Beauty Salon	Grand Island	Service	3,870.96
4/28/2021	Young Audiences of Western New York	Buffalo	Not for Profit	3,953.61
				597,923.49

Grant Application Overview

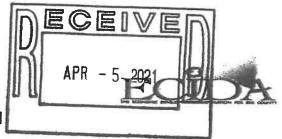
May 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
		Highly Distressed	
Alleyway Theater, Inc.	\$10,000	Area	Recommended for Funding

Synopsis:

Alleyway Theater, Inc. (hereafter Alleyway) is a non-profit corporation, founded in September 1980, located in the heart of Buffalo's historic Theatre District. The company is steadfastly dedicated to the development and production of new plays and musicals and makes its home in a beautifully renovated 33,000 sq. ft. former bus depot. The company offers a continuous season of live stage plays and musicals in its intimate, convertible theatre each September through May, the fifth longest running U.S. production of A CHRISTMAS CAROL, and special events throughout the year. The corporation provides theatre education to adults and students through its Theatre School of WNY.

Alleyway has been negatively impacted by the NYS disaster declaration and conditions resulting from the coronavirus pandemic. Alleyway was forced to transition to all digital productions to keep its actors working and earn revenue the support the theater operation. Although well received, the pivot resulted in a 77% reduction in sales. The organization has lost 91% of rental income from its second performance space. Alleyway has been forced to eliminate positions and cut remaining staff hours to reduce expenses. Alleyway is planning to reopen to in person performances and is seeking funding assistance from the ECIDA for PPE/fixture (air filters, masks, touchless fixtures, partitions, disinfectant, etc.) expenditures to open safely and prevent the community spread of covid.



Thank you for your interest in the **Erie County Industrial Development Agency's Disaster Emergency Grant Program** to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COMP	ANY INFORMATION							
1.	Applicant Legal Name:	Alleyway Theatre	e, Inc.		4.			
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	1 Curtain Up Alle Buffalo, NY 1420	ey	,				
3.	Legal Structure: □ C-Corp. □ S-Corp □ LLC □ General Partnership □ Limited Partnership □ Sole Proprietorship ☒ Not-for-Profit							
4.	Applicant Contact Name:	Robyn Lee Horn		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon			
5.	Contact Phone Number:	917-885-6094 x 202	Contact	Email Address:	rhorn@alleyway.com	to the state of the same of th		
6.	Type of Business:	Please Describe	Nonprofit p	professional theatre	company	TOTAL TO SERVICE A SERVICE		
7.	Please submit a completed W- schedules or a 2019 CPA Audit Balance Sheet.	9, a signed copy of ted Financial State	of the orga ment and	enization's 2019 2020 year-to-c	date Profit & Loss Stat	ement and		
					X AT	TACHED		
8.	Number of years in business in	Erie County				_40		
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.							
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): Minority-Owned Woman-Owned Veteran-Owned							
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable							
12.	What share of the company's product or service is sold within Erie County:							
13.	Miscellaneous Questions:							



	to tes laine	litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	
	¹□ Yes ՃNo	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	□ Yes ⊠ No	Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
	□ Yes AX No	Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	Pes X No	Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?	
	□ Yes ⋈ No	Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?	
	□ Yes ሺ No	Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$	
	□ Yes ⋈ No	Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	
	□ Yes ⊠ No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
	(0)	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? ASI - Arts Services, Inc.	
14.	Qualifying	Questions:	
	ox Yes □ No	ls the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
	⊠ Yes □ No	Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
	⊠ Yes □ No	Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)	
	□ Yes 🛛 No	Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	ox Yes □ No	Was the Applicant in business prior to March 7, 2020?	
	ox Yes □ No	Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
	□ Yes ⊠ No	Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?	
	⊠ Yes □ No	Has the Applicant been negatively impacted by the COVID-19 Pandemic?	



	Manuation				
15.	A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase. B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if any limit).				
	explanation of how it will be used (if applicable). C. Provide a narrative to include: how your organization has been negatively affected by the State disaster emergency, why the funds are necessary, the applicant's ties to the community and the impact of your work/service in Erie County.				
	(attach separate sheet if more room is needed)				
	See attached purchase summary and narrative.				
	t .				
	i				



EMPLO	DYMENT INFORMATION			et volgere et liget Light verschilder et
Existin constit	ng Jobs — A full-time equivalent job equals any combination of tw tute the equivalent of a job of at least 35 hours per week.	vo or more part-time	jobs that, whe	en combined,
16.	Indicate how many existing full-time equivalent jobs the Appendic employ as of the date of application.	olicant and its related	entities	2
Grant	Request Budget	7		7000
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	ary)	For FUTURE PPE/Fixtures you plan to purchase — list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Ste Allached Budget		Copics	
	Total Vendor Expense GRANT REQUESTED (grant will be calculated by multiplying elements)	ligible costs x 90%)	\$	\$
18.	CERTIFICATION RobynHorn being dulted that the guestions and answers contained in the forgoing applied full and complete information in of my knowledge, information and belief; and that all informations and that false statements or intentional omissions may verification process may have an adverse consequence to my industrial Development Agency. In addition, I acknowledge that the Agency is subject to New understand that all grant information and records related to disclosure under FOIL subject to limited statutory exclusions.	Visworn, state that I'h Sation and the docum the answer to each qu ition I have supplied i ide in this Application application/supmission	rave read and ents that i has restion herein strue and corr or in connect on to the Erie	understand re attached to the best rect. I further on with the County.
Name				
wame	of Company Official Completing Worksheet: Title:	The state of the s	Date Comple	ted:
Robyn I		tor	April 1, 2021	

QUESTION 15 A

ALLEYWAY THEATRE PPE EQUIPMENT LIST

TOTAL \$11,108.95

		Quantity per	Price per	# of		
Item	Description	unit	unit	Units	Subtotal	Notes
TO BE PURCHASED						
Merv13 Air Filter	24x24x2	2 Pack	\$37.98	12	\$455.76	years of filers
Merv13 Air Filter	20x20x2	2 Pack	\$30.38	40		years of filters
					7 - , - 2 - 1 - 1	We need 2 filters, twice a year. This will provide 2
Merv13 Air Filter	16x25x2	4 Pack	\$58.88	2	\$117.76	
						Value Series Automatic Hand Sanitizer Dispenser
Sanitizer						On Freestanding Stand, Hands-Free Dispensing,
Dispensers		**	\$45.99	8	\$367.92	price via centralrestaurant.com
KN95 Mask		50/bx	\$56.00	4		Black, 5-layer, price via amazon.com
		1440				
Sanitizing Wipes		wipes/case	\$90.00	4	\$360.00	Estimate via trashcanswarehouse.com
Electric mini-tank						To provide hot water to bathrooms for proper
water heaters			\$210.00	6	\$1,260.00	hand hygiene, price via Ace Harware
						Motion sensor faucet to reduce contact and
Auto Faucet			\$300.00	4	\$1,200.00	promote hand hygiene, price via Home Depot
						Motion sensor toilet flush mechenasim to reduce
Auto Flush			\$500.00	7	\$3,500.00	contact and promote hand hygiene, price via
Sanitizer	Gallon		\$25.00	8	\$200.00	
Auto Soap						Motion sensor soap dispenser for bathrooms to to
Dispenser			\$17.00	5	\$85.00	reduce contact and promote hand hygiene, price
Gloves	100/box		\$7.00	5	\$35.00	Vinal exam gloves, price via Walgreens
Disenfectant Spray	8 gal/carton		\$120.00	1	\$120.00	Disenfectant Spray with Bleach, prioce via quill
Soap Refills	2gal		\$18.00	5	\$90.00	Price via Quill
Mop Equipment			\$135.00	1	\$135.00	webstaurantstore.com
Liquid Sanitizer						Noble chemical disinfectant detergent cleaner,
Concentrate	2 gal/case		\$59.00	2	\$118.00	price via webstaurantstore.com
Nu-Foamicide	1gal		\$33.00	5	\$165.00	restaurantsupply.com
	36" x 72" x					
Plexiglass Sheets	.093"		\$69.98	4	\$279.92	Price via Home Depot
Polycarbonate	48" x 96" x.		A			
Sheet	.375		\$862.94	1	\$862.94	Price via interstateplastics.com
Disposable Face						
Mask		50/box	\$22.50	** 5	\$112.50	Level 1 FDA Certified Face Mask
PREVIOUSLY PU	RCHASED					
Disposable Face					-	ľ
Mask		50/box	\$ 22.50	4	\$ 90.00	Level 1 FDA Certified Face Mask
Hand Sanitizer					•	
Disinfectant	Gallon		22.99	5	114.95	



EDICA

Question 15 C

Because of our mission to develop new, innovative plays and to support the artists who make them, Alleyway Theatre leadership was driven to engage with digital theatre-making during COVID-19 closures. Since March 2020, we have produced the work of 31 playwrights and employed over 100 artists overall. However, digital theatre has not proven to be profitable. Despite excellent reviews and increased marketing, we have seen a 77% reduction in ticket sales for our fall digital programming as compared to live productions from the previous fall.

Our 33,000 square foot facility is costly to maintain, even when the theatre is dark. We have recently needed boiler repairs and next we will need to address crumbling plasterwork in the theater. During normal years, our facilities costs are offset by rentals in our second performance space. Since the start of the pandemic, we have seen a 91% reduction in rental income.

Alleyway's Executive Artistic Director and Managing Director are working full time as we continue development and digital production efforts. It was necessary to eliminate the positions of House Manager, Box Office Manager, and Company Manager, although two of the employees who filled those positions are still engaged in part-time work at Alleyway on an asneeded basis. The remaining positions of Production Manager and Technical Director have seen a significant reduction in hours.

During a standard year, ticket sales and rental income combined account for between 65%-75% of Alleyway's totally revenue. Without public support, our monthly cash shortfall would be \$7,835. However, intensified development efforts have led to a marked increase in individual and foundation support, and we are hopeful that we will be approved for the Shuttered Venue Operators Grant. We project that increased unearned income will keep our budget balanced through the fall, but that projection does not account for the significant costs of reopening safely. This grant from Erie County will play an important role in allowing Alleyway Theatre to welcome audiences safely back to our theatre.

Grant Application Overview

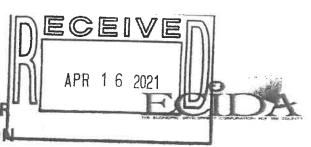
May 2021

APPLICANT	* 1.20	PROGRAM PRIORITIES	STATE RECOMMENDATION
Buffalo-Area Engineering Awareness for Minorities Inc.		Highly Distressed	
(BEAM) Synonsis:	\$1,217.14	Area	Recommended for Funding

Buffalo-Area Engineering Awareness for Minorities Inc. (hereafter BEAM) is a nonprofit organization committed to building diversity in STEM (science, technology, engineering, and math) fields by encouraging, supporting, and preparing underrepresented students in the Buffalo area to pursue a career in a STEM or technical related field. BEAM programs are targeted toward the population of minorities and young women. BEAM was founded in 1982 by a consortium of the UB School of Engineering, Linde-Union Carbide, Omega Psi Phi Fraternity and the Buffalo Public Schools. BEAM provides hands-on math, science, engineering, and technical experiences through Saturday Academies, Summer Programs, and other related activities for students in K-12th grade.

BEAM is dedicated to increasing the number of minorities and females entering engineering and technical careers and the importance in helping to provide highly skilled technical workers to these fields has never been greater.

BEAM has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus pandemic. BEAM's income, which is derived from membership, fundraising, and grants, has been significantly reduced by the pandemic. The organization was unable to hold its March Bowling fundraiser and the August Golf Tournament is in jeopardy given local COVID infection rates. BEAM was forced to move its Summer Program outdoors to allow for in-person instruction, which resulted in unbudgeted expenses. BEAM is requesting assistance from the ECIDA to offset the cost of PPE/fixture (masks, gloves, thermometer, sanitizer, canopy) expenditures necessary to protect the health and safety of participants and volunteers.



