

**3.3 Approval of COVID-19 Disaster Emergency Grant Applications**

## COVID 19 Disaster Emergency Grants - Approved 2020

Board Approved Date	Business Name	City	Type	Grant Amount
9/23/2020	A1 Express Inc.	Buffalo	Service	\$4,619.35
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	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	ABC Learn and Play 2, Inc.	Buffalo	Service	\$9,087.92
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
10/28/2020	Buffalo and Erie County Botanical Gardens Society	Buffalo	Not for Profit	\$3,107.70
10/28/2020	Buffalo Center for Arts & 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	Retail	\$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	WNY 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
11/18/2020	Gerard Place Housing Development Fund Company	Buffalo	Not for Profit	10,000.00

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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
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
				<b>\$247,884.28</b>

## December 2020 Grant Applicants

Name	Address	City	Business Type	Grant Amount Requested	Dist	MBE	VET	WBE	Use of grant funds
Burden, Hafner & Hansen, LLC	403 Main Street	Buffalo	Legal	\$10,000.00	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
EPIC - Every Person Influences Children, Inc.	1000 Main Street	Buffalo	Not for Profit	\$4,166.48	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Erin L. Reukauf dba Lyfe Beauty & Mind	21 Princeton Place	Orchard Park	Service	\$7,805.22	No	No	No	Yes	Purchase of PPE and Installation of Fixtures
Gordon A. Kent, D.M.D., PC (Smile Center)	4427 Union Road	Cheektowaga	Health Care	\$10,000.00	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Manna Culinary Group	683 Northland	Buffalo	Retail	\$7,850.00	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Neill & Strong	13166 Main Street	Alden	Legal	\$2,029.60	No	No	No	Yes	Purchase of PPE and Installation of Fixtures
Rappold Family Dentistry, PC	20 Losson Road #110	Cheektowaga	Health Care	\$10,000.00	No	No	No	Yes	Purchase of PPE and Installation of Fixtures
Rec Room Holdings, LLC	79 W Chippewa Street	Buffalo	Retail	\$8,642.51	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Salon 716 NY, LLC	24 LaSalle Avenue	Kenmore	Service	\$9,975.79	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Sheridan Medical Group	1491 Sheridan Drive	Tonawanda	Health Care	\$10,000.00	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
SowFit Buffalo dba PBnJ Enterprises	1940 Kenmore Avenue	Buffalo	Service	\$10,000.00	Yes	No	No	Yes	Installation of Fixtures only
Susan E. Bennett PT PC	2075 Sheridan Drive	Kenmore	Health Care	\$10,000.00	No	No	No	Yes	Purchase of PPE and Installation of Fixtures
Tammy Perison, DDS Family & Cosmetic Dental Care	425 Main Street	West Seneca	Health Care	\$10,000.00	Yes	No	Yes	Yes	Purchase of PPE and Installation of Fixtures
The Igloo WNY LLC dba The Black Sheep Restaurant & Bar	367 Connecticut Street	Buffalo	Retail	\$4,098.41	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
The Intersection Cafe, Inc. dba The Intersection	100 Elmwood Avenue	Buffalo	Retail	\$4,462.31	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Tremetris Nance dba Nance Nelson's Enterprise	715 Kensington Ave	Buffalo	Service	\$5,304.22	Yes	Yes	No	Yes	Purchase of PPE and Installation of Fixtures

\$124,334.54



## Grant Application Overview

December 2020

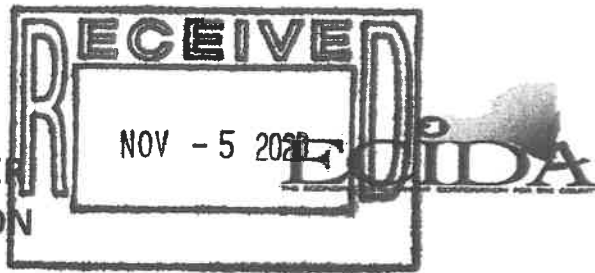
APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Burden, Hafner & Hansen, LLC	\$10,000	Highly Distressed Area ✓ WBE ✓	Recommended for Funding

### Synopsis:

**Burden, Hafner & Hansen, LLC** (hereafter BHH) is certified by the Women's Business Enterprise National Council (WBENC) as a Women's Business Enterprise (WBE). BHH serves individuals, corporations, insurers and other businesses in all matters that can arise in day-to-day operations. BHH attorneys and staff are active in many local charitable groups and organizations and the firm supports their individual endeavors to share their time and talents with the Buffalo-Niagara community. The attorneys at BHH have a history of serving as board members for organizations, both those aimed at promoting ethical legal practice across the country, and those that provide services to individuals and families in need in our own backyard.

BHH has been negatively impacted by the NYS disaster declaration and the effects of the pandemic. The firm was closed for 3 months and all 13 employees were forced to work remotely. With the Courts closed, many of the firm's cases were delayed, drastically reducing billable hours. The pandemic has also impacted the firm's ability to solicit new business. BHH is seeking assistance from the ECIDA to offset the cost of fixtures and PPE (computer hardware and software, masks, disinfectant, sanitizer, etc.) expenditures that were necessary for the firm to remain operational and protect the health and safety of staff and clients.

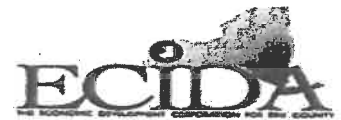
**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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> Burden, Hafner & Hansen, LLC
2.	<b>Applicant Address:</b> 403 Main Street, Suite 605, Buffalo, New York 14207
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" 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> Donna L. Burden
5.	<b>Contact Phone Number:</b> 716-849-8600 <b>Contact Email Address:</b> DLB@BHHATTORNEYS.COM
6.	<b>Type of Business:</b> Please Describe Law Firm
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> 13 years
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
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 541110
12.	<b>What share of the company's product or service is sold within Erie County:</b> 100 %
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



	<p><input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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>	
14.	<p><b>Qualifying Questions:</b></p>	
	<p><input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business prior to March 7, 2020?</p> <p><input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the Applicant been negatively impacted by the COVID-19 Pandemic?</p>	
15.	<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>	

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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. Immediately when the pandemic hit, we purchased 10 computer laptops and paid considerable IT expenses to have them all set up for remote access of our staff including secretaries, billing and paralegals that did not have access to a computer at home to work remotely while the Governors "stay at home" Order was in effect to keep them employed and business open. Additionally, we had to purchase new software transcription for those secretaries since the software we had would not work on the new laptops, as well as headsets and foot pedals (for dictation), so that they could continue to work but from home. We have also purchased quantities of masks, hand sanitizer, sanitizing wipes, and an infrared thermometer in order to protect our employees, clients, visitors and vendors as much as we can from COVID-19. At this time, we only have 2 employees working physically in the office on alternate days and all the rest are remote.

B. We would like to purchase additional PPE as well as have fixtures purchased or fabricated to provide additional support including Plexiglass dividers and shields and partial walls for our reception area and between cubicles for workers. This would be done to eliminate the hazard, isolate people from the hazard, and provide a physical barrier between the people and to help capture respiratory droplets when individuals are in close contact. This would allow some additional employees to also be physically in the office.

C. Many of our litigated cases are in Erie County and the rest throughout the State of New York. We have have lost workers that did not want or could not work remotely or they were entirely unproductive. We have not received the typical "new business" that we would ordinarily because the Governor's Orders have extended the tolling of the Statute of Limitations or deadline for when new actions must be commenced so there are not as

**ERIE COUNTY COVID-19 DISASTER  
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	<p>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.</p>
	<p><i>(attach separate sheet if more room is needed)</i></p> <p>many new lawsuits and therefore not as much work sent our way to defend those suits. We also have clients who are "cutting" more time, delaying payments and "holding off" on sending new work. Also, client are delaying or refusing annual hourly increase requests.</p> <p>As to our community involvement, I have been a very active member of this community serving as Treasurer for the Bar Association of Erie County and on the Board of Directors, and also on the Board of Directors and holding Offices on several not for profits including SABAH, Heritage Centers (Erie County ARC), Buffalo Hearing &amp; Speech and Center for Handicapped Children. My partners are very active in other local organizations as well, including the Ronald McDonald House. We frequently support local charities and not for profits including SABAH, Ronald McDonald House, to name a few.</p>

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



<b>EMPLOYMENT INFORMATION</b>		
<i>Existing Jobs</i> – 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	13

<b>Grant Request Budget</b>			
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
	Laptops		7,264.79 ✓
	Equipment: headset, foot pedal		522.26
	IT and Software		3,106.98
	PPE: masks, hand sanitizer, wipes, etc.		523.41 ✓
	Estimate Outstanding	5,000.00	
	<b>Total Vendor Expense</b>	<b>\$ 5,000.00</b>	<b>\$ 11,417.44</b>
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	<b>\$ 5,000.00</b>	<b>\$ 11,417.44</b>

18.	<p><b>CERTIFICATION</b></p> <p>Donna L. Burden, 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.</p> <p>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.</p>
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<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
Donna L. Burden	Managing Partner	11/02/2020

**Signature:**



## Grant Application Overview

December 2020

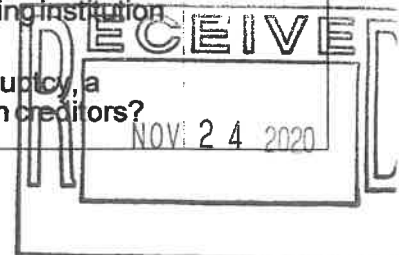
APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
EPIC – Every Person Influences Children, Inc.	\$4,166.48	Highly Distressed Area	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>EPIC – Every Person Influences Children, Inc.</b> (hereafter EPIC) is a non-profit human service organization located in the City of Buffalo that helps families, schools and communities raise children to become responsible and successful adults. Services include parenting education, family engagement, youth services, and professional development.</p> <p>EPIC has been negatively impacted by the NYS disaster emergency and the conditions created by the coronavirus pandemic. EPIC was forced to pivot to fully remote services for four (4) months, which resulted in a significant decrease in revenue. Fundraising efforts were also hindered, and state grant funding was reduced by 20%. EPIC’s organizational budget is likely to continue to be negatively impacted by COVID-19 well into the future. EPIC is seeking funding assistance from the ECIDA to offset PPE/fixture (masks, disinfectant/sanitizer, cleaning supplies, partitions, sneeze guards, etc.) expenditures necessary to safely return staff and clients to the office for increased in-person services.</p>			

# 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> EPIC – Every Person Influences Children, Inc.
2.	<b>Applicant Address:</b> 1021 Broadway St. Buffalo, NY 14212
3.	<b>Legal Structure:</b> <input checked="" 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> Jennifer A. Majeski
5.	<b>Contact Phone Number:</b> 716-332-4122 <b>Contact Email Address:</b> majeskij@epicforchildren.org
6.	<b>Type of Business:</b> Please Describe: Not for Profit, Human Services, Prevention/Parenting
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> 40
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
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 624190
12.	<b>What share of the company's product or service is sold within Erie County:</b> 81%
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?



