

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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

COMPANY INFORMATION			
1.	<b>Applicant Legal Name:</b>		
2.	<b>Applicant Address:</b>		
3.	<b>Legal Structure:</b>	<input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit	
4.	<b>Applicant Contact Name:</b>		
5.	<b>Contact Phone Number:</b>		<b>Contact Email Address:</b>
6.	<b>Type of Business:</b>	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 an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020.		
			<input type="checkbox"/> ATTACHED
8.	<b>Number of years in business in Erie County</b>		_____
9.	<b>Ownership:</b> 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.		<input type="checkbox"/> ATTACHED
10.	<b>Ownership Type:</b> Definitions of the following ownership types can be found in Appendix A of this application. <b>Please read Appendix A before answering this question.</b> Is your business (check all that apply): <input type="checkbox"/> <b>Minority-Owned</b> <input type="checkbox"/> <b>Woman-Owned</b> <input type="checkbox"/> <b>Veteran-Owned</b>		
11.	<b>Primary North American Industrial Classification System (NAICS) Code of the Company.</b> Please provide at least the three-digit code, but the six-digit code is preferable		
12.	<b>What share of the company’s product or service is sold within Erie County:</b>		%
13.	<b>Miscellaneous Questions:</b>		
	<input type="checkbox"/> Yes <input type="checkbox"/> 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?  <input type="checkbox"/> Yes <input type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?  <input type="checkbox"/> Yes <input type="checkbox"/> 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?		

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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the Company or any of its principal’s delinquent on property, personal, and/or employment taxes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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: \$</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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”).</p>	
<p><b>14.</b></p>	<p><b>Qualifying Questions:</b></p>	
	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant’s primary place of business located in a highly distressed area? (see map at <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a>)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business prior to March 7, 2020?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the Applicant been negatively impacted by the COVID-19 Pandemic?</p>	
<p><b>15.</b></p>	<p><b>Narrative:</b></p> <p>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</p> <p>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).</p>	

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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)*

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<b>EMPLOYMENT INFORMATION</b>	
<b>Existing Jobs</b> – 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.	
<b>16.</b>	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ

<b>Grant Request Budget</b>			
	PPE and/or Fixture Installation Description	For <b>FUTURE</b> PPE/Fixtures you plan to purchase – list and attach proposal copies	For <b>PAST</b> PPE/Fixture actual expenditures - list and attach paid receipts
<b>17.</b>	<b>Items or Vendor Contract (attach additional sheet as necessary)</b>		
	<b>Total Vendor Expense</b>	\$	\$
	<b>GRANT REQUESTED</b> ( <i>grant will be calculated by multiplying eligible costs x 90%</i> )	\$	\$

**18. CERTIFICATION**

I \_\_\_\_\_, 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 Erie 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.

<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
<b>Signature:</b>		

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## GRANT APPLICATION CHECKLIST

The Application checklist will help you to prepare a complete grant submission. Applications will be reviewed in the order in which they are received. Only complete Applications will receive a review and determination. Missing or incomplete information may negatively impact your Application.

Where applicable, please provide copies of requested items listed below as these documents will become part of the ECIDA’s official grant file – documents will not be returned to the applicant.

Attachment	Included √
Completed Erie County COVID-19 Disaster Emergency Grant Application signed by an authorized representative of the organization	
<b>Applicant Qualifications</b>	
Proof of Business Registration: <ul style="list-style-type: none"> <li>• FOR SMALL BUSINESS: Business Certification (i.e. certificate of incorporation, articles of organization, good standing certificate, etc.)</li> <li>• FOR NOT-FOR-PROFIT ORGANIZATION: IRS Determination Letter</li> </ul>	
Form NYS-45 – Quarterly Combined Withholding, Wage Report, and Unemployment Insurance Return for the 2 <sup>nd</sup> Quarter of 2020	
Business Plan or brief description of business	
Ownership Details as requested in Question 9 of this application.	
Copy of your COVID-19 Reopening Safety Plan in accordance with NYS guidelines	
<b>Financial Documentation</b>	
IRS form W-9 Request for Taxpayer Identification Number and Certification	
Signed copy of the organization’s 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement	
Interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020	
PPE Vendor Quote/Invoice or paid receipts and cancelled check for actual PPE/Fixture expenditures on or after March 7, 2020.	

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## Appendix A: Ownership Types

**Minority owned** - business must be at least 51% owned and controlled by an individual or individuals who belong to one or more of the following:

- African Americans,
- Hispanic Americans,
- Asian Pacific Americans,
- Subcontinent Asian Americans,
- Native Americans.

**Woman owned** - business must be at least 51% owned and controlled by an individual or individuals who are women.

**Veteran owned** - businesses must be 51% or more owned and controlled by an individual or individuals in one or more of the following groups:

- Veterans (other than dishonorably discharged);
- Service-Disabled Veterans,
- Active Duty Military service member participating in the military's Transition Assistance Program (TAP),
- Reservists and National Guard Members,
- Current spouse of any Veteran, Active Duty service member, or any Reservist or National Guard member; or widowed spouse of a service member who died while in service or of a service-connected disability.