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf Please complete and return this Application along with the required documentation. Questions — contact us at 716.856.6525 x. 126

ANY INFORMATION						
Applicant Legal Name:	BEAM: Buffalo-area Engineering Awareness for Minorities					
Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	P.O.Box 162 Buffalo, NY 14205 Note: program is held at UB -South					
Legal Structure:	□ C-Corp. □S-Corp □LLC □ General Partnership □ Limited Partnership □ Sole Proprietorship ▼ Not-for-Profit					
Applicant Contact Name:	Katherine M. Heinle					
Contact Phone Number:	716-913-5737 Contact Email Address: Executivedirector@beambu	ffalo.org				
Type of Business:	Please Describe					
Please submit a completed W- schedules or a 2019 CPA Audit Balance Sheet.	9, a signed copy of the organization's 2019 Federal Tax Return in ted Financial Statement and 2020 year-to-date Profit & Loss Statement	ncluding all ement and TACHED				
Number of years in business in	7 T T T T T T T T T T T T T T T T T T T	36				
structure, including the % of ow	mership for each individual and entity owning 20% or more of the	□3: ATTACHED				
Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): Minority-Owned Woman-Owned Veteran-Owned						
Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable						
What share of the company's p	roduct or service is sold within Erie County:	100 %				
Miscellaneous Questions:		1				
	Applicant Legal Name: Applicant Address: Please note that businesses and notfor-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible. Legal Structure: Applicant Contact Name: Contact Phone Number: Type of Business: Please submit a completed W-schedules or a 2019 CPA Audit Balance Sheet. Number of years in business in Ownership: Privately held comstructure, including the % of own company. Not for Profit orgadirectors. Ownership Type: Definitions of application. Please read Appendit that apply): Minority-Owned Primary North American Indust provide at least the three-digit of What share of the company's p	Applicant Legal Name: Applicant Address: Please note that businesses and not for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible. Legal Structure: Legal Structure: C-C-Corp. S-Corp DLLC General Par Dimited Partnership Sole Proprietorship Not-fo Applicant Contact Name: Katherine M. Heinle Contact Phone Number: 716-913-5737 Contact Email Address: Executive director@beamburg Type of Business: Please Describe Not-for-profit: K-12 education progra. Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return in schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss State Balance Sheet. E AT Number of years in business in Eric County Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): Minority-Owned Woman-Owned Veteran-Owned Veteran-Owned Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable				



	□ Yes ☑ No	o is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	** ***
	□ Yes 😡 No	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	□Yes ⊠ No	o Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
	□ Yes 🗖 No	o is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	and the state of t	Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?	
	□ Yes 🗷 No	Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?	
	□ Yes ₺ No	Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$	
	□ Yes ⊋ No	Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	
	□Yes ko No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
		How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?email	
.4.	Qualifying	Questions:	
	⊋Yes □ No	ls the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
	⊋ Yes □ No	Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
	⊠ Yes □ No	Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)	
	□ Yes ₪ No	Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	® Yes □ No	Was the Applicant in business prior to March 7, 2020?	
	m Yes □ No	Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
	□ Yes ⊠ No	Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?	
	⊋ Yes □ No	Has the Applicant been negatively impacted by the COVID-19 Pandemic?	



	Narrative:	
	A. Provide a summary of all PPE equipment and fixture purchases previously purchased and	d the
	reason for their purchase.	
15.	B. Provide a summary for all future PPE and fixture purchases the entity will be making, inceptage explanation of how it will be used (if applicable).	
	C. Provide a narrative to include: how your organization has been negatively affected by the	e State
	disaster emergency, why the funds are necessary, the applicant's ties to the community	and the
	impact of your work/service in Erie County. (attach separate sheet if more room is needed)	
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15. Narrative:

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Buffalo-Area Engineering Awareness for Minorities Inc. (BEAM) is a non-profit 501(c) 3 organization, committed to building diversity in STEM (science, technology, engineering, and math) fields by encouraging, supporting, and preparing minority and underrepresented students in the Buffalo area and Erie County to pursue a career in the technical and STEM fields. BEAM is dedicated to increasing the number of minorities and females entering engineering and technical careers. The importance in assisting in an effort to provide engineers and highly skilled technical workers to these fields has never been greater. BEAM collaborates with industry leaders to provide a free quality hands-on learning to students in grades PreK-12th through Saturday Academies, BEAM Robotics, Society of Engineers Competitions and Summer Programming.

BEAM has been serving female, minority and other underrepresented students in Western New York for over 36 years. Over the course of the 36 years BEAM has offered a variety of programs including Saturday academies, summer day & overnight camps and creative building programs through a wide variety of partnerships and aboard based network of public and private companies and organizations.

- A. BEAM decide to continue in person programming for the Summer of 2020 and the Saturday Academy for the school year 2020 -2021. To adhere to CDC requirements we had to purchase tents, tables and chair for outside instruction for our 2020 Summer Program. The purchase of PPE which included Infrared thermometers, hand sanitizers, surface cleaner and masks was needed for both Summer and school year Saturday Academy programs. In the 2020 Summer program we added extra staff member to ensure for small groups and CDC compliance. For the Saturday Academy programs we needed to hire 4 additional staff members who were certified teachers that insured that CDC compliance of all participants. For the October through May Saturday Academy programs that are for grades k-12; a teacher was assigned to each room to monitor mask and distancing compliance and to sanitize workstations in between breakout sessions. The teachers allowed for the mentors to concentrate on their lessons and not adherence to CDC requirements. Teachers also help with temperature checks as participants entered the program. Lastly, our program went from group projects to individual projects that the students complete in their designated area which increase our supply budget. Our expenses increased by over \$15,000 because of these additional requirements imposed on us due to COVID-19.
- B. Supplies purchased will continue to be utilized for all programs offered and at this time we do not have to purchase any additional supplies.
- C. COVID-19 has had multiple impacts on our organization from programming to fundraising. BEAM made an effort to have in person programming through the pandemic and with the exception of December 2020 and January 2021 we were able to keep that

goal. Out of an abundance of caution we did go to a virtual model for those two months only.

While we were glad to give our students an in-person program this came with additional costs. The 2020 summer program that had 16 students attend had to be reworked and moved from inside University for Buffalo to an outdoor location. Due to the location move we were required to purchase tents, tables and chair. Other additional expenses was the purchase of PPE which included Infrared thermometers, hand sanitizers, surface cleaner and masks. To ensure the safety of our mentors and students and not take away from the engineering content we also hired additional staff who were certified teachers that insured that CDC compliance of all participants. For the October through May Saturday Academy programs that are for grades k- 12; a teacher was assigned to each room to monitor mask and distancing compliance and to sanitize work stations in between breakout sessions, The teachers allowed for the mentors to concentrate on their lessons and not adherence to CDC requirements. Teachers also help with temperature checks as participants entered the program.

BEAM primary source of income comes from membership, fundraisers and grants. Because of the pandemic we had to cancel one major fundraising events and curtail the numbers at the other events. Our Bowling Tournament March of 2020 was at the very beginning of the pandemic and even though we had it our attendance was drastically impacted, and we could not hold the 2021 March Bowling Tournament this year. The other large fundraiser we have is an August Golfing Tournament it was held in August 2020 but like the Bowling event our attendance was drastically impacted.

Our expenses increased by over \$15,000 because of these additional requirements imposed on us due to COVID-19.



Existing Jobs — A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week. 16. Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ as of the date of application. 17. PPE and/or Fixture Installation Description 17. Items or Vendor Contract (attach additional sheet as necessary) 18. SEE Attached 19. PPE and/or Expense GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%) \$\$\frac{\frac{\frac{5}{2}\frac{3}{2}\frac{3}{2}\frac{3}{2}\frac{3}{2}\frac{3}{2}\frac{1}{2	EMPL	OYMENT INFORMATION			
employ as of the date of application. Grant Request Budget PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary) Items or Vendor Contract (attach additional sheet as necessary) For FAST PPE/Fixtures actual purchase—list and attach proposal copies Total Vendor Expense GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%) CERTIFICATION CERTIFICATION Deling duly sworn, state that I have read and understand all the guestions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief; and that all information in the answer to each question herein to the best of my knowledge, information and belief; and that all information is the supplication or in connection with the verification process may have an adverse consequence to my application/submission to the Eric County Industrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State's Freedom of information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions. Name of Company Official Completing Worksheet: Title: Date Completed:	<i>Existi</i> const	ng Jobs — A full-time equivalent job equals any control tute the equivalent of a job of at least 35 hours	ombination of two or more part-time per week.	e jobs that, who	en combined,
PPE and/or Fixture installation Description Items or Vendor Contract (attach additional sheet as necessary) Items or Vendor Contract (attach additional sheet as necessary) Total Vendor Expense GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%) CERTIFICATION CERTIFICATION CERTIFICATION CERTIFICATION Label being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of the process may have an adverse consequence to my application or in connection with the verification process may have an adverse consequence to my application or in connection with the verification process may have an adverse consequence to my application/submission to the Erle County Industrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions. Name of Company Official Completing Worksheet: Title: Date Completed:	16.	Indicate how many existing full-time equivalently employ as of the date of application.	lent jobs the Applicant and its relate	d entities	0
PPE/Fixture	Grant	Request Budget			,
Total Vendor Expense \$ \$ \$/352.34 GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%) \$ \$ \$/211 19 CERTIFICATION	17.	Items or Vendor Contract (attach additional	sheet as necessary)	PPE/Fixtures you plan to purchase — list and attach proposal	PPE/Fixture actual expenditures - list and attach
GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%) CERTIFICATION being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true and correct. I further understand that false statements or intentional omissions made in this Application or in connection with the verification process may have an adverse consequence to my application/submission to the Eric County Industrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions. Name of Company Official Completing Worksheet: Title: Date Completed:					
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Date competed:	18.	all the questions and answers contained in the hereto; that I have supplied full and complete of my knowledge, information and belief; and understand that false statements or intention verification process may have an adverse continuous trial Development Agency. In addition, I acknowledge that the Agency is understand that all grant information and reconded.	e forgoing application and the docur information in the answer to each of that all information I have supplied all omissions made in this Application sequence to my application/submiss subject to New York State's Freedom ords related to this application are p	nents that I have juestion hereing is true and corn or in connect ion to the Erie of Information	understand ve attached i to the best rect. I further ion with the County
Date competed:	Name	of Company Official Completing Weekshoots			
Katherine M. Heinle Executive Director 4//6/07	,401116	or company official completing worksneet:	A STATE OF THE STA	Date Comple	eted:
7.7.2		Katherine M. Heinle	Executive Director	4/14/5	U

17. PPE COSTS:

BJ'S Tents			339.98	
Jobena				•
	Invoice #292119		70.00	
Invoice #291815			662.40	
				732.40 check # 1079
	Invoice #292119		280.00	280.00 check # 1080
TOTAL				\$1352.38
Claim 90%				\$1217.14

Grant Application Overview

May 2021

		PROGRAM PRIORITES	STAFF RECOMMENDATION
Buffalo Niagara Convention and Visitors Bureau, Inc.	\$2,987.40	Highly Distressed Area	Recommended for Funding

Synopsis:

Buffalo Niagara Convention and Visitors Bureau, Inc., aka Visit Buffalo Niagara (hereafter VBN), a not-for-profit organization, sells and markets the region's assets and attractions to visitors outside the Buffalo Niagara region as a convention, tourism and leisure destination for the economic benefit of the community. VBN is Erie County's lead marketing organization for conventions, meetings, amateur sporting events, cultural and heritage tourism and consumer travel. VBN employs a staff of talented tourism professionals dedicated to promoting tourism and accomplishes this by soliciting national, state and regional meeting planners, motor coach tour operators, travel agents and independent consumers. In 2017, \$1.8 billion dollars in traveler spending occurred in Erie County, generating \$221 million in tax revenue. That's \$578 in tax savings per household in Erie County.