**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



- 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?  
*Explanation: In 2010, the NYS Department of Labor cited EPIC for having facilitators as Independent Contractors instead of employees. We reviewed, paid the back taxes and hired all facilitators as employees.*
- 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 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").

*See email dated 12-9-20*

**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?
- 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).

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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. EPIC is an essential business that went fully remote effective March 18<sup>th</sup>. We brought employees back to the office with staggered days beginning July 6<sup>th</sup>. We purchased the following PPE equipment in order to safely bring employees back: disinfectant/hand sanitizer in bulk to clean and sanitize desks and hands; spray bottles and paper towels for each individual to clean and sanitize desks and hands; anti-bacterial wipes to clean high touch areas; and a plexiglass divider for EPIC's receptionist.
- B. EPIC will need to provide future PPE equipment including: cleaning solutions that meet CDC guidelines to clean the EPIC areas on a daily basis; disinfectant/hand sanitizer in bulk to clean and sanitize desks and hands; anti-bacterial wipes to clean high touch areas twice daily; paper towels for each individual to clean desks and hands; 5 partition dividers for between each cubicle desk, as certain areas do not have 6 feet between them (we are choosing whiteboard dividers as they are the same price as a non-workable divider (several quotes attached); masks for all employees (washable) and visitors (disposable); Merv 11 air filter for 2 replacements; 3 portable sneezeguards for use at reception and in conference rooms; and 2 digital thermometers for taking temperatures of employees or guests.
- C. EPIC's total gross revenue was budgeted at \$1,074K, and is now forecasted at \$844K, a deficit of \$230K. The 2020 budget was a break even budget and is now forecasted at a bottom line loss of \$89K. EPIC was forced to cancel its two largest annual in person fundraisers, one in March and one in November, that together totaled \$110K gross revenue. The March fundraiser was budgeted at \$30K gross and we hit \$11K, a deficit of \$19K. Development revenue for the year is projected to be \$100K short of our budget due to the Coronavirus impact. Government grants, from state funding, were cut 20%. Foundations shifted their focus off programming and onto Coronavirus essential relief, covering funding for expenses such as needs for front line workers and food for unemployed families. EPIC's request for funds are necessary to cover PPE and fixtures that are needed to keep workers at the office location safe and to follow all state COVID guidelines. EPIC has been in business for 40 years. Our mission is helping families, schools, and communities to raise children to be responsible and successful adults. We do this through parenting support, youth services, family engagement in education and professional development. Annually, our work impacts over 3700 families and over 300 community agencies. Parenting skills learned include positive changes in stress management; conflict resolution; positive discipline techniques; and increased time reading with their child. Professional development skills learned include working with diverse families; trauma informed care; self-care; communication; and resilience. Our research and evidence-based programs and workshops are free to parents. 80-85% of our services support the Erie County community. EPIC recently moved from the 14202 zip (code 006800 high need) into the 14212 zip (code 001600 high need) which still places us in an area of Buffalo with a high need of services. We moved and partnered with six other agencies to create the Human Services Collaborative, consisting of EPIC, Parent Network of WNY, Mental Health Advocates of WNY, Learning Disabilities Association, Self-Advocacy Association of NY, WNYOPWDD, and Spectrum Health Services. Many of the agencies are sharing costs yet we still have our own agency needs for COVID PPE and dividers. Also in the building, is Jericho Road, Oishei Children's Health Clinic, a rehabilitative work out room, space for incubator not for profits, and future retail space.

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



## EMPLOYMENT INFORMATION

**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 13.2

## 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
	VIA – 8 gal Sanitizer/Disinfectant (\$21.59/each) and 24 anti-bacterial wipes (\$7.07 /each)		342.40 ✓ NP
	Dave's – 4 gal of sanitizer (\$10.00/each) – no longer available at this price	-----	40.00 ✓
	Walmart – 12 Spray bottles (\$1.00/each), 4 paper towel rolls (\$.50/each)		14.00 ✓
	Ciminelli – Manufacture & install Plexiglass sneezeguard		170.00 ✓ NP
	Valu – 2 gal Sanitizer (\$19.99/each)		39.98 ✓
	Zep Spirit II Disinfectant Cleaner – 6 cases (\$59.99/case of 4 gal)	359.94	
	Valu – 20 gal Sanitizer (\$19.99/each) Quote is from actual prior purchase	399.80	
	48 anti-bacterial wipes (\$7.07/each) Quote is from actual prior purchase	339.36	
	20 packs of Paper towels (\$13.99/each) - Quote attached	279.98	
	5 partitions (\$249.00 each) – Quote Attached	1245.00	
	100 washable masks (\$1.79 each) plus shipping - Quote Attached	185.22	
	Disposable masks (500 Pk) – Quote Attached	85.99	
	Merv 11 Air filter (replace 4 times/year – 2 quoted)	979.00	
	Sneeze guards ( 3 @ \$34.99)	104.97	
	Thermometer for taking temperature of employees/guests ( 2 @ \$21.89)	43.78	
		<b>\$4023.04</b>	<b>\$606.38</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$3620.74</b>	<b>\$545.74</b>

## CERTIFICATION

18. I, Tara N. Burgess, 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.

Name of Company Official Completing Worksheet:

Title:

Date Completed:

Tara N. Burgess

Executive Director

11.23.2020

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**

Signature: 

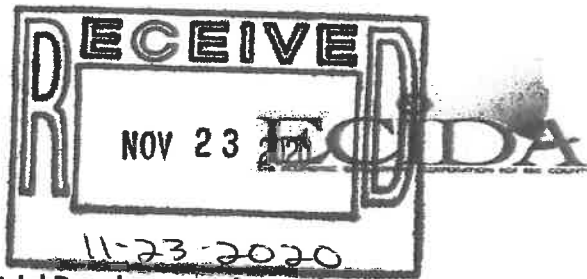


## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Erin L. Reukauf dba Lyfe Beauty + Mind	\$7,805.22	WBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Lyfe Beauty + Mind</b> (hereafter Lyfe) is a woman-owned hair salon located in the Village of Orchard Park business district. Lyfe caters to women, men, and children in the WNY area. Services include haircuts and styling, hair coloring and restoration treatments. Lyfe has one full-time employee and three (3) independent contractors.</p> <p>Lyfe has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. Hair salons and other beauty services, which are classified under non-essential services, were one of the first industries to close their doors. Lyfe was closed for several months (March – June) and has once again closed under the most recent NYS Orange Zone restrictions. The salon re-opened in June at reduced capacity and has found it challenging to regain its clientele under the current conditions. Lyfe is seeking assistance from the ECIDA to offset previous and future PPE/fixture (masks, shields, gloves, sanitizer/disinfectant, cleaning supplies, no-touch dispensers, etc.) expenditures that are necessary to protect the health of clients and staff.</p>			

# 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> ERIN L. REUKAUF DBA LIFE BEAUTY & MIND
2.	<b>Applicant Address:</b> 21 PRINCETON PL STE 10, Orchard Park NY 14127
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 checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4.	<b>Applicant Contact Name:</b> ERIN L. REUKAUF
5.	<b>Contact Phone Number:</b> 716-598-3363 <b>Contact Email Address:</b> BROOKLYNAZI@VERIZON.NET
6.	<b>Type of Business:</b> Please Describe APPEARANCE ENHANCEMENT SALON
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> <span style="float: right;">1.5</span>
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
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 <span style="float: right;">812 112</span>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">100 %</span>
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



- 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 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  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?
- 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).

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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)*

PLEASE SEE APPENDUM  
FOR #15 A, #15 B, #15 C

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



**EMPLOYMENT INFORMATION**

**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 1 EMPLOYER / 3 RENTERS 3.5

**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
	PLEASE SEE ADDENDUM FOR #17		
	<b>Total Vendor Expense</b>	\$4413.48	\$4258.99
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$	\$

**CERTIFICATION**

18. 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.

Name of Company Official Completing Worksheet:	Title:	Date Completed:
Signature: <u>Erin Keuray</u>		

# LYFE Beauty+Mind

## 15 A: Summary of PPE / Fixture Purchase for LYFE Beauty + Mind

Having already lost over 3 months of revenue, the added cost of buying PPE is concerning. Since re-opening under the NYS guidelines we've taken an abundance of precaution in creating a safe and sanitized environment for our clients.

Below is a summary of some of the purchased we have made:

Item	Reason	Cost Ea	Quant	Total
Face shields	Client / stylist protection	\$21.99	8	\$175.92
3-ply disposable face masks	Client / stylist protection	\$30.00	8	\$240.00
Hygiene screen	Client / stylist protection	\$149.99	1	\$149.99
Client aprons	Client / stylist protection	\$16.99	32	\$543.68
Stylist aprons	Client / stylist protection	\$25.95	12	\$311.40
Alcohol wipes	Client / stylist protection	\$29.95	20	\$599.00
Hand sanitizer	Client / stylist protection	\$9.95	20	\$199.00
Disposable gloves	Client / stylist protection	\$150	4	\$600.00
Anti-microbial soap	Client / stylist protection	\$100	1	\$100.00
Laundry supplies	Client / stylist protection	\$200	1	\$200.00
Additional towels	Client / stylist protection	\$150	2	\$300.00
Disposable paper towels	Client / stylist protection	\$200	1	\$200.00
Tissues	Client / stylist protection	\$200	1	\$200.00
Salon cleaning supplies	Client / stylist protection	\$200	1	\$200.00
Barbacide	Client / stylist protection	\$30	8	\$240.00
<b>Total Estimated Spend March – October 2020</b>				<b>\$4258.99</b>



# LYFE Beauty+Mind

## 15 B: Summary of PPE / Fixture Future Purchases for LYFE Beauty + Mind

Below is a summary of some of the purchases we plan on making to continue to serve our clients in a safe and sanitary way:

Item	Reason	Cost Ea	Quant	Total
Face shields	Client / stylist protection	\$21.99	8	\$175.92
3-ply disposable face masks	Client / stylist protection	\$30.00	8	\$240.00
Alcohol wipes	Client / stylist protection	\$29.95	20	\$599.00
Hand sanitizer	Client / stylist protection	\$9.95	20	\$199.00
Disposable gloves	Client / stylist protection	\$150	4	\$600.00
Anti-microbial soap	Client / stylist protection	\$100	1	\$100.00
Laundry supplies	Client / stylist protection	\$200	1	\$200.00
Additional towels	Client / stylist protection	\$150	2	\$300.00
Disposable paper towels	Client / stylist protection	\$200	1	\$200.00
Tissues	Client / stylist protection	\$200	1	\$200.00
Salon cleaning supplies	Client / stylist protection	\$200	1	\$200.00
Barbacide	Client / stylist protection	\$30	8	\$240.00
Hair foil dispensers	Client / stylist protection	\$49.95	4	\$199.80
Plastic barriers		299.99	2	\$599.98
Sterilizing unit		79.99	2	\$159.98
Hair foil dispensers	Client / stylist protection	\$49.95	4	\$199.80
Total Projected Spend:				\$4,413.48

# LYFE

Beauty+Mind

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## 15 C: How LYFE Beauty + Mind Has Been Affected Re: The State Disaster Emergency

As one of the first industries to experience shut down in March when many professions were deemed non-essential, the hardworking people who work at LYFE Beauty + Mind and I have had a long stretch to absorb how this pandemic impacts our careers, our communities, our lives.

LYFE Beauty & Mind is fairly new to the Orchard Park self-care scene, at only a year and a few months old at the time of initial closure in March. The business took off at an exciting pace and retained clientele from previous salon experience, while attracting a significant level of new business from Orchard Park and the surrounding townships.

As business grew so did ties bonding me, and the business into to the vibrant community of Orchard Park. As a member of the small business 'sisterhood', LYFE Beauty + Mind developed supportive relationships and shared clientele and business resources with other area entrepreneurships. For instance, I began teaching Barre Fitness classes at nearby VIBE Cycling Studio. I'd talk to clients about the delicious healthy foods served at Green Eats. The studio where my daughters dance, Mary Alice's Dance Studio would refer dance moms to my salon. The owners of the local boutique Research & Design would support LYFE as I would consistently refer clients from my salon chair to the within-walking-distance retail shop. In essence – the ecosystem that LYFE Beauty + Mind had developed was greater than the sum of its parts.

Just as we began to work out some of the operational kinks that come with launching and growing, COVID came.

The beauty industry as a whole - which pegged an annual growth rate of 3%-5% - is now expected to see as much as a 20%-25% decline, some projections say. Economically, that means disaster at a personal, professional and municipal level, and is further downtrodden by predicted additional spikes in virus (ie more business lost) and lockdown-driven trends towards DIY beauty routines.

While the story of my livelihood and personal economic situation is grim, so is that of the others who work at LYFE. And the costs involved in reopening – including significantly less throughput because of health regulations limiting numbers of staff and clientele; previously billable time afforded now to sanitation and documentation; and a general decrease in clients and customer experience – have been impassable.

Historically an appointment at the salon is an exciting outing. That, too, has shifted. For that percentage of customers who have decided to return to their hair treatments, styles and cuts; the visit is a burden. They are uncomfortable. The social aspect is impaired, the new normal is something folks are (rightly) apprehensive about. Pairing that with the hurdles faced by myself and the stylists at LYFE (working with customers through layers of PPE, keeping services as touch-free as possible, the highly administrative burdens that weigh on appointment setting, payment, sanitation, etc.) the industry is perhaps changed forever. This stigma is something my industry will take years to rebuild.

Funding support available through the grant program would help us lighten the load some of the extra costs have burdened us with, atop of the still-fresh injury of closing our doors for so long, and losing customers to DIY. More towels are needed. Cleaning supplies and services. Countless masks, partitions to guide customers. Sanitizer, time spent disinfecting between clients. The list is endless.

LYFE is a small, community salon. The stylists and I cater to good people, and our business simultaneously leans on and bolsters up other local businesses. We are in this together, with our Orchard Park community, and financial assistance in the form of this grant could be just what is needed to sustain us through the coming months.

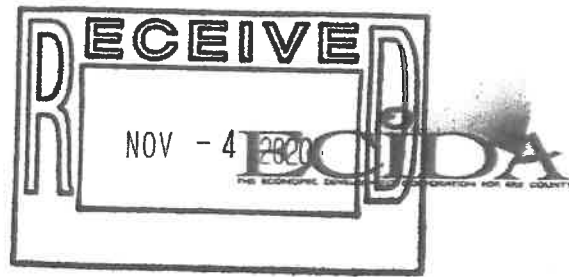
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## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Gordon Kent, D.M.D., P.C.	\$10,000	Highly Distressed Area	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Gordon Kent, D.M.D., P.C.</b> (hereafter Smile Center), located on Union Road in Cheektowaga, provides a variety of services including oral care, dentures, implants, Invisalign, orthodontics, cosmetic dentistry, and emergency dentistry. The office has two associate doctors, eleven full time staff, and four part-time staff.</p> <p>The Smile Center has been negatively impacted by the NYS emergency declaration. The business was closed for three (3) months from March through May and reopened in June at reduced capacity. In addition to the lost income, the Smile Center has incurred significant expense to maintain the safety of patients and staff. The Smile Center is requesting funding assistance from the ECIDA to offset actual PPE/fixture (Oral Vacuum Units, HEPA filters, UV light sterilization, masks, gowns, gloves, etc.) expenditures, which total approximately \$30,000 to date.</p>			

# 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> Gordon A. Kent, OMD, PC
2.	<b>Applicant Address:</b> 4427 Union Rd, Cheektowaga, NY, 14225
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input checked="" 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> Gordon Kent
5.	<b>Contact Phone Number:</b> 716-574-9413 <b>Contact Email Address:</b> flywing2@aol.com
6.	<b>Type of Business:</b> Please Describe Dental Office
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> <span style="float: right;">37</span>
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. <span style="float: right;"><input type="checkbox"/> ATTACHED</span> 100% Owned by Dr. Gordon Kent
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
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 <span style="float: right;">621210</span>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">100%</span>
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



- 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 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  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?
- 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).

**ÉRIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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. *Please see attached*

*(attach separate sheet if more room is needed)*



# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



**EMPLOYMENT INFORMATION**

*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 11 Full Time, 4 Part Time

**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
	<u>Please see attached PH Detail other Form</u>		<u>30,000</u>
	<u>Heavy Safety PPE</u>	<u>5000</u>	
	<b>Total Vendor Expense</b>	<u>\$5000</u>	<u>\$ 30000</u>
	<b>GRANT REQUESTED</b> ( <i>grant will be calculated by multiplying eligible costs x 90%</i> )	<u>\$</u>	<u>\$ 10,000</u>
		<u>The maximum</u>	

**CERTIFICATION**

18. [Signature] 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.

Name of Company Official Completing Worksheet: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature: [Signature] Pres. Dev. I 10/21/2020

To whom it may concern,

For the dental practice, we purchased five Strong Extra Oral Vacuum Units for reopening during the Covid Pandemic. These machines are used for high intensity air filtration and are aimed at the patient's mouth during procedures. Each unit includes HEPA filters and UV light sterilization. In addition, we purchased N95 masks, gowns, headgear, booties, washing machine and dryer for staff. In the future, we will need to purchase additional PPE to continue operating. We currently buy products from Henry Schein and the air filtration units were purchased from PH Dental.

Gordon Kent, DMD, PC is a professional corporation that is owned 100% by Dr. Gordon Kent. The office currently has two associate doctors, eleven full time staff, and four part time staff. The office was closed for three months during the Covid pandemic.

A handwritten signature in black ink, appearing to read 'J. H. Kent', with a long horizontal flourish extending to the right.

Dr. Gordon Kent

4427 Union Rd

Cheektowaga, NY, 14225

716-574-9413

[mail@smilecenterny.com](mailto:mail@smilecenterny.com)

To whom it may concern,

For the dental practice, we purchased five Strong Extra Oral Vaccum Units for reopening during the COVID Pandemic. These machines are used for high intensity air filtration and are aimed at the patient's mouth during procedures. Each unit includes HEPA filters and UV light sterilization. In addition, we purchased N95 masks, gowns, headgear, booties, washing machine, and dryer for staff. In the future, we will need to purchase additional PPE to continue operating. We currently buy products from Henry Schein and the air filtration units were purchased from PH Dental.

Gordon Kent, DMD, PC is a professional corporation that is owned 100% by Dr. Gordon Kent. The office currently has two associate doctors, eleven full time staff, and four part time staff. The office was closed for three months during the COVID pandemic.

During the reopening, we had to tier the room usage in order to sanitize and social distance in the office. This caused us to lose revenue since we were not able to operate at full capacity. A rigorous cleaning protocol was put into place to keep employees and patients safe.

Dr. Gordon Kent

4427 Union Rd

Cheektowaga, NY, 14225

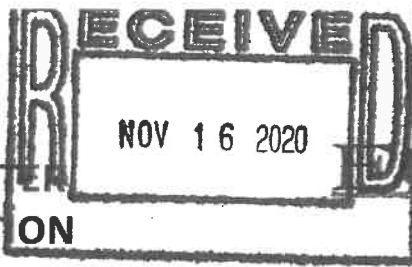
716-574-9413

[mail@smilecenterny.com](mailto:mail@smilecenterny.com)

## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Manna Culinary Group	\$7,850	Highly Distressed Area MBE	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Manna Culinary Group</b> (hereafter Manna) operates the Manna@Northland restaurant located inside the Northland Workforce Training Center. In addition to the restaurant, Manna provides catering service to businesses and residents on the East side of Buffalo. Manna was operational for only 5 months before the NYS Pause was issued in response to COVID-19.</p> <p>Manna has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus pandemic. Just when the business was building a following, Manna was forced to close for two (2) months during the Pause, which impacted restaurant sales as well as pre-booked catering events. Manna pivoted to take-out only during this time; however, the restaurant did not generate enough business to maintain Manna's staff, resulting in the layoff of ½ of their employees. Manna is requesting assistance from the ECIDA to offset previous and future PPE/fixture (cleaning supplies, masks, gloves, food containers, signage, etc.) expenditures that are necessary to remain operational and protect staff and customers.</p>			



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 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.