VBN has been negatively impacted by the NYS disaster declaration and the resulting conditions from the coronavirus pandemic. The impact of COVID-19 on the tourism industry has been devastating and is predicted to have a slow recovery. Consistent with trends in sales and closure rates, consumer-facing sectors, like hotels, cafes and restaurants, also remain the most insecure about what the coming months will bring. VBN's loss of earned revenue during 2020 and the uncertainty moving forward has resulted in the layoff of 18 full-time and part-time employees. The remaining employees have been working remotely since the beginning of the pandemic; however, VBN is preparing for the return of employees to the office. VBN is seeking funding assistance from the ECIDA to offset the cost of PPE/fixture (face masks, sanitizer, hands-free devices, signage, etc.) expenditures to allow employees to safely return to the office and prevent community spread of coronavirus.



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf Please complete and return this Application along with the required documentation. Questions — contact us at 716.856.6525 x. 126

COMPA	ANY INFORMATION					
1.	Applicant Legal Name: BUKALO WODERALA CONVENTION VISITES	Suezai Tu				
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible. 403 Main Sieser Suite 630 BUFFALO WELL VA203					
3.	Legal Structure: □ C-Corp. □S-Corp □LLC □ General F □ Limited Partnership □ Sole Proprietorship ★Not-	artnership for-Profit				
4.	Applicant Contact Name: David Magazo					
5.	Contact Phone Number: 14.864.3704 Contact Email Address: MARZO & VISI	TBOFFILO				
6.	Type of Business: Please Describe Not For Port. Sales M.					
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss Statement and Balance Sheet.					
8.	Number of years in business in Erie County	34				
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.	e X				
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): Minority-Owned Woman-Owned Veteran-Owned	NA				
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable	561591				
12.	Milhard alberts of the account of the second					
14.	What share of the company's product or service is sold within Erie County: Miscellaneous Questions:	50%				



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	☐ Yes No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	ak e A vake e Jen ee er e
	☐ Yes → No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	□ Yes No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
	□ Yes No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	☐ Yes ★No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?	
	□ Yes ¥No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?	
	☐ Yes ★No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$	
	□ Yes No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	
	☐ Yes No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?	
14.	Qualifying Questions:	
	XYes □ No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
	Yes Po No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
	Yes No Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)	
	☐ Yes No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	¥ Yes □ No Was the Applicant in business prior to March 7, 2020?	
	¥Yes □ No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
I	7,2020:	1
	Yes No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?	



	Narrative:
	A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the
	reason for their purchase.
	B. Provide a summary for all future PPE and fixture purchases the entity will be making, including ar
15.	evaluation of how it will be used (if you!).
	explanation of how it will be used (if applicable).
	C. Provide a narrative to include: how your organization has been negatively affected by the State
	disaster emergency, why the funds are necessary, the applicant's ties to the community and the
	impact of your work/service in Erie County.
	(attach separate sheet if more room is needed)
	!
	SEE ATTACHED.



Question #15 - Narrative:

- A. PPE purchases previously purchased: None
- B. Future PPE purchases to be made: Per Attached Vendor quotes
- C. Organizational Narrative:

Visit Buffalo Niagara Mission

Visit Buffalo Niagara is an economic generator for Buffalo and Erie County. It is our mission to promote and market our assets and attractions to visitors outside the Buffalo Niagara region as a convention, amateur sports, tourism, and leisure destination for the economic benefit of the community.

Impact of Covid-19 to Visit Buffalo Niagara and Hospitality Industry

At the start of the Covid-19 pandemic, Buffalo and Erie County had a convention and sporting event packed calendar and leisure events expected to contribute millions of dollars to the local economy and add to the nearly 33,000 tourism-related jobs. In March 2020 as conventions and events canceled, travel was put on hold, hotels and attractions closed and many restaurants shuttered, the hospitality industry furloughed 42% of the workforce.

With the uncertainty of funding and the loss of earned revenues, Visit Buffalo Niagara made the difficult decision to lay off 18 full and part time employees, and close our two Visitor Center locations. Due to gathering restrictions, the Buffalo Niagara Convention Center, one of our main venues for business opportunities, was required to close, which prevented us from booking business and forced us to cancel or postpone business that was on the books for the remainder of 2020 and into 2021. Amateur and youth sports were also canceled due to gathering limitations and venue closures.

Due to the disruption of the COVID virus, trends are developing within certain market segments and events. The business that does actualize will be smaller and may turn to virtual and hybrid meeting formats which will impact revenues in the future. Group business that requires larger spaces and more hotel rooms remains somewhat paralyzed by the uncertainty of future requirements and other unknown travel restrictions. As a result, short term bookings (within 18 months of arrival) are trending smaller in size and impact.



Impact of VBN's Work/Service to the Community

The work of Visit Buffalo Niagara benefits the local community in many ways - visitor spending generates hundreds of millions of dollars in sales tax, which reduces the tax burden on every household in Erie County; local businesses and the workforce thrive as result of a growing visitor industry; and development of visitor-related businesses and investment continues as our visitor economy grows, with the addition of new hotels, attractions, restaurants and breweries, which also enhances the community and quality of life for residents.

Why Are Funds Necessary

As we prepare to have our employees return to the office, we will use the grant to purchase necessary and required PPE to maintain a safe work environment for our employees and visitors to the office.



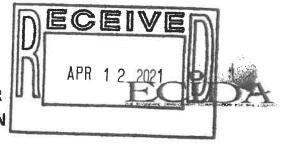
	OYMENT INFORMATION			
Existi const	ng Jobs – A full-time equivalent job equals any citute the equivalent of a job of at least 35 hours	ombination of two or more part-time per week.	e jobs that, whe	en combined
16.	Indicate how many existing full-time equivalently employ as of the date of application.	lent jobs the Applicant and its relate	d entities	П
Grant	Request Budget	Maria de la Carlo		
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional		For FUTURE PPE/Fixtures you plan to purchase — list and attach proposal copies:	For PAST PPE/Fixture actual expenditures list and attac paid receipts
	DOBMEIER JANITORIAL	- (PER ADDRUSE)	2725.28	
	MINIOTE PRINT INC LI	PER ATTACHED)	594.05	
- Marine addition and a	Total Vendor Expense GRANT REQUESTED (grant will be calculated)	hy multiplying eligible costs v 90%)	\$ 33 19.33	\$
and appropriate to the special of	CERTIFICATION		\$2987.4	3
18.	all the questions and answers contained in the hereto; that I have supplied full and complete of my knowledge, information and belief; and understand that false statements or intention verification process may have an adverse containing the statements.	e information in the answer to each of d that all information I have supplied hallomissions made in this Application	nents that I hav question herein is true and com n or in connecti	e attached to the best ect, I further on with the
	Industrial Development Agency In addition, I acknowledge that the Agency is understand that all grant information and rec disclosure under BOW, subject to limited statu	subject to New York State's Freedon ords related to this application are p	of Information	i Law (FOIL).
	Industrial Development Agency In addition, I acknowledge that the Agency is understand that all grant information and rec disclosure under BOU, subject to limited statu	subject to New York State's Freedon ords related to this application are p story exclusions	of Information otentially subje	i Law (FOIL). ect to:
Name	Industrial Development Agency In addition, I acknowledge that the Agency is understand that all grant information and recidisclosure under BOU, subject to limited statu of Company Official Completing Worksheet:	subject to New York State's Freedon ords related to this application are p	of Information	taw (FOIL).

Grant Application Overview May 2021

Distressed Recommended for Funding
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The Buffalo Niagara Convention Center Management Corporation (hereafter BNCCMC) is a notfor-profit organization charged with managing and maintaining the Convention Center to maximize the Center's positive impact on the economy of the City and the region. The BNCCMC meets this objective by booking events that bring out-of-town visitors to the County to fill hotel rooms, restaurants, cultural attractions, and retail shopping; thereby, stimulating the growth of the local economy.

BNCCMC has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus pandemic. BNCCMC suspended its operations in March 2020 to comply with the NYS mandates regarding mass gatherings. As a result, the operation lost approximately 116 events, which necessitated the layoff of 263 part-time and full-time employees. BNCCMC is preparing the Center to reopen in October 2021 and is requesting funding assistance from the ECIDA to offset the cost of PPE/fixture (filters, barriers, gloves, masks, face shields, sanitizer, disinfectant, hands-free dispensers, temperature scanner, etc.) expenditures that are necessary to reopen the facility safely.



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant

Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and
fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the
Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf
Please complete and return this Application along with the required documentation. Questions – contact
us at 716.856.6525 x. 126

1.	Applicant Legal Name:	Buffer Al March Comment	-
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence,	BUFFALO NIAGARA CONVENTION CENTEL MONT ONE Convention Center PLAZA Street Buffalo, N.Y. 14202	
3.		□ C-Corp. □S-Corp □LLC □ General Pa □ Limited Partnership □ Sole Proprietorship ☑ Not-fo	rtnership or-Profit
4.	Applicant Contact Name:	Thomas Reiter Cutania	
5.	Contact Phone Number:	16-855-5559 Contact Email Address: tonebufface	
6.	Type of Business: Please Describe Conventor Center		
7.	Liegse anniuit a combieted M-8	, a signed copy of the organization's 2019 Federal Tax Return in differential Statement and 2020 year-to-date Profit & Loss Statement Alberta year-to-date Profit & Loss Statement A	tement and
8.	Number of years in business in Erie County		TTACHED
	The second secon	•	43
9.	company. Not for Profit organ directors.	anies, please attach a description of the company's ownership ership for each individual and entity owning 20% or more of the izations, please attach a list of the organization's officers and	[7]
10.	that apply): Minority-Owned	ne following ownership types can be found in Appendix A of this x A before answering this question. Is your business (check all Woman-Owned	
11.	Primary North American Industri provide at least the three-digit co	al Classification System (NAICS) Code of the Company. Please de, but the six-digit code is preferable	561920
12.	What share of the company's pro	oduct or service is sold within Erie County:	100%
	Miscellaneous Questions:		L.



	□ Yes Æ N	o is the Company or any of its principals or Board Members presently the subject of any litigation threatened, which would have a material adverse effect on the Company's financial condition?	
	□ Yes KNo	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	□ Yes N	o Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
	□ Yes 🗷 N	ols the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	'□Yes ØNo	Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?	
	□ Yes 💋 No	Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?	
	□ Yes 💉 No	Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$	
	□ Yes g ∠ No	Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	
	⊡ Yes & No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
		How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?	
14.	Qualifying	Questions:	_
	Z Yes □ No	ols the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	-
	y Yes □ No	is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
	ø£Yes □ No	Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)	
	□ Yes pLNo	Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	ÆYes □ No	Was the Applicant in business prior to March 7, 2020?	
	≰Yes □ No	Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
	□ Yes ☑ No	Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?	
	A Yes □ No	Has the Applicant been negatively impacted by the COVID-19 Pandemic?	
			_



Narrative:

15.

A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.
B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an

explanation of how it will be used (if applicable).

C. Provide a narrative to include: how your organization has been negatively affected by the State disaster emergency, why the funds are necessary, the applicant's ties to the community and the impact of your work/service in Erie County.

(attach separate sheet if more room is needed)

BNCC Responses to Erie County COVID-19 Disaster Emergency Grant Application Narrative Items 15 A, 15 B and 15 C:

15 A: Summary of all PPE equipment purchases previously purchased and the reason For their purchase: Sent as separate document labeled: "BNCC PPE Purchases 2020.pdf"

15 B: Summary for all future PPE and fixture purchases: N/A

16 C: Narrative to include: how your organization has been negsatively affected by the State disaster emergency, why the funds are necessary, the applicant's ties to the community and the impact of your work / service in Erie County: Sent as separate document labeled "BNCC ECIDA Grant Response 15C".