COMPANY INFORMATION	
1.	Applicant Legal Name: Tina Grant - manna Culinary Group
2.	Applicant Address: 230 Bristol Street 683 Northland Buffalo, NY 14211
3.	Legal Structure: <input checked="" type="checkbox"/> C-Corp. <input checked="" 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.	Applicant Contact Name: Tina Grant
5.	Contact Phone Number: (716) 261-0140 Contact Email Address: granttm02@outlook.com
6.	Type of Business: Please Describe Restaurant
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.	Number of years in business in Erie County 1
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. <input checked="" type="checkbox"/> ATTACHED
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 722513
11.	Company's Annual Revenue:
12.	What share of the company's product or service is sold within Erie County: % 100
13.	Miscellaneous Questions: <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes <input checked="" 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?</li> <li><input type="checkbox"/> Yes <input checked="" 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?</li> <li><input type="checkbox"/> Yes <input checked="" 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?</li> <li><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?</li> </ul>

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



- 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 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  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 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 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:**

- 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. Briefly discuss Applicants ties to the community and the impact of your work/service in Erie County.

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



**EMPLOYMENT INFORMATION**

**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 in all ERIE COUNTY LOCATIONS # Jobs in Erie County **3**

**Grant 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)
	Germinical Bleach	17.00	18.66
	Hand Sanitizers	22.00	86.94
	Gloves Nitrile	15.00	185.18
	Hand Sanitizer spray	14.50	28.98
	Take Out Containers	15.50	360.76
	Patio Vent - extended Seating	350.00	379.98
	Patio Shade - extended Seating	420.00	419.97
	<b>Total Vendor Expense</b>	<b>\$ 1674</b>	<b>\$ 2930.72</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$</b>	<b>\$ 10,000.00</b>

**18. CERTIFICATION**

Tom Grant, being duly sworn, state that I have read and understand all the questions and answers contained in the foregoing 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.

Name of Company Official Completing Worksheet:	Title:	Date Completed:
<u>Tom Grant</u>	<u>President / CEO</u>	<u>11/6/2020</u>
Signature:	<u>Tom Grant</u>	

ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION



(attach separate sheet if more room is needed)

Grant Request Budget Cont'd.

Signage - Marketing/Advertisement	✓ 410.00	-	410.53
Utensil Kits - Take Out	26.00	-	243.42
Social Distance - Signage	300.00	-	299.06
Take Out Bags	15.00	-	78.20
Menu - Take Out - marketing/Advertisement	39.00	-	327.98
	<u>          </u>		<u>          </u>

Please see Additional Attachment



Tina Grant

### Manna Culinary Group Narrative - ECIDA

The NYS emergency declaration that in composed the entire world, left it's mark on many small business. Like our small business, Manna culinary Group was negatively impacted as well. Manna Culinary Group was faced with involuntary and mandatory measures that led to many other small actions.

Manna Culinary Group was faced with having to close for almost two months and cancel scheduled catering events that would have generated a substantial amount of revenue and gain new clientele.

First began with a decrease of hours and staff. We had to layoff more than 50% of our staff leaving some staff members without income for many weeks. Most staff relied on their jobs for some were sole providers of their homes. Thankfully, Manna Culinary Group was able to provide food for their families which would free up some financials that did not have to account for groceries. During COVID, many people were in fear of not coming out which impacted our sales revenue. Moreover, Manna Culinary Group had to also cancel all scheduled events.

The catering department of Manna Culinary Group was beginning to grow tremendously, and our name was getting promoted. Unfortunately, all events had to be cancelled and none have been rescheduled. These catered events add to our sales and increase clientele base.

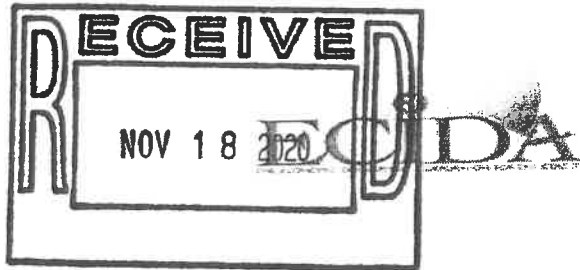
- A. Manna Culinary Group has purchased the following PPE equipment and other supplies. These items were purchased to be in compliance with NYS Health and Safety Regulations for COVID-19. These items were purchased to keep restaurant environment sanitary and safe for all.
1. Cleaning Supplies
  2. Additional Gloves
  3. Face Masks for staff and guests
  4. Carry-out Containers and packaging
  5. Tamper Proof Safety Seals Stickers
  6. Signage for public safety
- B. Futuristically speaking, the items that are listed above are a continued list of equipment and supplies needed to stay atop of spread of COVID-19 and compliance orders. Manna Culinary Group needs partitions for our booths, partitions for cashier and paying customer. Signage for indoor and outdoor is welcomed! We are still in need of marketing and advertising help. Many people do not know we are here. We know the foodservice industry is changing drastically with most businesses finding takeout and delivery a better option moving into the future. To keep up with the industry, Manna Culinary Group would like to purchase technology to enhance customer service dining experience making each guest feel comfortable and safe. We would like to purchase technology that has pay out at table functionality to avoid passing credit cards. Additionally, digital menu boards with anti-microbial screens would be a success because it will alleviate paper menus.
- C. Manna Culinary Group has hired staff that lives within the East side of Buffalo where our business is located. Manna is very proud of the relationship with the local community groups and churches. We have implemented a Senior Food Project with Journey Church of Buffalo and its affiliates. Additionally, Manna Culinary Group has partnered with the Erie County Senior Program called Dining In Experience. We feature live jazz music for our guests along with welcoming in the community to share their love of art through open mic.

## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
<b>Neill &amp; Strong Attorneys and Counselors P.C.</b>	\$2,029.60	WBE	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Neill &amp; Strong Attorneys and Counselors P.C.</b> (hereafter Neill &amp; Strong) is a WBE Certified Business located in the Village of Alden business district. Neill &amp; Strong is a general law firm that practices in the areas of residential real estate; commercial properties; estate planning and elder law; creating and advising businesses; and municipal law. Neill &amp; Strong principal, Jennifer Strong, has served as a member of the Alden Economic Development Committee since its creation in 2004. She also provides pro bono services to the Alden Chamber of Commerce.</p> <p>Neill &amp; Strong has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus pandemic. The firm has experienced a severe loss of business, which resulted in the temporary, short-term layoff of two employees. Although Neill &amp; Strong has returned to full staff, layoffs remain a possibility if business conditions do not improve. Neill &amp; Strong is seeking assistance from the ECIDA to offset the PPE/fixture (work station partitions, furnace filters, masks, gloves, cleaning supplies, etc.) expenditures necessary to protect staff and allow for safe in-person meetings with clients.</p>			

**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> Neill & Strong Attorneys and Counselors P.C.
2.	<b>Applicant Address:</b> 13166 Main Street, Alden, New York 14004
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input checked="" 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> Jennifer Strong
5.	<b>Contact Phone Number:</b> 716-937-3353 <b>Contact Email Address:</b> JStrong@NeillStrong .com
6.	<b>Type of Business:</b> Please Describe Law Office
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> <span style="float: right;">2</span>
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
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 <span style="float: right;">541110</span>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">100 %</span>
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



- 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 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  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.ecidanv.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? *Wages only, not PPE*
- 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).

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



- 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)*

Due to the Pandemic, the Company has seen a decrease in revenues. Two employees were laid off in April due to the lack of work. While both have returned to work as of this time, at least one is in danger of being laid off permanently. Due to the Pandemic, the Company has incurred additional expenses, including laptops and supplies to allow our employees to work remotely. Due to the Pandemic, people in general are not traveling and therefore are not thinking about their estate planning. Elderly people do not feel safe leaving their homes, so they are not coming in to do their estate planning and many do not have the computer equipment needed to meet via videoconference. Commercial Real Estate and construction have slowed down due to the Pandemic. The ability to bring certain lawsuits (specifically evictions) is restricted. All of these factors have resulted in decreased revenue. These Grants funds are necessary to help keep the Company operational and delay/stop employee layoffs, as the lost revenue and additional expenses incurred due to the Pandemic may cause the Company to permanently downsize.

The Company owner, Jennifer L. Strong, is a lifelong Erie County Resident, completing her higher education at the University of Buffalo. All of our employees reside in Erie County.

Jennifer is a member and past Director and Office of the Alden Chamber of Commerce and actively assists the Chamber with free legal services. Jennifer has volunteered her time to assist member businesses in understanding the NY Forward business re-opening plan. Jennifer is also a member of the Akron Chamber of Commerce.

Jennifer is also an Officer and Secretary of the Alden Historical Society; where she donates time to teach local history.

She is a past mentor of the Alden-Akron Youth Court (the Court ended when funding was lost).

Jennifer has been member of the Alden Economic Development Committee since its inception 16 years ago. This volunteer Committee seeks to promote responsible economic development in the Alden Area.

This company has a large impact on the local community, for the above reasons.

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



**EMPLOYMENT INFORMATION**

**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

**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
	Cleaning Supplies, filters, masks, and gloves	300.00	
	Please see attached		1,955.11
	<b>Total Vendor Expense</b>	<b>\$300.00</b>	<b>\$1,955.11</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$270.00</b>	<b>\$1,759.60</b>

**CERTIFICATION**

18. I Jennifer L. Strong, 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>
Jennifer L. Strong	President	11/17/2020

Signature: 

**9. Ownership.** The company is privately held. Jennifer Strong owns 100% of the Company. The Company is MWBE Certified.

**14.** A PPP Loan was received to assist with wages only, not PPE.

**15. Narrative.**

**A.** Please see attached. Sneeze guards were purchased for all work stations. Furnace filters were upgraded to MERV 13 grade. Two room air cleaners with HEPA filters were purchased. Cleaning supplies were purchased for each work station and for all common areas of the office building. Masks and gloves have also been purchased for each employee and for customers who need the same to enter our building.

**B.** I anticipate future purchases of cleaning supplies, replacement furnace filters, replacement air cleaner filters, masks and gloves.

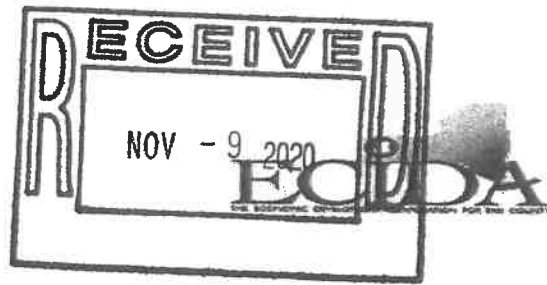


## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Rappold Family Dentistry, PC	\$10,000	WBE	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Rappold Family Dentistry, PC</b> (hereafter RFD) is a full-service Dental Practice located in the Losson Union Professional Center in the Town of Cheektowaga. RFD, with a staff of 5 full-time professionals, offers a wide range of general and cosmetic dental services at affordable prices.</p> <p>RFD has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. For several months beginning in March, RFD saw patients on an emergency basis only, which drastically reduced its income from services. Even when restrictions were eased, patients and employees were hesitant to return to the practice. In response to COVID, RFD has drastically changed its business operations, including scheduling, cleaning, and protocols for staff and clients. RFD is requesting assistance from the ECIDA to offset the cost of PPE/fixture (scrubs, masks, cleaning disinfectants, barriers, air purifier, oral suction HVE units, etc.) expenditures that were necessary reopen the business and protect the health of staff and patients.</p>			

# 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.	Applicant Legal Name: RAPPOLD Family Dentistry, PC
2.	Applicant Address: 20 Losson Rd #110 Cheektowaga, NY 14227
3.	Legal Structure: <input type="checkbox"/> C-Corp. <input checked="" 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.	Applicant Contact Name: Amy L. Rappold
5.	Contact Phone Number: 716 668 9700 Contact Email Address: Scheduling@rappoldfamilydentistry.com
6.	Type of Business: Dental 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.	Number of years in business in Erie County 10 years
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. <input checked="" type="checkbox"/> 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): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> 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: 100 %
13.	Miscellaneous Questions:
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



	<p><input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input checked="" 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>	
14.	<p><b>Qualifying Questions:</b></p>	
	<p><input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business prior to March 7, 2020?</p> <p><input checked="" 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? <i>as per Amy Raffold</i></p> <p><input checked="" type="checkbox"/> Yes <input checked="" 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? <i>PPP for salaries, rent</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the Applicant been negatively impacted by the COVID-19 Pandemic?</p>	
15.	<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>	

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



**EMPLOYMENT INFORMATION**

**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	5
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**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
	scrubs/hats		3268.04 ✓
	Polycarbonate & construction	1,264.42	1,764.42 ✓
	Thermometer / Benco extraoral unit		11,611.23 ✓
	Miscellaneous / earloops / cleaning supplies / distilled water		2,162.56 ✓
	<b>Total Vendor Expense</b>	\$	\$
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$	\$

**18. CERTIFICATION**

I, Amy Rappold, 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.

Name of Company Official Completing Worksheet:	Title:	Date Completed:
Rappold Family Dentistry, PC	owner	10/17/2020
Signature:		

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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)*



ECIDA

95 Perry Street, Suite 403

Buffalo, NY 14203

Dear Lori Szewczyk,

In response to the email received on November 10<sup>th</sup> I am following up with some additional requested information for the ECIDA Grant I applied for.

In response to question #15 A, the PPE summary is as follows:

- 1). Infrared thermometer (\$75.03)- Required to take all patients and employees temperatures daily
- 2). Uniform advantage (\$1570.46), all heart (\$1139.58), Harmony surgical (\$126.00), Blue sky scrubs (\$432.00)- totaling \$3268.04 for scrubs, scrub jackets, scrub surgical caps for all staff treating patients
- 3). Extra oral suction HVE units (3) totaling \$11,536.20. Dentistry is a level 1 risk facility due to the surgical procedures provided that creates aerosolization of saliva and blood. The plum of saliva and blood that is generated in these procedures is significantly reduced when using the extra oral HVE unit in conjunction with traditional intra oral suction. The combination of the said provides a safer work environment for the providers and reduces the risk of the next patient to be exposed to virus aerosolized.
- 4). Air purifier (times 3) from Home depot. The DOH requires the office to have directional air flow away from the main working areas/common areas with filtration. The units purchased have carbon filters, HVE filters and UV light to help reduce air born viruses, bacteria, fungi and particulate.
- 5). Henry Schein invoice for \$95.13- items on invoice are for PPE and cleaning disinfectants
- 6). Remodeling cost for receipts including Frontier glass, home depot, Value, Lowes and Sherwin Williams ( \$ 826.90) was for the placement of Plexiglas at the check in and checkout counters and installation of a wall to close off the lunch break room from the main office.
- 7). Benco invoices for \$5813.33 are for all products ordered from the dental supplier from 3/1/2020 to present that are for PPE, cleaning supplies, disinfectants, protective covering/barriers for treatment rooms. The item in the \*Budget\* clarification for \$1387.35 was a printout from our account but only for dates 3/16/2020 to 4/30/2020 that showed account activity not specific detailed item. Attached with this response are detailed invoices for all purchases from 3/1/2020 to present as mentioned.



- 8). Wegmans (\$96.38)- cleaning and basic supplies for the office needed to cleaning.
- 9). Top quality glove- vendor that the majority of gloves ordered from 3/1/2020 to present

Question #15 B:

Currently the only additional fixture purchases that I am considering is the installation of UVC lighting into the drop ceiling and air ducts to provide an additional layer of air purification to the practice. The UVC placed into the air ducts will reduce the virus, bacterial and fungal particulate in the air dramatically improving air quality in the office. The UVC lighting placed into the drop ceiling will be run while the office is closed to provide a non-chemical thorough cleaning of all surfaces in the office. Estimates for these items have been requested but not received yet. Estimated cost to install both into the office is around \$6-9,000.

Question#15 C:

Rappold Family Dentistry has been negatively affected by the State disaster in many ways:

Revenue dropped to under five thousand dollars a month due to the patients only being seen for emergency exams. Rappold Family Dentistry averages one hundred thousand monthly.

After restrictions were lifted employees and patients would not return to the office due to fear of the virus. Resulting in non-productive schedules and restricted schedules due to the office running at 50% staff.

Subsequently resulting in having to use every possible method to inform patients about the office changes such as: closures, changes in protocols for staff and patients, high cost of PPE and equipment to insure the safety of the patients and staff when the office reopened.

Regards,

Amy Rappold DDS

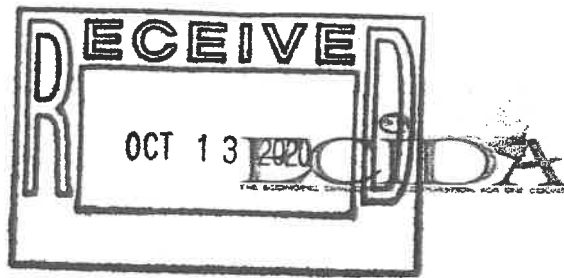
## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Rec Room Holdings, LLC	\$8,642.51	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Rec Room Holdings, LLC</b> (hereafter Rec Room) is a live music venue and event space located in the Chippewa entertainment district. Since 2018, the Rec Room has hosted over 100 concerts, including well known acts, wedding receptions, corporate parties, and fundraisers. The Rec Room also developed the popular Friday Night Live Band Karaoke, Saturday Night Club, and Sunday Game Day events.</p> <p>The Rec Room has been negatively impacted by the NYS emergency declaration. Like many others in the bar and restaurant industry, the Rec Room was closed for several months and was required to revise their business model upon reopening to a concept that focused on dining rather than social interaction. The Rec Room is requesting funding assistance from the ECIDA to off-set previous and future PPE and fixture expenditures that were necessary to reopen safely in accordance with NYS guidelines.</p>			



**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**

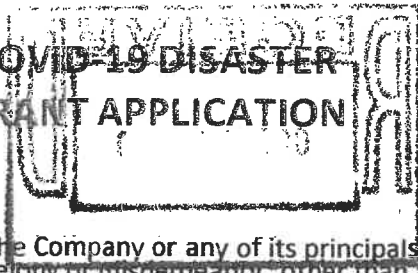


Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We look forward 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.

**COMPANY INFORMATION**

1.	<b>Applicant Legal Name:</b>	<b>Rec Room Holdings, LLC</b>
2.	<b>Applicant Address:</b>	<b>79 W Chippewa St Buffalo NY 14202</b>
3.	<b>Legal Structure:</b>	<input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" 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>	<b>Chris Ring</b>
5.	<b>Contact Phone Number:</b>	<b>716 308 4168</b> <b>Contact Email Address:</b> <b>info@RecRoomBuffalo.com</b>
6.	<b>Type of Business:</b>	Please Describe <b>Live Music Venue turned restaurant</b>
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.	<b>Number of years in business in Erie County</b>	<input type="checkbox"/> ATTACHED <u>2</u>
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>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	<b>711300</b>
11.	<b>Company's Annual Revenue:</b>	
12.	<b>What share of the company's product or service is sold within Erie County:</b>	<b>100%</b>
13.	<b>Miscellaneous Questions:</b>	
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



- 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 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  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 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 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:**

- 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. Briefly discuss Applicants ties to the community and the impact of your work/service in Erie County.