EMPLO	YMENT INFORMATION		X
Existing constitu	y Jobs – A full-time equivalent job equals any combination of two or more part-timute the equivalent of a job of at least 35 hours per week.	e jobs that, whe	n combined,
16.	Indicate how many existing full-time equivalent jobs the Applicant and its relate employ as of the date of application.	d entities	12
Grant R	equest Budget		
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures list and attach paid receipts
	See List affachad		
	Total Vendor Expense GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$18204.	\$
18.	being duly sworn, state that I all the questions and answers contained in the lorgoling application and the documenter, that I have supplied full and complete information in the answer to each of my knowledge, information and belief; and that all information I have supplied understand that false statements or intentional omissions made in this Application verification process may have an adverse consequence to my application/submissindustrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State's Freedor understand that all grant information and records related to this application are a disclosure under FOIL subject to limited statutory exclusions.	ments that I have question herein is true and con in or in connect sion to the Erie of Information	e attached to the best ect. I further ion with the County
,	f Company Official Completing Worksheet: Title:	Date Comple	ted:
Signatu	re: The Sheets	APPIL 5	2.21



Eric County COVID-19 Disaster Emergency Grant Application

Response to Item 15, Letter C:

C. The Buffalo Niagara Convention Center (BNCC) temporarily suspended business operations as of March 8, 2020 due to Federal, New York State and local guidance limiting mass gatherings. This suspension has resulted in the BNCC laying off 263 full and part time staff members.

The BNCC has been a vital part of the City of Buffalo, County of Erie and Western New York community providing an economic impact of over \$35 million annually since opening in 1978.

The granty monies will be used to reimburse the BNCC for purchases related to the PPE equipment necessary for the BNCC to reopen.

Thank you for your consideration.

Thomas G. Beiter

Controller

Buffalo Niagara Convention Center

One Convention Center Plaza

Thind berte

Grant Application Overview MONTH 2021

APPLICANT	GRANT	PROGRAM	STAFF
	AMOUNT	PRIORITIES	RECOMMENDATION
Central Terminal Restoration Corp.	\$1,027.84	Highly Distressed Area	Recommended for Funding

Synopsis:

The Central Terminal Restoration Corp. (hereafter CTRC) is a not-for-profit organization with a mission to restore and revive this national landmark. Opened in 1929 to serve more than 200 trains and 10,000 passengers daily, the iconic Buffalo Central Terminal operated for 50 years, until the Art Deco masterpiece officially closed as a train station in 1979. In 1997, the 18-acre Buffalo Central Terminal site was acquired by the CTRC. Efforts are ongoing to refurbish and repurpose the property on Buffalo's East Side as a thriving hub of community events and activity. To help fund restoration, the CTRC currently hosts 30+ public events a year in this beloved building.

CTRC has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. CTRC has been unable to hold public events and actively raise funds, which has resulted in the loss of approximately \$45,000 in revenue. CTRC has also incurred unbudgeted expenses to operate remotely and protect the numerous volunteers who perform maintenance at the site. CTRC is requesting funding assistance from the ECIDA to support PPE/fixture (thermometer, hand sanitizer, cleaning supplies, and technological upgrades (to support remote work) expenditures to protect the health and safety of staff and volunteers.



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COMP	ANY INFORMATION					
1.	Applicant Legal Name:	Central Terminal Restoration Corp.				
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	495 Paderewski Drive Buffalo, NY 14212				
3.	Legal Structure:	☐ C-Corp. ☐ Limited Partne	□S-Corp ership	□LLC □ Sole Proprie	□ General Partorship Not-fo	
4.	Applicant Contact Name: Monica Pellegrino Faix					
5.	Contact Phone Number:	716-754-6142 x202	Contact	Email Address:	monica@buffalocentra	lterminal.org
6.	Type of Business:	Please Describe Stewards of the Buffalo Central Terminal				
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss Statement and Balance Sheet.				ement and	
8.	Number of years in business in	Erie County		Antonia and the second	<u> М</u> А1	24
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.		区 ATTACHED			
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): Minority-Owned Woman-Owned Veteran-Owned		NA			
11.	Primary North American Indust provide at least the three-digit of	rial Classification Sycode, but the six-dig	ystem (NA it code is	AICS) Code of the preferable	Company. Please	NA
12.	What share of the company's p	roduct or service is	sold with	in Erie County:	2	NA %
13.	Miscellaneous Questions:					



	☐ Yes № No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
	□ Yes ĭ No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
	☐ Yes ☒ No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
	☐ Yes 丞 No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
	☐ Yes No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
	□ Yes 本No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?
	□ Yes ☒ No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$
	□ Yes ≚ No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.
	☐ Yes ☒No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").
	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? word of mouth
14.	Qualifying Questions:
	X Yes □ No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?
	XYes □ No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?
	XYes □ No Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)
	□ Yes 対 No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?
	▼ Yes □ No Was the Applicant in business prior to March 7, 2020?
	▼ Yes □ No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?
	☐ Yes ☒ No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?
	TXYes □ No Has the Applicant been negatively impacted by the COVID-19 Pandemic?



	Narrative:
	A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.
15.	B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).
	C. Provide a narrative to include: how your organization has been negatively affected by the State disaster emergency, why the funds are necessary, the applicant's ties to the community and the impact of your work/service in Erie County.
	(attach separate sheet if more room is needed)
	A. 2020 \$350.93 expended for hand sanitizer and applications (wall dispensers and spray bottles), paper towels, thermometer for screening of volunteers, paper health forms for covid screening of volunteers.
	B. 2021 \$150 estimate for hand sanitizer and paper towels
	C. We suffered a negative financial impact from the loss of revenue related to the COVID-19 restrictions on gatherings. This reduced our revenue in 2020 by \$45,000, leaving us with only \$14,000 for building maintenance and utilities of the massive 500,000 square foot building and 12 acres of grounds. This has been a struggle, even for a scrappy organization used to pinching pennies. We were unable to apply for any PPE assistance because our staff salary is grant funded.



EMPLO	YMENT INFORMATION					
	g Jobs — A full-time equivalent job equals any coute the equivalent of a job of at least 35 hours p		jobs that, whe	n combined,		
16.	Indicate how many existing full-time equivalent employ as of the date of application.	ent jobs the Applicant and its related	l entities	1		
Grant A	lequest Budget					
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional s	sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts		
	See attached					
	Total Vendor Expense \$					
	GRANT REQUESTED (grant will be calculated l	by multiplying eligible costs x 90%)	\$	\$		
18.	CERTAFICATION [** Monics Pellograms but all the questions and answers contained in the filereto (that I hay a Supplied full and complete of my knowledge information and ballet; and worderstand that take statements or intention wordinary inprocess may have an adverse con- industrial Development Agency in addition it acknowledge that the Agency is funderstand that all grant information and tec-	Information in the answer to each of that all information I have supplied at omissions made in this Applications quence to my application/submissionies to New York State's Freedom press related to this application are p	nems that I had destron herein is true and come nor an comect ion to the brie of Informatio	ve attached to give best rect. I further ton with the County tt Law (EOL), I		
*	disclosure under 50t Laurez/ to similed stand	les exclusions				
Name (of Company Official Completing Worksheet:	Title:	Date Comple	eted:		
Mo	nica Pellegrino Faix	Executive Director	April 11, 202	21		
Signatu	uro: MPODO instille					

Central Terminal Restoration Corp.	i nyaman	يند ويو معه بدرته و		a the state of the
A second control of the control of t		ed . — do a to a in including the constraints	-	* ** u unamer,
17. Grant Request Budget		STATE OF MALE	· · · ·	No. of the second second
Designation of the state of the		ADDRESS OF THE PARTY OF THE PAR		Allert and a second of the second
Items or Vendor Contract	Fo	r FUTURE	For	PAST
Core Distributers - Paper Towels		alca de are manera de pranc	\$	72.12
Core Distributers - Hand sanitizer & applications		The state of the s	Ś	149.84
Home Depot - Thermometer		erre all'un el un. Valen papa aluga desgu	Ś	59.49
Office Depot - Copies for Covid Screening		man en an . Januarin	\$	68.68
Zoom - for remote work		THE PERSON NAMED IN COLUMN TWO IS NOT THE PARTY.	Ś	74.95
Tech Soup - to purchase Zoom for nonprofit	j	of a constitute of the constitution of	\$	65.00
Apple - Twelve South Curve Stand for remote work	1	Programma de la mario de la comp	Ś	108.00
Monday.com - Project Management for remote work	1	e star i mestatione aerones, sur songs	Ś	393.96
Hand Sanitizer and paper towels	\$	150.00		nn feath a back and a companyon or purpose
Total Vendor Expenses	\$	150.00	\$	992.04
GRANT REQUESTED (90%)	\$	135.00	Ś	892.84

Grant Application Overview May 2021

APPEICANT	(CRYANGE AVIOUND	Partorens	STAFF RECOMMENDATION
		Highly Distressed	A CONTROL OF THE CONT
		Area	
D&M Refrigeration Inc.	\$10,000	WBE	Recommended for Funding
Synoneie	7,1		

Synopsis:

D&M Refrigeration Inc. (hereafter D&M), a woman-owned business in the City of Buffalo, has been committed to quality customer service for all commercial equipment needs in the food service, medical, and related industries for over forty years. As a locally owned Western New York small business, D&M's employees pride themselves on working hard, providing the best return on investment, performing with quality workmanship, and exceeding customer expectations. D&M delivers solutions for all commercial equipment needs including design layout drawings, installation and start-up assistance, repair service, replacement parts, and maintenance plans. Core products sold and serviced include: Refrigeration Equipment, Cooking Equipment, Heating & Air Conditioning, Dishwashing Equipment, Hood Exhaust & Make-up Air, Beer/Beverage Systems, and Medical Refrigeration Equipment.

D&M was negatively impacted by the NYS disaster declaration and the resulting conditions created by the coronavirus pandemic that included the suspension of 15 contracts and the termination (due to permanent closure) of 2 contracts. The loss of business/revenue resulted in the temporary layoff of one (1) employee for a 14-week period. D&M has also incurred unbudgeted expenses to comply with NYS reopening protocols. D&M is requesting funding assistance from the ECIDA to offset PPE/fixture (cleaning supplies, disinfectant, masks, face shields, hands-free dispensers, partitions, signage, and automatic temperature scanning device) expenditures to protect the health and safety of staff and clients.



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COMP	ANY INFORMATION		
1.	Applicant Legal Name:	OLM Refriguration, Inc.	
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	1340 William Street Buttulo, ny 14804	
3.	Legal Structure:		
4.	Applicant Contact Name:	Katrina Smiltana	
5.	Contact Phone Number: 11	Please Describe FOODSLIVIL LUIPMENT SAL	((db))
6.	Type of Business:	Please Describe Foodskivil Luipment Sal	132
7.	Please submit a completed W-	9, a signed copy of the organization's 2019 Federal Tax Return inc ed Financial Statement and 2020 year-to-date Profit & Loss State	luding all
8.	Number of years in business in		41
9.	structure, including the % of ow	panies, please attach a description of the company's ownership nership for each individual and entity owning 20% or more of the inizations, please attach a list of the organization's officers and	ÄTTACHED
10.	Ownership Type: Definitions of application. Please read Append that apply): Minority-Owned	the following ownership types can be found in Appendix A of this lix A before answering this question. Is your business (check all Woman-Owned	
11.	Primary North American Industry provide at least the three-digit c	rial Classification System (NAICS) Code of the Company. Please ode, but the six-digit code is preferable	330
12.	What share of the company's p	roduct or service is sold within Erie County:	S %
13.	Miscellaneous Questions:		



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	□ Yes \ No	Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	
	□ Yes \ No	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	□ Yes & No	Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
	1 .	Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	□ Yes No	Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?	
	□ Yes & No	Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?	
		Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$	
	□ Yes A No	Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	2:
	□ Yes \ No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
		How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?	
14.	Qualifying	Questions:	
	Yes 🗆 No	Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
	Yes □ No	Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
	Yes 🗆 No	Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)	
	Yes □ No	Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	Yes □ No	Was the Applicant in business prior to March 7, 2020?	
	Yes □ No	Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
	□ Yes 🔻 No	Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?	
	4.	I	
	Yes 🗆 No	Has the Applicant been negatively impacted by the COVID-19 Pandemic?	