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



**EMPLOYMENT INFORMATION**

*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 in all ERIE COUNTY LOCATIONS # Jobs in Erie County **11  
2-3**

**Grant 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)
	Dobmier PPE Cleaning supplies + Spray backpack	\$4,143.72	<del>3975.44</del>
	Dobmier PPE Cleaning supplies + Spray backpack Face Shields		1,092.07
	HVAC Air Purification System	\$4,367.00	
	<b>Total Vendor Expense</b>	\$4,367.00	\$5,235.79
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$3,930.30	\$4,712.21
		\$9,607.79	

**CERTIFICATION**

18. I, Chris Ring 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.

**Name of Company Official Completing Worksheet:** Chris Ring      **Title:** Partner      **Date Completed:** 10/6/20

**Signature:** Chris Ring

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



*(attach separate sheet if more room is needed)*

**A) PPE Equipment:**

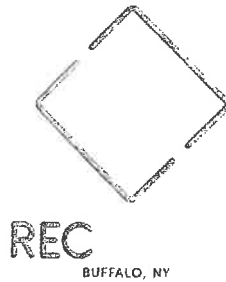
- **Faceshields** - for staff and patrons to wear as per NYS Mask mandates
- **3'x5' Plexiglass** for our booths so patrons can dine there
- **Dissinfectant back pack** to walk around and dissinfect tables, chairs, bathrooms
- **"fake grass" carpeting** for outdoor dining patio Erie country approved to combat the reduced indoor capacity
- **Tables made to accommodate new 6' social distancing regulations** and outdoor dining
- **disposable gloves**
- **forehead thermometer** to measure staff temp
- **6ft social distancing measuring sticks** to show patrons tables are compliant
- **Vinyl table wraps** for easy dissenfecting cleanup
- **Misc covid approved cleaning supplies**
- **To go containers** for new food service program for take out orders before indoor dining was allowed
- **Concrete Barriers** as per city of buffalo request for street closure to allow for outdoor dining
- **traffic signage (detour, road closed signs)** as per city of buffalo to allow for street closure
- **Please wear mask signage / stay 6ft apart signage**
- **Disposable single use menu's**

**B)**

- **We will purchase more faceshields**
- **Purchase and have built plexiglass dividers at bar** to accommodate more seating
- **More covid approved cleaning supplies**
- **more plastic gloves**

**C) • One partner sits on the marketing dept board for the Chippewa Alliance which oversees the beautification of Chippewa**

- **Same partner is Regional representative for NIVA (National Independent Venue Association) who are fighting for long term financial relief from Congress to ensure the survival of independent music venues, performing arts centers, comedy clubs in NYS and across the US**
- **One partner on the committee of the White Party to benefit Carlys Club**



## **Chippewa Business recreates itself during Coronavirus Pandemic**

Every business in Buffalo has been affected by the Coronavirus Pandemic but not every business has been hit as hard as the restaurant and bar industry.

Rec Room, a relatively new local live music venue and event space located at 79 W. Chippewa was just starting to gain momentum when the Coronavirus outbreak happened forcing them to shut their doors down indefinitely.

Since opening in the fall of 2018, Rec Room has worn many hats. They have done everything from Wedding Receptions to Corporate Christmas Parties to fundraisers all while hosting over 100+ concerts including shows with Andy Grammar, The Glorious Sons, and Yungblood. In addition to all of that Rec Room went on to develop the popular Friday Night Live Band Karaoke series, a weekly Saturday night Club night and most recently they became the place to be every Sunday to watch the Bills play on their massive 8'x10' LED Video walls.

2020 was looking to be better than ever and then the coronavirus hit.

After being shuttered for months owners Chris Ring and Dale Segal had to reevaluate their business model. Chris Ring says "Our whole business model was based on social interaction, be it for concerts, a club night or private parties. Now that social interaction is frowned upon and social distancing is the new norm, we had to go back to the drawing board to come up with a concept that wouldn't just be successful financially, but one that our staff would be excited to come back to work for. That's where Partner Dale Segal's restaurant and travel experience kicked in. "I've worked in some form of food service my whole entire life and have traveled all over the world where I've experienced some pretty cool, unique food service programs. What I really wanted to do was create a food focused business that incorporated all the cool things Rec Room was known for – our live music, our massive video screens, just the overall fun environment I think we have created over the past year and put all that into a night out, a dining experience that's was new and exciting to Buffalo."

Enter Rec Room 2.0, a restaurant concept that treats each time they open like a special event by incorporating interactive visuals, mobile musicians, and great food. To accomplish this new idea they knew their staff had to be on board with the new concept. Segal says "While we offered food before, we were by no means a full on restaurant, so it was important to us that our staff was willing to adapt and be supportive of the change." Partner Chris Ring went on to

say “We wanted to slowly integrate our staff coming back to work where they would be comfortable working within the current environment, working within the social distancing guidelines and be comfortable wearing PPE. To do so we had to walk before we ran so we came up with a small Asian take out/dine in food service menu that gave our staff a little time to get used to the new norm.”

After a couple weeks of training bartenders to become servers and giving them time to familiarize themselves with the menu, Rec Room launched their weekly Saturday night Supper Club series. The Supper Club events are reminiscent of something you might have seen in a big city. The whole series is based around the sense of smell, taste, hearing and sight by including amazing visuals, live musicians, great food and table side, freshly made craft cocktails. Each patron receives a 4 course meal accompanied by entertainment that was carefully crafted to compliment each meal for just \$50. Whether it’s the live drummer coming out to entertain you between courses or the table side intermezzo made in real time, its an experience that you wont forget. So far the reception for the series has been amazing with each of first 3 weeks selling out, including over 60 diners per evening.

In addition to their Friday Night Dinner + Drinks business and the Saturday Night Supper Clubs, Rec Room also just launched a “Sunday Funday Brunchday” series based around their new street-side patio which just opened up as part of the Mayors Re-Open Buffalo plan that recently shut Chippewa Street down to automobile traffic for the rest of Summer so businesses can expand patios into the street. The brunch menu has something for everyone, whether your Gluten Free, Vegan or a Meat Eater they got you covered. Each Sunday Brunch also encompasses all things Rec Room is known for –their live music, great visuals and amazing food. We invite you and yours to come down and try out one of their food focused events. We promise you wont be disappointed.

#### **Hours of Operation:**

Friday: Dinner + Drinks: Reservations recommended  
Patio Hours: 5pm – 11pm / Indoor Hours: 5pm – close

#### Saturday

Patio: 5pm – 11pm: Reservations recommended  
Indoor: Supper Club 7pm – 10pm: Presale Ticket required  
10pm – close Late Night Bites w. DJ Biacco: Reservations recommended

#### Sunday

Indoor + Patio: 12pm – 5pm: Reservations recommended

Check out our food menus and upcoming events online at [RecRoomBuffalo.com](http://RecRoomBuffalo.com)

For Press Inquiries contact  
Chris Ring / 716.308.4168 / [ChrisRing@mac.com](mailto:ChrisRing@mac.com)

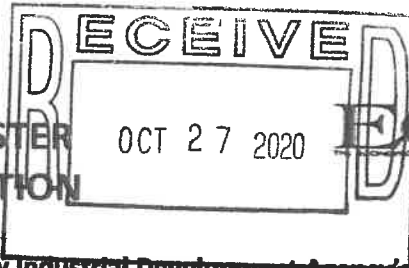
#### **Food Pics Below**

## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Salon 716 NY, LLC	\$9,975.79	Highly Distressed Area ✓ WBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Salon 716 NY, LLC</b> (hereafter 716) is a woman-owned business located in the Village of Kenmore business district. 716 owner, Cathy, along with her daughter and her team provide customers with expert, individual service in an atmosphere of tranquility and revitalization. 716 exclusively uses Eufora hair products that are botanically based and environmentally friendly, which translates into a beautiful experience for customers and promotes environmental responsibility.</p> <p>716 has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus pandemic. The salon was closed for business for 3 months and opened to reduced capacity in June. Many clients have yet to return to 716, including the usual seasonal uptick in business from special events (weddings, proms, etc.). The severe loss of business and increased operational costs necessary to comply with the NYS reopening guidelines has put a strain on this once thriving business. 716 is seeking assistance from the ECIDA to offset the cost of past and future PPE/fixture (face masks/shields, thermometer, sanitizer, signage, stations, dividers, etc.) expenditures that are necessary to protect the health of customers and staff.</p>			

**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> Catherine Gimlin Salon 716 NY, LLC
2.	<b>Applicant Address:</b> 24 LaSalle Ave Canmore NY 14217
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" 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> Catherine Gimlin
5.	<b>Contact Phone Number:</b> 716 510 8584 <b>Contact Email Address:</b> Salon716NYbiz@gmail.com
6.	<b>Type of Business:</b> Please Describe Salon + Spa
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. <span style="float: right;"><input type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> 3.5 years
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
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. 812 112
12.	<b>What share of the company's product or service is sold within Erie County:</b> 100 %
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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? <span style="float: right;">(3/24/2020)</span>

Explanation



**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



- 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 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  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?
- 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).

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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) Plexiglass Partitions, face masks, hand sanitizer, face shields, safety goggles, paper towel dispenser, barbicide, disinfectant sprays, extra stylist station (mirror + station + chair), ozone machine, disinfectant company, paper towels, Clorox / Lysol wipes, gloves, laminated Covid signs + safety plans, COVID health screening sheets, thermometer

B) Gloves will be used for disinfecting + client safety. Hand sanitizer for provider + client use. Paper towels, cleaning disinfectants, face masks, batteries for thermometer, disinfectant wipes for provider + client use. COVID health screening sheets weekly printed @ office max for clients to fill out per NYS.

C) We are newly established small mother-daughter owned Hair Salon + Spa. We cater to a culturally diverse and older clientele. Located in Kenmore but on the Buffalo Border, we service many senior citizens who reside in the neighborhood, as well as Buffalo State College students. Because of our fragile clientele we exhausted what limited COVID funds we were given, to completely overhaul our small shop. Refer back to (A) to see all items purchased to put safety first. We were negatively impacted by COVID in several ways. We were shut down for almost 3 full months, we aren't allowed to double book due to state restrictions, stylists have missed days to a week of work waiting for COVID results, there are no longer community events that we would normally partake in to give us business, (See next page)

We have lost guests due to being uncomfortable in the pandemic and lastly losing income due to paying the bills while being closed and losing so many months of business. We're fortunate to have such caring officials in Buffalo and Erie County. We are doing everything we can as a small business to follow all guidelines to keep our team and guests healthy and safe.

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



**EMPLOYMENT INFORMATION**

**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

5

**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
	PPE Sanitation Stations Dividers	1,000 500	2,774.45 1,185.22 4,404.79 1,780 ✓
	<b>Total Vendor Expense</b>	\$ 1,500	\$ 10,133.89
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$ 1,350	\$ 9,120.50

**CERTIFICATION**

18. Catherine Gimlin 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.

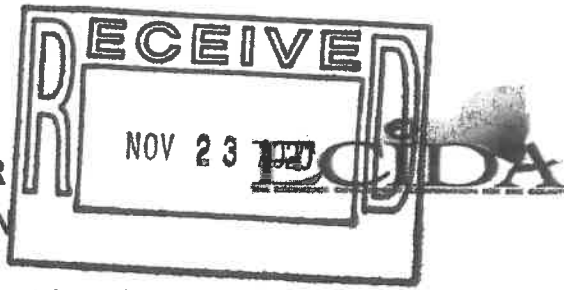
Name of Company Official Completing Worksheet: Catherine Gimlin Title: Owner Date Completed: 10/21/20  
Signature: Catherine Gimlin

## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Sheridan Medical Group, LLP	\$10,000	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Sheridan Medical Group, LLP</b> (hereafter SMG), a primary care practice serving adults and children, provides the community a commitment to wellness through an experienced medical staff and by employing innovative technology. The SMG has two locations in Erie County and provides full-time employment to 27 people. SMG has offices in Tonawanda and Grand Island; both are in highly distressed areas.</p> <p>SMG has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. SMG was forced to change its entire system of care, including making costly technology upgrades to provide telehealth services for non-critical patients. In-office visits have been reduced to accommodate social distancing guidelines and expenses for PPE has increased. SMG is requesting ECIDA assistance to offset the cost of past and future PPE/fixture (masks, respirators, shields, gloves, disinfectant, signage, barriers, UV lamp, etc.) expenditures necessary to protect the health of patients and staff.</p>			

**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> Sheridan Medical Group
2.	<b>Applicant Address:</b> 1491 Sheridan Dr. Tonawanda, NY 14217
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" 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> Aanchal Jain
5.	<b>Contact Phone Number:</b> (716) 330-4476 <b>Contact Email Address:</b> jaina@sheridanmedgroup.com
6.	<b>Type of Business:</b> Please Describe Primary Care office
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. <span style="float: right;"><input type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> <span style="float: right;">17</span>
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. <span style="float: right;"><input type="checkbox"/> ATTACHED</span>
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
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> <span style="float: right;">0 %</span>
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



- 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 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").

*see email dated 12-8-20*

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

*see email dated 12-3-20*

**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).

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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)*







# SHERIDAN MEDICAL GROUP

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## Erie County Covid-19 Disaster Emergency Grant Application Budget Narrative

**Purpose:** An employer has the responsibility to provide a work environment free from recognized hazards that are causing or are likely to cause death or serious physical harm. 29 U.S. Code § 654. This budget request is for the reimbursement of previous personal protective equipment/fixtures purchased by Sheridan Medical Group and for future purchases to help aid in this responsibility, related to the Coronavirus pandemic.

On March 7<sup>th</sup> 2020 Governor Andrew Cuomo declared a State of emergency for New York regarding the coronavirus outbreak, to which Sheridan Medical group took prompt action in providing all staff with the appropriate protective equipment. Beginning in March, Erie County DOH attempted to reach out to healthcare practices in the area to form a working group that would be the platform for sharing best practices for dealing with Covid-19 and efficient ways of obtaining PPE. Immediately ECDOH became inundated with calls and question and this platform collapsed quickly. We were left to tackle the issue on our own, so we followed the guidance's established by the Centers for Disease Control and Prevention (CDC) and State government and purchased face shields primarily used for eye protection and additional surgical masks. The masks have been recommended as a simple barrier for source control, helping to prevent respiratory droplets from traveling from one person, into the air and then onto other people. As the pandemic continued, we noticed and personally felt the strain created by the pandemic on the healthcare system, as there was a critical shortage of personal protective equipment



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and other supplies necessary to the fight against the coronavirus. We struggled to obtain N95 respirators, as supplies of them can become depleted during viral pandemics. Because of the high demand, we also observed that the cost of the respirators can fluctuate drastically, ranging from \$2.00 per respirator and we've seen as high as \$5.00 per respirator thus far. After continuing to search, we were able to obtain 160 N95 respirators to keep in our inventory and issue them to our working healthcare providers, helping minimize the risk of exposure.

The COVID-19 pandemic has changed how health care is delivered in the United States. Sheridan Medical group personally recreated practice operations to reflect the current risks of COVID-19. We did this by purchasing additional equipment such as headsets and computer software so that our providers will be able to perform telehealth services for our patients, allowing for continuity of care. We also made physical changes to our office that required the purchase of zoning/social distancing signs that were placed in specific locations throughout the office and the purchase of Plexiglas sneeze guards/partitions for use in our reception and nurse triage areas. We also created and implemented two new roles in our facility, a greeter and an office sanitizer. For the role of greeter, we purchased additional hand sanitizers and two non-contact thermometers to screen patients as well as staff upon entry to the facility. For the second role, the sanitizer, we purchased an ample supply of disinfectant wipes to clean all high contact surfaces throughout our office, additional gloves and two UV lamps to disinfect our face shields and N95 respirators, in order to extend their use during this pandemic.



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We know that the federal government has been working with several companies since the pandemic started to make a COVID-19 vaccine available as soon as possible, but currently there are no authorized or approved vaccines to prevent the spread of the coronavirus disease. This means that the pandemic will unfortunately be a concern through the end of the year and into the coming New Year and Sheridan Medical Group, as well as all other healthcare facilities across the U.S., will need to continue on with the guidance's issued from all officials. This will require the continued purchase of all supplies and PPE.

## **Future Expenses:**

For the above reason, Sheridan Medical Group will like to purchase and establish a more permanent UV light fixture, partnering with NewSource UV located at 2740 Main St, Buffalo, NY 14214 to continue on with our sanitation protocols. We will like to purchase additional non-contact thermometers that are more sophisticated, as we continue to take on more patients in office as well as staff. We will like to purchase two additional Plexiglas sneeze guard partitions to place in more areas of our reception and nurse triage stations. Lastly, we will like to purchase an additional 365 N95 respirators in different sizes in order to fully stock our inventory for the duration of 2020 and into 2021.

## **Grant Requested:**

Sheridan Medical Group will like to request the full \$10,000 amount in grant funds. This has been determined by combining to total expenditure from the past eight month period of March 2020 through October 2020, where our total cost was \$5,715.70.



# SHERIDAN MEDICAL GROUP

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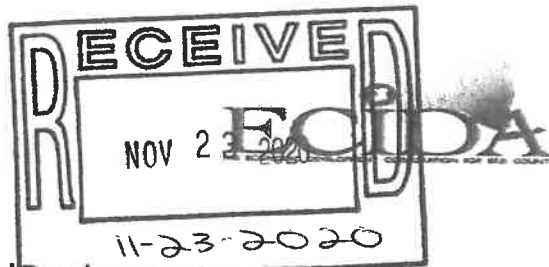
We estimate to spend approximately the same amount in the first three quarters of 2021 for sanitation and PPE supplies with the addition of the upgraded fixtures; our future cost will be \$8,330.98. We totaled the past and future cost and multiplied it 90%, the maximum grant allowance.

**Grant Application Overview**

**December 2020**

<b>APPLICANT</b>	<b>GRANT AMOUNT</b>	<b>PROGRAM PRIORITIES</b>	<b>STAFF RECOMMENDATION</b>
SowFit Buffalo dba PBnJ Enterprises	\$10,000	Highly Distressed Area ✓ WBE ✓	Recommended for Funding
<b>Synopsis:</b>  <p><b>SowFit Buffalo dba PBnJ Enterprises</b> (hereafter PBnJ) is a woman-owned fitness center located in Buffalo that provides all-inclusive programming for clients of all abilities, including residents from People Inc., Summit, Community Services for Everyone, and Heritage Center. PBnJ's knowledgeable and caring staff seeks to empower the lives of its clients through exercise and healthy living.</p> <p>PBnJ has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus pandemic. The fitness center was closed for many months and was one of the last industries to be cleared for reopening. Additionally, the business was required to make significant modifications to the facility to protect the health and safety of customers and staff. PBnJ is requesting funding assistance from the ECIDA to support upgrades to the HVAC system to improve filtration and reduce airborne particles.</p>			

# 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> Josephine Ann Bino
2.	<b>Applicant Address:</b> 108 Montclair Ct. Buffalo, NY 14221
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" 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> PBW Enterprises, LLC
5.	<b>Contact Phone Number:</b> 716-496-0506 <b>Contact Email Address:</b> Info@pbw4life.com
6.	<b>Type of Business:</b> Adaptive Community Fitness Please Describe Equal opportunity typical & non-typical fitness center
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 checked="" type="checkbox"/> ATTACHED
8.	<b>Number of years in business in Erie County</b> 13 yrs
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 checked="" type="checkbox"/> ATTACHED
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned ✓
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 713940
12.	<b>What share of the company's product or service is sold within Erie County:</b> 100%
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



- 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 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  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?
- 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).



**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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)*

On March 18, 2020 we were mandated to close our storefront, SoulFit Buffalo Sports & Fitness. Our community fitness center located at 1292 Sheridan Dr. Buffalo, NY. 14217. Our participants rely on us for movement & exercise to typical & non typical populations. We will have a great deal of participants that will return from a sedentary state from places like People, Inc, Summit House, Community Services for Everyone, Heritage House, etc.