	Narrative:
	A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the
	reason for their purchase.
.5.	B. Provide a summary for all future PPE and fixture purchases the entity will be making, including explanation of how it will be used (if applicable).
	C. Provide a narrative to include: how your organization has been negatively affected by the State
	disaster emergency, why the funds are necessary, the applicant's ties to the community and the
	impact of your work/service in Erie County. (attach separate sheet if more room is needed)
	- (attach separate sheet if more room is needed)
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EMPL	OYMENT INFORMATION			
<i>Existii</i> consti	ng Jobs – A full-time equivalent job equals any c tute the equivalent of a job of at least 35 hours	ombination of two or more part-tim per week.	e jobs that, whe	en combined,
16.	Indicate how many existing full-time equivalently employ as of the date of application.	lent jobs the Applicant and its relate	ed entities	25
Grant	Request Budget			
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional	sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Martach	ld.		
	Total Vendor Expense		\$1986.7	\$14,781. \$15,103.
	GRANT REQUESTED (grant will be calculated	by multiplying eligible costs x 90%)	\$1,788.10	\$15,103.
18.	all the questions and answers contained in the hereto; that I have supplied full and complete of my knowledge, information and belief; and understand that false statements or intentior verification process may have an adverse con Industrial Development Agency. In addition, I acknowledge that the Agency is understand that all grant information and rec disclosure under FOIL subject to limited statu	e forgoing application and the docume information in the answer to each of that all information I have supplied hal omissions made in this Application sequence to my application/submissions to New York State's Freedon cords related to this application are poords.	ments that I have question herein is true and corn or in connect sion to the Erie of Information	re attached to the best rect. I further ion with the County
lame	of Company Official Completing Worksheet:	Title:	Date Comple	ted:
40	itrina Smietura	000	4/14	

Actual Purchases		
Invoice Date Vendor	Description	Total
3/23/2020 Target	Soap, Paper Towels, Cleaner, Wet Wipes	\$ 26.67
3/27/2020 Buffalo Distilling Co.	Hand Sanitizer	147.25
4/26/2020 Amazon	Face Masks	589.20
5/6/2020 Colonial Print	Face and Neck Gaiters	366.75 Ploot of paymen
5/27/2020 Target	Sandwich Bags, Disinfectant	19.13
5/27/2020 Buffalo Distilling Co.	Hand Sanitizer	53.29
6/6/2020 Target	Cleaning Supplies	13.83
6/18/2020 Office Depot	Disinfecting Wipes	21.71
7/3/2020 Amazon	Face Shields	19.99
10/9/2020 Curbell Plastics	Sneeze Guard	87.30
10/12/2020 Home Depot	Hanging Equipment for Sneeze Guard	24.69
10/13/2020 Curbell Plastics	Sneeze Guard	336.60
10/16/2020 Home Depot	Hanging Equipment for Sneeze Guard	86.8
11/10/2020 Office Depot	Face Masks	97.81
12/7/2020 Office Depot	Disinfecting Wipes	173.57
		\$ 1,986.77
Future Purchases		
) Vendor	Description	Estimated Total

1			
	Vendor	Description	Estim
	Grainger	Automatic Hand Sanitizer Dispensers & Hand Sanitizer Cartridges	\$
	Grainger	Hand Sanitizer Pumps	
	Grainger	Forehead Temperature Screening Devices 🔭	
	Grainger	Face Masks	
	Grainger	Safety Signs	
	Grainger	Shipping	
			v
			11

196.33 **16,781.81**

2,732.48 3,707.40 9,639.00 500.00 6.60

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V1514015.V RN A

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Szewczyk, Lori

From:

Katrina Smietana <katrina@dmrefrigeration.com>

Sent:

Tuesday, April 20, 2021 4:30 PM

To:

Szewczyk, Lori

Subject:

RE: COVID Disaster Emergency Application

[Message is from an external source]

Hi Lori,

Thank you for your e-mail. Below is the requested statement. If you need further information, please let me know.

The NYS disaster emergency declaration negatively impacted our service department, which offers food service equipment maintenance and repairs. The customer base for which utilizes these offerings primarily include restaurants, movie theaters, and office buildings. The negative impact is demonstrated by a shortfall in maintenance and repair revenue as followed:

- Seventeen (17) equipment maintenance contracts were suspended or terminated in 2020. These suspensions
 and terminations impacted maintenance revenue by approximately thirty-six thousand dollars (\$36,000.00).
- Of the seventeen (17) equipment maintenance contracts, two (2) were associated to permanent closures. These
 permanent closures impacted repair revenue by approximately forty thousand dollars (\$40,000.00).
- The remaining fifteen (15) contracts were associated to temporary closures and cost reduction efforts. These temporary closures and cost reduction efforts impacted repair revenue by approximately sixty-seven thousand dollars (\$67,000.00).

Due to the negative impact to our service department, unfortunately one (1) service technician was laid off for a fourteen (14) week period.

Thank you!

Katrina (Mackiewicz) Smietana, Chief Operating Officer

D & M Refrigeration, Inc., 1340 William Street, Buffalo NY 14206

Office: 716 852 4084 dmrefrigeration.com

From: Szewczyk, Lori < lszewczyk@ecidany.com>

Sent: Tuesday, April 20, 2021 11:24 AM

To: Katrina Smietana <katrina@dmrefrigeration.com>
Subject: COVID Disaster Emergency Application

Hi Katrina,

Thank you for submitting your application to the ECIDA's COVID-19 Disaster Emergency Grant Program. Your proposal is currently being processed; however, we need some additional information to complete the review. At your earliest convenience, please provide the following:

 Brief statement (1 paragraph) regarding the negative impact of the NYS disaster emergency declaration on your business operation (i.e., temporary shutdown, loss of business/revenue, layoffs, etc.).

Please email your reply. Feel free to contact me with any questions or concerns.

Grant Application Overview

May 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STARF RECOMMENDATION
		Highly Distressed Area	
Jos. A. Sanders & Sons, Inc.	\$4,625.75	WBE	Recommended for Funding

Synopsis:

Jos. A. Sanders & Sons, Inc. (hereafter Sanders & Sons) is a family-owned commercial roofing and architectural sheet metal company located in the city of Buffalo. Sanders and Sons has been providing services in Erie County for over 100 years. High profile projects in its current pipeline includes reuse project on Delevan, City Hall, Erie County medical examiner's office, and UB's north campus to name a few. The business employs 16 skilled tradesman and is actively involved in civic engagement throughout the community.

Sanders & Sons has been negatively impacted by the NYS disaster declaration and the conditions resulting from the coronavirus pandemic. Although the company's services were considered essential and was not required to suspend its operation, 40% of their jobs for 2020 were cancelled or postponed. This disruption depressed revenue, which resulted in the loss of staff. Sanders and Sons has found it challenging to reengage their workforce - three (3) union roofers elected to retirement due to the lingering restrictions and impacts of COVID. Sanders and Sons is seeking funding assistance from the ECIDA to offset the cost of PPE/fixture (mask, gloves, cleaning supplies, sanitizer, barriers, hand washing station, etc.) expenditures necessary to resume business operations in accordance with NYS safety guidelines.



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COMPA	NY INFORMATION				
1.	Applicant Legal Name:	Jos. A. Sar	nders & Sons, Inc.	entropies a compression of the control of the contr	come, 5/2 . It grant to
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	107 Lathrop St Buffalo, NY 14	treet		
3.	Legal Structure:		□S-Corp □LLC ership □ Sole Proprie	☐ General Par torship ☐ Not-fo	-
4.	Applicant Contact Name:	Wendy L San	ders		-
5.	Contact Phone Number:	716-481-5014	Contact Email Address:	wendylsanders@jas	roofing.com
6.	Type of Business: Please Describe commercial roofing				
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss Statement and Balance Sheet.				
8.	Number of years in business in	Erie County			102
9.	Ownership: Privately held com structure, including the % of ow company. Not for Profit orga directors. I own 94% of the sto	nership for each in anizations, please a	idividual and entity owning attach a list of the organi	20% or more of the zation's officers and	X ATTACHED
10.	Ownership Type: Definitions of application. Please read Appenditude that apply): Minority-Owned	the following owne dix A before answe	ership types can be found in ering this question. Is your	Appendix A of this	
11.	Primary North American Indust provide at least the three-digit of			Company. Please	238160
12.	What share of the company's p	roduct or service is	s sold within Erie County:		98 %
13.	Miscellaneous Questions:				



	☐ Yes No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	
	☐ Yes 웹 No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	☐ Yes Mo Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
	☐ Yes IXNo is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	☐ Yes ☐ Yes ☐ Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?	
	☐ Yes ☒No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?	
	☐ Yes Ă No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$	
	□ Yes No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	
	□ Yes Ă No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? <u>radio</u>	
14.	Qualifying Questions:	
	▼ Yes □ No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
21	XYes Do is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
	XYes DNo Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)	
	ĕYes □ No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	☑ Yes □ No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
	☐ Yes ☒ No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?	
	ॲ Yes □ No Has the Applicant been negatively impacted by the COVID-19 Pandemic?	



	Narrative:	
	A.	Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.
15.	В.	Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).
	C.	Provide a narrative to include: how your organization has been negatively affected by the State disaster emergency, why the funds are necessary, the applicant's ties to the community and the
		impact of your work/service in Erie County.

(attach separate sheet if more room is needed)

In the beginning, when there were many unknowns and supplies were scarce, we used our ingenuity to put together whatever we could as the guidance changed almost daily. We bought surgical masks as they became available, and supplied our crews with bandannas in an effort to provide some face covering. Being outside in the heat, we wanted to reduce close contact while keeping them hydrated, so we purchased individual reusable water bottles and gallon jugs. While we kept trying to get hand sanitizer, and bought smaller bottles and containers, we also secured several portable handwashing apparatus. Our clever warehouse manager used lumber and plywood to build stations to house the apparatus. And, in the office, we installed towel holders to supplement what was already there. We also bought stermamine tablets, used in the restaurant industry to clean our equipment. We made reusuable "wet wipe" packages for our employees, with washcloths and reusuable zipper plastic bags. There were other cleaning supplies purchased that receipts were not saved for, so they are not included.

This year, we plan to buy more hand sanitizer, masks, hand soap, roll towels, disposable wipes and two additional handwashing stations in a different design. We are being conservative in our request, recognizing that other women owned and small businesses also have needs.

Our company has a long history in Erie County, with our start in 1919 in a garage on Northampton Street to our move to Lathrop in the 1920's. Last year had been shaping up to be a banner year until Covid put the brakes on over \$1M worth of work - none of which has commenced to date. We have a large reuse project on Delevan that is still waiting for the state's restart approval, work at City Hall and work on the Erie County medical examiner's office. Roofing is an essential industry and we are hopeful that these projects will start soon. Also, a two year job at UB's north campus South Lake Village was greatly impacted and we did about 60% of the work planned for 2020. While we never fully shut down, the hard quarantine period, coupled with the large unemployment incentive did make it difficult to get our full workforce to return when things started. And, three of our union roofers chose to retire vs. navigate a Covid restricted workplace. And, later in the year, two additional journeyman left the company amidst their personal Covid concerns. Certainly PPP was a lifesaver in assisting us to meet payroll during season and pay some people just to stay, but rapidly increasing material costs and supply shortages have had a large impact on our expected profitability. This grant will help subsidize costs already incurred and ease the continued pressure to provide additional hygiene to employees not typically expected of us.

Our company with me as owner are typically engaged with the community through multiple volunteer and philanthropic commitments. I am the president of the Rotary Club of the Buffalo Niagara Medical Campus - whose service projects include collections quarterly for supplies for the Response to Love Center, monthly meals at Kevin Guest House, medical campus cleanups and involvement with the Greenway Trail, among other things. My thirty plus year association with the Junior League of Buffalo has given me many opportunities to maintain ties to the community through service and donations. We are long time residents of the Elmwood Village, and I spent almost ten years serving on the board of the Elmwood Village Association. Through each of my volunteer commitments, I have been able to tap into the human talent and unique resources a construction company can offer, from manpower to putting lights on a living Christmas tree. Being the owner gives me flexibility to give back.



EMPI	OYMENT INFORMATION			
<i>Existi</i> const	ing Jobs — A full-time equivalent job equals any co itute the equivalent of a job of at least 35 hours p	embination of two or more part-time per week.	e jobs that, whe	en combined,
16.	Indicate how many existing full-time equival employ as of the date of application.	ent jobs the Applicant and its relate	d entities	16
Grant	Request Budget			
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional s	sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	See attached			
····	Total Vendor Expense GRANT REQUESTED (grant will be calculated to	ny multiplying oligible pages (000)	\$	\$
	GRANT REGOLDTED (grant will be calculated to		\$	\$
18.	Wendy L Sanders all the questions and answers contained in the hereto; that I have supplied full and complete of my knowledge, information and belief; and understand that false statements or intention verification process may have an adverse consindustrial Development Agency. In addition, I acknowledge that the Agency is a understand that all grant information and recodisclosure under FOIL subject to limited statut	information in the answer to each of that all information I have supplied all omissions made in this Application equence to my application/submiss subject to New York State's Freedon and related to this application are p	nents that I have puestion herein is true and corn or in connect ion to the Erie of Information	e attached to the best rect, I further ion with the County
Name	of Company Official Completing Worksheet:	Title:	Date Comple	eted:
Signa	Wendy L Sanders	President	04	/02/2021
_	7700			

Grant Application Overview

May 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
		Highly Distressed	·
		Area	
Niagara Lubricant Company Inc.	\$9,234	VBE	Recommended for Funding

Synopsis:

Niagara Lubricant Company Inc. (hereafter Niagara Lubricant), a Buffalo based manufacturer and packager of aftermarket (not sourced from the car's maker) auto products such as lubricating oils, greases, industrial oils and tire care products has been serving Western New York and beyond since 1923. The business is in the Black Rock section of Buffalo has the capabilities to package various items from one-ounce tubes to large scale production totes. Niagara Lubricant manufactured products are used across the United States and Canada as well as Europe, South America, Africa and the Middle East.

Niagara Lubricant has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. Because of COVID-19, sales of aftermarket automotive parts/products have taken a big hit. In early 2020 the economy slipped into recession, and people were staying home, putting less wear and tear on their cars. The biggest factor in aftermarket parts demandis vehicle miles traveled (VMT)—which is likely to remain depressed as work-from-home and online shopping become permanent features of our economy. Niagara Lubricant's gross profit for 2020 decreased by 58% from the previous year. Niagara Lubricant is seeking assistance from the ECIDA to offset PPE (sanitizer & disinfectant) expenditures necessary to resume business activity safely.



Thank you for your interest in the Eric County Industrial Development Agency's Disaster Emergency Grant

Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and
fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We look forward to working with you to
evaluate your project for possible financial assistance. To begin this process, please complete and return this

Application along with required documentation.

COM	CANYINFORMATION
1.	Applicant Legal Name: NIAGARA LUBRICANT Company Inc
2.	Applicant Address: 1057 9, D5 LAVAN AUS 14915
3.	Legal Structure: ☐C-Corp. ☐S-Corp ☐LLC ☐ General Partnership ☐ Limited Partnership ☐ Sole Proprietorship ☐ Not-for-Profit
4.	Applicant Contact Name: LEON Smith
5.	Contact Phone Number: 716-818-3464Contact Email Address: LUBS MAW 144 A AOL, C
6.	Type of Business: MANUFAC Please Describe AUTO AFTER MARKET PRODO
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020.
8.	Number of years in business in Erie County
9,	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and ATTACHED directors.
10.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable 324191
11.	Company's Annual Revenue:
12.	What share of the company's product or service is sold within Erie County:
13.	Miscellaneous Questions:
	□ Yes No is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
	□ Yes € No. Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
	☐ Yes ★ No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
	☐ Yes No is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?



U Yes No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending? □ Yes #No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices? □ Yes SNo Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application. Ves No Is the Applicant in compliance with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law"). 14. **Qualifying Questions:** Yes D No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees? XYes O No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York? ≸Yes □ No Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf) ☐ Yes XNo Is the Applicant a Certified Minority or Certified Women-Owned Business? √Yes □ No Is the Applicant a Certified Service-Disabled Veteran-Owned Business? ★Yes □ No Was the Applicant in business at least one year prior to March 7, 2020? √Yes □ No Was the PPE expenditure made, or is it contemplated to be made, on or after March □ Yes →No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below? ♠Yes □ No Has the Applicant been negatively impacted by the COVID-19 Pandemic? Narrative: A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase. B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an 15. explanation of how it will be used (If applicable). C. Briefly discuss Applicants ties to the community and the impact of your work/service in Erie County.



Interprete sheet if more room is needed)

These PRODUCTS WERE

USED TO SAMITIZE

OUR PLANT DAILY FOR

MOST OF 2020



and the same of the same	OYMENT INFORMATION		
<i>Existi</i> const	ing Jobs — A full-time equivalent job equals any combination of two or more part-time the equivalent of a job of at least 35 hours per week.	ne jobs that, wh	en combined,
16.	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ in all ERIE COUNTY LOCATIONS	# Jobs in Erie County	7
Grani	Request Budget.		
17,	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	Est. Cost of PPE/Fixtures (attach copy of proposal)	Actual Expenditure on PPE/Fixtures (attach paid receipts)
	Total Vendor Expense	\$	\$/0,200
*** J. F. S	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$	\$9234
18.	being duly sworn; state that I all the puestions and answers contained in the forgoing application and the document of that I have supplied full and complete information in the answer to each of my knowledge, information and belief; and that all information I have supplied understand that false statements or intentional omissions made in this Application verification process may have an adverse consequence to my application/submissingustrial Development Agency.	neots that Tha juestion herein is true and con nor in connect ion to the Eric	ve attached to the best ecc. I further on with the County
	In addition, I acknowledge that the Agency is subject to New York State's Freedom understand that all gram information and records related to this application are policies under FOR subject to limited statutory exclusions. of Company Official Completing Worksheet: Title:	otentially subje	ed:
Signati	LEON SUITH OWNER	3-10-	2/

Szewczyk, Lori

From:

Leon Smith < lubernan444@aol.com>

Sent:

Tuesday, May 4, 2021 3:07 PM

To:

Szewczyk, Lori; leoniv@niagaralubricant.com; Leon Smith

Subject:

Re: ECIDA COVID Disaster Emergency Grant Application

[Message is from an external source] Good Afternoon Lori,

Here is the explanation on how the business was severely impacted by the pandemic:

At the time of the pandemic, the automotive industry was severely impacted. We lost all open orders for 4 months and we are now slowly coming back. All of our employees were laid off, with some coming back to work starting April 2020. At that time, we started filling hand sanitizer orders to help out our community. Unfortunately, this business only lasted 6-8 weeks. As the country started to open up, the automotive industry started to show some signs of life and orders slowly came back. The largest impact to our business is due to most people still working from home and traveling that has virtually stopped. The result is the number of automobiles and miles driven has significantly decreased. This decrease has had a negative impact on our overall business.

Thank you very much for your time,

Sincerely,

Leon Smith III
Disabled Combat Veteran

----Original Message---

From: Szewczyk, Lori <lszewczyk@ecidany.com>

To: Leon Smith < luberman444@aol.com>

Sent: Thu, Apr 29, 2021 12:18 pm

Subject: RE: ECIDA COVID Disaster Emergency Grant Application

Mr. Smith.

I am still missing the following:

- Form NYS-45 Quarterly Combined Withholding, Wage Report, and Unemployment Insurance Return for the most recent quarter
- Narrative (1-2 paragraphs) explaining how the business has been impacted by the NYS disaster declaration (i.e., layoffs, loss of business, increased costs, etc.)

Lori A. Szewczyk

Director of Grants
Direct Line (716) 362-8363
lszewczyk@ecidany.com

ECIDA 95 Perry Street, Suite 403 Buffalo, NY 14203 Main (716) 856-6525 Fax (716) 362-8393 www.ecidany.com

Grant Application Overview

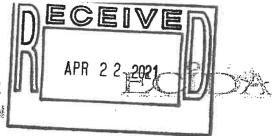
May 2021

APPLICANT	GRANT	PROGRAM	STAFF
	AMOUNT	PRIORITIES	RECOMMENDATION
Ricotta & Ricotta Inc. dba Mangia Ristorante & Caffe	\$10,000	VBE	Recommended for Funding

Synopsis:

Ricotta & Ricotta, Inc., dba Mangia Ristorante & Caffe (hereafter Mangia) is a veteran-owned business located in the heart of the Orchard Park business district. Mangia's atmosphere is casual yet sophisticated and warming with a great bar, patio, and rooftop seating area. No matter what language you speak the word Mangia means to eat. With its unsurpassed ambiance and great food, it has become a WNY favorite serving an elaborate Italian Cuisine menu of appetizers, specialty pasta dishes as well as entrees of meat and seafood.

Mangia has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. The restaurant was closed for six (6) months and reopened at limited capacity, which resulted in a significant loss of revenue. Additionally, Mangia's expenses have increased to prevent the spread of COVID-19. Mangia is requesting assistance from the ECIDA to offset PPE/fixture (masks, gloves, cleaning supplies, sanitizer, disinfectant, etc.) expenditures necessary to protect the health and safety of staff, customers, and vendors.



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the Grant Guidelines that can be found here:

Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COMP	ANY INFORMATION
1.	Applicant Legal Name: JOHN J. RICOHA
	Applicant Address:
2.	4264 N. BUFFALO RD.
	ORCHARD PARK, NY 14127
3.	Legal Structure: □ C-Corp. □S-Corp □LLC □ General Partnership □ Limited Partnership □ Sole Proprietorship □ Not-for-Profit
4.	Applicant Contact Name: JOHN RICOHA
5.	Contact Phone Number: 7/6 583-076 Contact Email Address: JOHN, RICOHA QADL, CO.
6.	Type of Business: Please Describe
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss Statement and Balance Sheet.
8.	Number of years in business in Erie County
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): Minority-Owned Woman-Owned Veteran-Owned
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable 723511
12.	What share of the company's product or service is sold within Erie County:
13.	Miscellaneous Questions:



Yes ANO is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? □ Yes No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding? ☐ Yes KNo is the Company or any of its principal's delinquent on property, personal, and/or employment taxes? ☐ Yes No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges □ Yes No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices? ☐ Yes No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$ Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application. ☐ Yes ☐ Yes ☐ Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law"). How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., 14. **Qualifying Questions:** ★Yes □ No is the Applicant a small business or small not-for-profit corporation with not more than 50 employees? X Yes INO is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York? □ Yes No Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.com/applicant/s.primary place of business located in a highly distressed area? (see Yes I No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business? Yes □ No Was the Applicant in business prior to March 7, 2020? Yes

No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020? ☐ Yes KNo Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below? Yes

No Has the Applicant been negatively impacted by the COVID-19 Pandemic?



Narrative:

15.

- A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.
- B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).
- C. Provide a narrative to include: how your organization has been negatively affected by the State disaster emergency, why the funds are necessary, the applicant's ties to the community and the impact of your work/service in Erie County.

(attach separate sheet if more room is needed)

Our Restaurant was Closed For 6months d. Open W/ Restrictions that impacted our sales. We have purchased PPE For Protection of Staff of guests



Existing Jobs – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.

Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ as of the date of application. L/Q

Grant	Request Budget		
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary) CHUDY Receipts For gLores, towels	For PPE/Fixtures you plan to purchase – list and attach proposal copies	For PPE/Fixture actual expenditures - list and attach paid receipts
	ELONEX HOUSENSON MASHUNE & RECEIPTS AHAGEO ALL HIGHED		
	U U		
	Total Vendor Expense	\$	\$18.593
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$	\$
	CERTIFICATION		
18.	being duly sworn, state that I half the questions and answers contained in the forgoing application and the docume hereto; that I have supplied full and complete information in the answer to each question of my knowledge, information and belief; and that all information I have supplied is understand that false statements or intentional omissions made in this Application verification process may have an adverse consequence to my application/submissions industrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State's Freedom understand that all grant information and records related to this application are possible disclosure under FOIL subject to limited statutory exclusions.	uestion herein s true and con or in connect on to the Erie	to the best rect. I further ion with the County
Name o	JOHN T, RICOHA	Date Comple	ted: 4/21/2
Signatu	John J Ruston		

Grant Application Overview

May 2021

APPLICANT	GRANT AMOUNT		STAFF. RECOMMENDATION
9		Highly Distressed	
Roach, Lennon & Brown, PLLC	\$3,381.07	Area	Recommended for Funding
Synonsis:			

Roach, Lennon & Brown, PLLC - Partners Jack Dee, Dave Roach, Mike Lennon, and Chris Brown, formed Roach, Lennon & Brown, PLLC in September 2018 to offer a collaborative approach to legal services. Located in the historic Electric Tower, in downtown Buffalo, Roach, Lennon & Brown is built on over 100 years of collective experience as legal counsel for individuals, families, professionals, businesses, not-for-profits and government entities. Our practice areas include Business Law, Commercial Law, Entrepreneurship, Startup, Private Equity, Litigation, Commercial Real Estate Development, Estate Planning, and Administration.

Roach, Lennon & Brown has been negatively impacted by the NYS disaster declaration and the impacts of the coronavirus pandemic. The office was closed for several months, and the staff was unable to interact with clients, which resulted in reduced business/revenue. To comply with NYS reopening safety guidelines, the firm purchased air filters and protective barriers to allow staff to return to work. Roach, Lennon & Brown is seeking assistance from the ECIDA to offset the fixture expenditures that were necessary to protect the health and safety of staff and clients.



Thank you for your interest in the **Erie County Industrial Development Agency's Disaster Emergency Grant Program** to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf
Please complete and return this Application along with the required documentation. Questions — contact us at 716.856.6525 x. 126

1.	Applicant Legal Name:	Roach, Leni	non+Boron, PLLC	
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	535 Washin Buffalo, N	non+Brron, PLLC yton St., Svite 1000 ry 14203	
3.	Legal Structure:	•	□S-Corp ALLC □ General Par ership □ Sole Proprietorship □ Not-fo	
4.	Applicant Contact Name:	David Road		
5.	Contact Phone Number:	114-235-3025	Contact Email Address: directed rib at	Horneys
6.	Type of Business:	Please Describe	law firm	100
	schedules or a 2019 CPA Audi	.9, a signed copy of ted Financial Stater	f the organization's 2019 Federal Tax Return i	ncluding all
8.	schedules or a 2019 CPA Audi Balance Sheet.	ted Financial Stater	ment and 2020 year-to-date Profit & Loss Stat	TACHED
	schedules or a 2019 CPA Audi Balance Sheet. Number of years in business in Ownership: Privately held com structure, including the % of ov	Erie County panies, please atta	ment and 2020 year-to-date Profit & Loss Stat	TTACHED
8. 9. 10.	schedules or a 2019 CPA Audi Balance Sheet. Number of years in business in Ownership: Privately held com structure, including the % of ov company. Not for Profit org directors. Ownership Type: Definitions of	Erie County panies, please atta vnership for each in anizations, please a the following owne dix A before answe	ach a description of the company's ownership dividual and entity owning 20% or more of the attach a list of the organization's officers and ership types can be found in Appendix A of this ring this question. Is your business (check all	TTACHED 2,5
9.	schedules or a 2019 CPA Audi Balance Sheet. Number of years in business in Ownership: Privately held comstructure, including the % of ovcompany. Not for Profit org directors. Ownership Type: Definitions of application. Please read Appen that apply): Minority-Ownership	Erie County Ipanies, please attavnership for each in anizations, please attavnership for each in anizations of the following ownership for anixation State of the following ownership for each in anixation state of the following ownership for each in anixati	ach a description of the company's ownership dividual and entity owning 20% or more of the attach a list of the organization's officers and ership types can be found in Appendix A of this ring this question. Is your business (check all ned 'va Veteran-Owned system (NAICS) Code of the Company. Please	TTACHED 2,5
9.	schedules or a 2019 CPA Audi Balance Sheet. Number of years in business in Ownership: Privately held comstructure, including the % of ovcompany. Not for Profit org directors. Ownership Type: Definitions of application. Please read Appenthat apply): Minority-Owned Primary North American Industrial	Erie County Ipanies, please attavnership for each in anizations, please at the following owned ix A before answell Woman-Owner is Classification Stoode, but the six-dig	ach a description of the company's ownership dividual and entity owning 20% or more of the attach a list of the organization's officers and ership types can be found in Appendix A of this ring this question. Is your business (check all ned Veteran-Owned system (NAICS) Code of the Company. Please git code is preferable	TTACHED 2.5 ATTACHED



	☐ Yes 対 No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
	□ Yes № No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
	□ Yes ÈxNo Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
	□ Yes > No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
	☐ Yes No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
	□ Yes ⋈ No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?
	□ Yes No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$
	□ Yes No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.
	☐ Yes No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").
	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e. radio, print news, word of mouth)? BSC SMAIL BUSINESS DEVELOPMENT CONTEXT
14.	Qualifying Questions:
	X Yes □ No.Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?
	¥Yes □ No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?
	Yes □ No Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)
	x(Yes □ No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?
	Yes No Was the Applicant in business prior to March 7, 2020?
	Yes No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?
	□ Yes ≼No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?
	xá. Yes □ No Has the Applicant been negatively impacted by the COVID-19 Pandemic?



	Narrative:
	A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the
15.	reason for their purchase. B. Provide a summary for all future PPE and fixture purchases the entity will be making, including a
	explanation of how it will be used (if applicable). C. Provide a narrative to include: how your organization has been negatively affected by the State
	disaster emergency, why the funds are necessary, the applicant's ties to the community and the
	impact of your work/service in Erie County. (attach separate sheet if more room is needed)
	phase see attached
	pense see w

A brief description of our business per the Applicant Qualifications Checklist:

Roach, Lennon and Brown is a Buffalo-Niagara law firm servicing entrepreneurs, businesses, not-for-profit organizations, municipal entities and individuals in corporate and commercial transactions, litigation and trust and estates matters.

Question 15A Narrative Summary

Our office consists of a kitchen, an open area where 5 of our staff have workspaces and 5 offices for each partner (4) and a fifth attorney. We had acrylic shields installed between the staff workspaces for their safety and separation from one another. We also purchased air purifiers and placed them strategically throughout the entire office space for the additional safety of our entire staff.

Question 15B Narrative Summary

We purchased replacement of filters for the three purification units.

Question 15C Narrative Summary

Access to office facilities, contacts with clients and collection of receivables were all adversely affected. The majority of services we provide are to individuals, businesses and not for-profits located in Erie County. We also perform pro bono legal services, primarily for religious, charitable and educational organizations located in Erie County. Almost all of our owners and all of our employees reside in Erie County.



EMPLO	DYMENT INFORMATION			
Existin constit	g Jobs — A full-time equivalent job equals any coute the equivalent of a job of at least 35 hours	ombination of two or more part-time per week.	e jobs that, whe	en combined,
16.	Indicate how many existing full-time equiva employ as of the date of application.	lent jobs the Applicant and its relate	d entities	4
Grant	Request Budget	:		9)
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional	sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase — list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Kabbit Air Mrd City Office	Funiture	277.31	1794.21 - 1685.22
	Total Vendor Expense GRANT REQUESTED (grant will be calculated)	by multiplying eligible costs x 90%)	\$ 277.31 \$ 249.58	\$ 3479.43 \$ 3131.49
18.	CERTIFICATION David L Kondi all the questions and answers contained in the hereto; that I have supplied full and complete of my knowledge, information and belief, and understand that false statements or intention verification process may have an adverse continuous rial Development Agency. In addition, Lacknowledge that the Agency is understand that all grant information and reconsidered under Foll subject to limited status.	e information in the answer to each of that all information I have supplied tallomissions made in this Application sequence to my application/submiss subject to New York State's Freedom order related to this application are p	ments that I had question hereif is true and cor n or in connect ion to the Erie i of Informatio	understand, ve attached no the best rect 3 further ion with the County
Name	of Company Official Completing Worksheet:	Title:	Date Comple	eted:
	avid L. Roach	Partner	4/26/2	
Signati	ure: Ward Krael	/		

Grant Application Overview

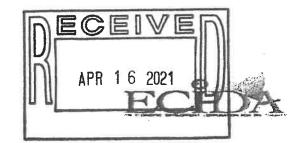
May 2021

APPLICANT	GRANT	PROGRAM	STAFF
	AMOUNT	PRIORITIES	RECOMMENDATION
Surianello General Concrete Contractor, Inc.	\$3,809.93	Highly Distressed Area	Recommended for Funding

Synopsis:

Surianello General Concrete Contractor, Inc. (hereafter Surianello) is a third-generation family-owned and operated business located in the City of Buffalo. Founded in 1957 by Domenic Surianello as a residential concrete contractor, the company has grown to become one of the leading heavy highway slip form concrete contractors in the northeast United States. Surianello entered the heavy highway industry in the early 1960s when President Eisenhower began to develop the Interstate Highway System that we see today. In 1972 Surianello was one of the first contractors to use slip form technology to install concrete curb and gutter, allowing the company to further expand its market presence in civil projects.

Surianello has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. Cost have increased significantly due halts and/or delays at job sites, as well as adhering to COVID protocols. Several administrative employees tested positive for COVID, which resulted in increased costs, interruption in business and lost productivity. Surianello is requesting funding assistance from the ECIDA to support past and future PPE (masks, sanitizer, thermometer, disinfectant) expenditures that are necessary to protect employees in the field and in the office.



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant

Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and
fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the
Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf
Please complete and return this Application along with the required documentation. Questions – contact
us at 716.856.6525 x. 126

COMPAI	NY INFORMATION		
1.	Applicant Legal Name:	Surianello General Concrete Contractor, Inc.	
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	635 Wyoming Ave., Buffaio, NY 14215	
3.	Legal Structure:	☐ C-Corp.	
4.	Applicant Contact Name:	Frank D. Surianeilo	_
5.	Contact Phone Number:	(716) 570-5150 Contact Email Address: Franks@surianello.com	_
6.	Type of Business:	Please Describe Heavy highway concrete construction	
7.		9, a signed copy of the organization's 2019 Federal Tax Return in ed Financial Statement and 2020 year-to-date Profit & Loss State	ement and
8.	Number of years in business in	1	FACHED 64
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and ATTACHED directors.		
10.		the following ownership types can be found in Appendix A of this dix A before answering this question. Is your business (check all Woman-Owned	
11.		rial Classification System (NAICS) Code of the Company. Please code, but the six-digit code is preferable	237310
12.	What share of the company's p	roduct or service is sold within Erie County:	75%
13.	Miscellaneous Questions:		

14.



□Yes a No	Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	ton, de
□ Yes ∞ No	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
□ Yes 29 No	Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
	is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
□ Yes ⊠ No	Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?	
□ Yes ⊠ No	Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?	
□ Yes ធ No	Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$	
□ Yes ⊠ No	Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	
□ Yes ⊠ No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? Marilyn Roach - SBA Small Business Development Center	
Qualifying	Questions:	
⊠ Yes □ No	Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
za Yes □ No	Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
v Yes □ No	Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)	
□ Yes ⊠ No	Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
⊠ Yes □ No	o Was the Applicant in business prior to March 7, 2020?	
Yes □ No	o Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020? On the Applicant, ETOL from medition to fruction another IDA and/or state or federal funding source to support the purchase of PPE identified in the	Sas
⊠ Yes □ No	Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?	
⊠ Yes □ No	o Has the Applicant been negatively impacted by the COVID-19 Pandemic?	



Narrative:

15.

- A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.
- B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).
- C. Provide a narrative to include: how your organization has been negatively affected by the State disaster emergency, why the funds are necessary, the applicant's ties to the community and the impact of your work/service in Erie County.

(attach separate sheet if more room is needed)

A. Surianello General Concrete Contractor, Inc. has purchased hand sanitizer for the office and out in the field, masks for the office and our skilled laborers in the field, purchased more cleaning supplies (i.e. Microban, Clorox, Clorox wipes, paper towels, floor cleaner etc.). We also hired a professional cleaning person to clean the office on a weekly basis to reduce Covid-19 risks. We have also had numerous employees tested for Covid-19 which is an increased health expense.

B. Future PPE purchases include the same items listed in Section A above.

C. We have been impacted by Covid-19 in a few ways. As an important infrastructure contractor, our skilled laborers are out in the field for long hours which requires face masks to be changed frequently. We have had jobsites halt, become delayed and be more expensive due to Covid-19 concerns. We've had a number of employees test positive for Covid-19 in the office which has lead

to increased health expenses, Covid-19 testing expenses, office interruption, more work for unaffected employees and loss of productivity. In addition, our office is located in a high distressed area and as such we have had to be extra careful with interactions within the area.

The funds are necessary to be able to afford and provide the necessary PPE (masks, hand sanitizer, gloves, cleaning supplies) for our skilled laborers throughout our season (about 50+ employees) and our executive staff within the office.

Surianello General Concrete Contractor, Inc. has been in business since 1957. We are a third-generation company with our headquarters located at 635 Wyoming Ave. We have contributed to building roadways, airports, developments and other concrete construction work throughout out Western New York and New York City for over 50 years. We are use union employees and have hired hundreds of skilled laborers over the years. Our employees count on us to keep them safe and during Covid-19 it has been difficult to afford and provide the necessary PPE because many of our work has been delayed which in turn has resulted in payment delays for our work.



EMPLO	YMENT INFORMATION		
	Jobs — A full-time equivalent job equals any combination of two or more part-time ate the equivalent of a job of at least 35 hours per week.	jobs that, whe	en combined,
16.	Indicate how many existing full-time equivalent jobs the Applicant and its related employ as of the date of application.	l entities	17
Grant R	lequest Budget		
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Face Masks for skilled laborers in field and in the office	\$500.00	
	Hand sanitizer and cleaning supplies	\$2,000.00	
	Contactless thermometers for field	\$300.00	
	Gloves face mask, Shields disinfectant, thermometer Printer to Support remote		1,335,40
	Total Vendor Expense	\$2,800.00	\$1,433.26
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$ \$2,520.00	\$1,289.93
		\$4.	233, 26
18.	I Frank D. Surancio , being duly sworn, state that it all the questions and answers contained in the forgoing application and the documentereto; that I have supplied full and complete information in the answer to each question of my knowledge, information and belief; and that all information I have supplied understand that false statements or intentional omissions made in this Application verification process may have an adverse consequence to my application/submissions industrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State's Freedom understand that all grant information and records related to this application are pudisclosure under FOIL subject to limited statutory exclusions.	nents that I have uestion hereing is true and core or in connection to the Erie of Information to Information	ve attached to the best rect. I further ion with the County n Law (FOIL). I
Name	of Company Official Completing Mouleboot		
Name (of Company Official Completing Worksheet: Title:	Date Comple	eted:
Frank D. Surianello, P.E. President 4/1/21 Signature:			

Grant Application Overview

May 2021

ARRIAGANT			
	GRANT	PROGRAM	STATE
	AMOUNT	PRIORITIES	RECOMMENDATION
25		Highly Distressed	
The MOG Inc.	\$3,482.83	Area	December 1 1 C B 1
Synopsis:	40,102.05	7 HCa	Recommended for Funding

The MOG Inc. (hereafter MOG), which is the acronym for Medically Oriented Gym (MOG), is revolutionizing the way people improve and maintain their health. The MOG provides exercises that fits its client's needs, goals, and injury history. With an exceptionally qualified and professional staff, we provide the kind of support that empowers you to integrate healthy, smart decisions into real life. Trilogy PT & MOG is an association of health professionals and lifestyle service experts that coordinate services to provide you the right service by the right expert at the right time. These expert professionals assist you in understanding the choices available to make meaningful lifestyle changes to transform

your life. Services include: Exercise and Nutrition, Physical Therapy, and Coaching Staff.

MOG has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus pandemic. MOG remained open throughout the Pause; however, they were restricted providing services to medically compromised clients only (20% of business). The capacity limitations resulted in a significant loss of revenue, and costs increased due to PPE expenditures to comply with the NYS reopening guidelines. MOG is requesting funding assistance from the ECIDA to offset the purchase of PPE (masks, gloves, sanitizer, thermometer, signage, air filter, etc.) necessary to keep staff and clients safe.



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant

Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and
fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We suggest you begin by reading the
Grant Guidelines that can be found here: https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf
Please complete and return this Application along with the required documentation. Questions – contact
us at 716.856.6525 x. 126

COMP	COMPANY INFORMATION				
1.	Applicant Legal Name:	The MOG Inc.			
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	1801 Grand Island Boulevard Grand Island, NY 14072			
3.	Legal Structure:	☐ C-Corp. ☐ C-Corp ☐ LLC ☐ General Par ☐ Limited Partnership ☐ Sole Proprietorship ☐ Not-fo			
4.	Applicant Contact Name:	Sara Wilczek			
5.	Contact Phone Number:	716-444-3567 Contact Email Address: Sarawptmogeg	mail.com		
6.	Type of Business:	Please Describe Health Club/Medical Fitness F	acility		
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss Statement and Balance Sheet.				
8.	Number of years in business in Erie County				
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.				
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): Minority-Owned Woman-Owned Veteran-Owned				
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable				
12.	What share of the company's p	product or service is sold within Erie County:	100%		
13.	Miscellaneous Questions:				



	□ Yes to N	o is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	
	□ Yes to No	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	Yes of No	o Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
		o Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	1	Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?	
	¹ □ Yes 🖬 No	Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?	
	□ Yes 🗘 No	Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$	
		Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	
	□ Yes 🗷 No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
		How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?	
14.	Qualifying	Questions:	
	Yes 🗆 No	o Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
	e Yes 🗆 No	is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
	√Yes □ No	Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)	
	☐ Yes 🗹 No	Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	Yes 🗆 No	Was the Applicant in business prior to March 7, 2020?	
	_	Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
	□ Yes & No	Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?	
	er Yes □ No	Has the Applicant been negatively impacted by the COVID-19 Pandemic?	



EMPL	OYMENT INFORMATION		
<i>Existi</i> const	ing Jobs – A full-time equivalent job equals any combination of two or more part-tir itute the equivalent of a job of at least 35 hours per week.	ne jobs that, whe	en combined,
16.	Indicate how many existing full-time equivalent jobs the Applicant and its relatement of the date of application.	ted entities	8
Grant	t Request Budget		
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase — list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	See Attached		
	Total Vendor Expense GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)		\$ 3119.81 \$ 2807.83
18.	DAVE WINDS being duly sworn; state that all the questions and answers contained in the forgoing application and the doc hereto; that I have supplied full and complete information in the answer to each of my knowledge, information and belief; and that all information I have supplied understand that false statements or intentional omissions made in this application process may have an adverse consequence to my application/submithdustrial Development Agency. In addition, I acknowledge that the Agency is subject to New York State's Freedingerstand that all grant information and records related to this application are disclosure under FOIL subject to limited statutory exclusions.	uments that I ha nguestion herein d is true and cor ion or in connect ission to the Erie son of Informatio	ve attached to the best rect. I further ion with the County in Law (FOIL) 1
	e of Company Official Completing Worksheet: Title:	Date Comple	eted:
(Sara Wilczek, Director, MOG	4/9/2	021
Signa	0 111.2	4/4/2	.021



	THE ROTAL CONTRACT COMPLETED IN THE COLUMN
Narrative:	

15.

- A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.
- B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).
- C. Provide a narrative to include: how your organization has been negatively affected by the State disaster emergency, why the funds are necessary, the applicant's ties to the community and the impact of your work/service in Erie County.

(attach separate sheet if more room is needed)

- A) Please see attached Part A

 B) Please see attached Part B

 C) Please see attached Part C

Narrative- Part A

Date	- Item	Cost	
4/6/2020	Disinfectant wipes	\$	63.76
5/3/2020	Face Masks	\$	119.97
5/18/2020	Hospital Hand Sanitizer	\$	179.64
9/16/2020	Hand Sanitizer	\$	59.96
9/17/2020	Hand Sanitizer	\$	89.94
	Clorox Disinfectant toilet cleaner +	\$	12.40
	Digital Thermometer	\$	12.40 to
5/28/2020	Reflective Tape (for social distancing) &	\$	55.44//
5/28/2020	Gloves ♥	\$	56.52
3/22/2021	Hand Sanitizer	\$	44.73
5/28/2020	Gloves •	\$	56.52
5/28/2020	Gloves ♥	\$	56.52
6/30/2020	COVID signs	\$	498.00
7/27/2020	Face Masks	\$	45.99
7/26/2020	Face Masks	\$	45.99
7/25/2020	Face Masks	\$	45.99
	Forehead Thermometer	\$	39.99
10/13/2020		\$	45.60
10/13/2020	Digital Thermometer	\$	24.49
8/17/2020	Air filters	\$	129.99
	Lysol Cleaner	\$	174.97
10/29/2020	Neack gaitor face covers	\$	135.92
6/4/2020	Dobmeier Janitor - sanitizers/dispensers	\$	1,125.08
	Grand Total:	\$	3,119.81

Narrative- Part B

We are requesting an additional \$750.00 for Disinfectant spray, wipes, latex gloves, face masks, hand sanitizer bottles and refills. This will allow us to puchase additional PPE and sanitizer through 2021.

Narrative- Part C

Our MOG (Medcially Oriented Gym) was negatively impacted by COVID when NYS mandate closed all fitness facilities. We qualify as a medical fitness facility and we allowed to continue to see individuals who were medically directed by a health care provider.

Because of the mandate, we had to refuse any individual who was not considered a medically

comproprised. This was about 80% of our revenue generator. We still had to purachse PPE for our individuals who were coming into our facility, as well as protect our staff who were still working.

The MOG is a medical fitness facility that helps people get healthier and stay healthier. We cater to individuals with diseases such as, obesity, cardiac disease, parkinson's disease, cancer, pulmonary diseases, and mental diagnosis. For these individuals, our facility is critical for people to manage their disease and prevent further regression for improved quality of life.