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



**EMPLOYMENT INFORMATION**

**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 3

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
	New Roof / HVAC	\$43,000	\$12,000 <sup>00</sup>
	<b>Total Vendor Expense</b>	\$43,000	\$12,000 <sup>00</sup>
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$38,700 <sup>00</sup>	\$10,800 <sup>00</sup>

**CERTIFICATION**

18. Josephine Ann Baw 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>
ABUS Enterprises, LLC	CEO	11/18/2020
<b>Signature:</b> <u>Josephine A. Baw</u>		

## Grant Application Overview

December 2020

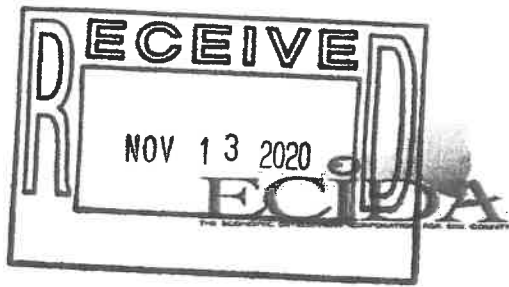
APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Susan E. Bennett PT PC	\$10,000	WBE ✓	Recommended for Funding

**Synopsis:**

**Susan E. Bennett PT PC** (hereafter Bennett PT) is a unique outpatient private practice specializing in conditions that impact the nervous system such as Post-Concussion Syndrome, Multiple Sclerosis, Dizziness Disorders, Stroke, Parkinson's Disease, and Amyotrophic Lateral Sclerosis, as well as musculoskeletal conditions impacting the spine. Bennett PT has four locations throughout WNY; however, the Applicant is requesting assistance for their Kenmore and Orchard Park offices only.

Bennett PT has been negatively impacted by the NYS emergency declaration and the conditions that have resulted from the pandemic. The practice was closed for several months out of an abundance of caution in protecting their vulnerable patient population. During the closure, staff attempted to manage patient's health using telehealth services until they reopened in May at reduced capacity. To date, the loss in revenue for 2020 is estimated at \$305,000. Bennett PT is requesting assistance from the ECIDA to help offset the cost of previous and proposed PPE and fixture (gloves, masks, disinfectant thermometer, signage, etc.) expenditures necessary to protect the health of their staff and vulnerable patient population.

# 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> Susan E Bennett PT PC
2.	<b>Applicant Address:</b> 2075 Sheridan Drive, Kenmore, NY 14223
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input checked="" 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> Jacob I. McPherson
5.	<b>Contact Phone Number:</b> 716-909-9628 <b>Contact Email Address:</b> jmcpherson@bennettrehab.com
6.	<b>Type of Business:</b> Please Describe    Healthcare and Wellness - Physical Therapy
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> <span style="float: right;">16</span>
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
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 <span style="float: right;">621340</span>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">80%</span>
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



	<p><input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business prior to March 7, 2020?</p> <p><input checked="" 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 checked="" 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 checked="" 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>	

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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)*

Please see attached "Narrative" PDF document.

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



<b>EMPLOYMENT INFORMATION</b>	
<i>Existing Jobs</i> – 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 <span style="float: right;">19.0</span>

<b>Grant Request Budget</b>			
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
	Please see the attached spreadsheet	\$2,389.73	\$10,903.56
	<b>Total Vendor Expense</b>	<b>\$ 2,389.73</b>	<b>\$ 10,903.56</b>
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	<b>\$ 2,150.76</b>	<b>\$ 9813.20</b>

18.	<p><b>CERTIFICATION</b></p> <p>Jacob I. McPherson, 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.</p> <p>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.</p>
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<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
Jacob I. McPherson	CFO, Partner	11/9/2020
<b>Signature:</b> <i>Jacob McPherson</i>		

**Business Description:**

Our physical therapy practice is an Erie county-based small business which provides physical therapy and neurologic rehabilitation services to our WNY community. Our practice was founded by Susan Bennett in 1992 as a solo practitioner. Since then our staff has grown to include 14 providers of physical therapy across 5 WNY office locations (4 of which are in Erie County). We also offer wellness services to help individuals with chronic health conditions affecting their mobility to maintain their physical function in a supportive and social atmosphere. In June, 2020 Dr. Bennett passed away after a battle with breast cancer lasting over two years. The practice has carried on under the leadership of her long-time colleagues and mentees Lacey Bromley and Jacob McPherson.

We provide care for patients with complex neurologic conditions including multiple sclerosis, stroke, Parkinson's disease, ALS, traumatic brain injury and concussion, dizziness and vestibular issues, as well as general orthopedic conditions. Given their pre-existing health conditions, our patient population is among the most vulnerable in our community. We have worked hard to be able to continue providing services through the COVID-19 pandemic in a way that protects the health of our patients, staff, and community.



## Narrative Responses

A. We have invested in PPE to protect both staff and patients including face masks and gloves. We have also purchased cleaning supplies (wipes and sprays) approved by EPA to kill COVID-19 for the purposes of disinfecting all clinical surfaces. We have also purchased large amounts of hand sanitizers and have a purchase pending for additional hand sanitizing stations for use by patients and staff in our clinic. We have purchased 4 hand-held infrared thermometers to assess temperatures of all individuals who enter our clinics. We also purchased chairs with vinyl seating instead of fabric for one of our offices since they are easier to sanitize.

B. As the anticipated second-wave approaches, we would like to proactive in procuring enough cleaning supplies and PPE (masks and gloves) to protect both the patients we treat as well as our staff as we provide physical therapy services. Physical Therapy has been identified as an "essential" service by Governor Cuomo.

We would like to be able to provide more advanced PPE to our staff including KN95 masks, face shields, and eye protection. The disinfectant solution we are hoping to acquire is highly effective in killing COVID-19 and has a kill-time of only 1 minute which is ideal for cleaning equipment between individual uses. Along with cleaning supplies we are requesting funding for chemic labels for the disinfectant sprays which are required by OSHA.

In addition to cleaning supplies and PPE, we would like to purchase one free standing temperature screening device for three of our offices located in Erie County. These free standing devices would enable patients to have their temperatures screened upon entry and would reduce exposure of our support staff to these individuals as they enter our clinics. We are also hoping to obtain free standing hand sanitizer dispensers for two of our locations to enable patients to more safely sanitize their hands upon entry to clinic spaces.

C. Our organization has been significantly affected by COVID-19 and the state's disaster emergency. Our physical therapy practice specializes in treating individuals with neurologic conditions including Multiple Sclerosis, Parkinson's Disease, Stroke, Traumatic Brain Injury, ALS, Vestibular/Balance Disorders, and many other related conditions. This patient population consists of many members of our community who are at the greatest risk for contracting COVID-19 and for having the most severe outcomes. Recognizing this and out of an abundance of precaution, we actually closed our doors for about 5-6 weeks beginning on 3/20/2020. During this time, we attempted to manage our most at-risk patients using telehealth services in order to help reduce their community exposure while helping them to receive the rehab care that they required. During our physical closure we were able to physically reorganize our clinic spaces to optimize the safety of our patients and staff. We have also had to adjust schedules of our providers in order to have fewer individuals within the clinics at a given time.

Financially we have suffered a significant loss in revenue for 2020. Comparing the period between March 1st and October 13th of 2019 versus 2020, we have experienced a revenue drop of \$304,840 or 39.6%. Despite this loss, our practice is persevering and is continuing to

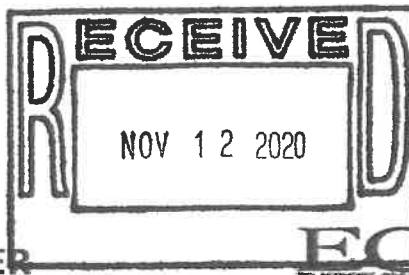
provide services to a vulnerable population in a manner that is safe and consistent with all state and federal guidelines/recommendations.

These funds will be necessary to enable us to continue providing care to the patients in our WNY community who have chronic neurologic diseases. We would be able to purchase enough PPE, cleaning supplies, and sanitizers to help us protect our patients and our staff through the fall and upcoming winter.

## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Tammy Perison, DDS Family & Cosmetic Dental Care	\$10,000	Highly Distressed Area ✓ Woman-Owned Veteran-Owned	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Tammy Perison, DDS Family &amp; Cosmetic Dental Care</b> (hereafter Perison Dental), a women-owned dental practice, has proudly provided quality dentistry to residents throughout Buffalo, NY, including the communities of West Seneca, Buffalo, Hamburg, Lancaster &amp; Cheektowaga for almost 20 years. Services include general dentistry, such as root canal therapy or tooth-colored dental fillings, or dentures and cosmetic dentistry services, such as dental crowns, dental implants, or teeth whitening. During the shutdown, Perison Dental donated much of its PPE stock to ECMC to protect frontline healthcare providers dealing with the overwhelming number of COVID patients.</p> <p>Perison Dental has been negatively impacted by the NYS emergency declaration and the new protocols established by OSHA, the CDC and the NYS Dental Association resulting from the coronavirus pandemic. The dental office was closed from March through May and reopened in June at reduced capacity. Several of their employees were unable to return to work (COVID Family Care Act) because of the pandemic. In addition to the financial burden of replenishing standard PPE necessary for dentistry, Perison Dental was required to purchase additional PPE and fixtures (N95 masks, surgical gowns, face shields, disinfectant, electrostatic fogging systems, intra-oral suctioning devices, air filter/purifier, etc.) to comply with NYS guidelines. Perison Dental is seeking assistance from the ECIDA to offset the cost of the afore-mentioned PPE/fixtures that were necessary to resume business in a safe and responsible manner.</p>			



# 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. **Applicant Legal Name:** *Tammy Perison, DDS Family + Cosmetic Dental Care*

2. **Applicant Address:** *425 Main St. West Seneca, NY 14224*

3. **Legal Structure:**  C-Corp.  S-Corp  LLC  General Partnership  
 Limited Partnership  Sole Proprietorship  Not-for-Profit

4. **Applicant Contact Name:** *Tammy Perison, DDS*

5. **Contact Phone Number:** *716-674-5256* **Contact Email Address:** *perisondental@verizon.net*

6. **Type of Business:** *Please Describe Provide Dental Care services*

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**  ATTACHED  
14

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. *100% owned by Tammy Perison, DDS*  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

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 621210

12. **What share of the company's product or service is sold within Erie County:** 100%

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?

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



- 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 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  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?
- 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).

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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 please*

**ECIDA Emergency Grant supplemental information for Tammy Perison, DDS 425  
Main St. West Seneca, NY 14224**

**Narrative and Summary of PPE Expenses incurred:**

I have been negatively affected by the State disaster emergency in many aspects since our dental office was closed by the government executive order from March 21, 2020 to June 1, 2020 and was deemed a non-essential service.

We were not able to source many PPE products for at least 2 months because they were all diverted to the medical field. Because of this, I was not able to see any patients for emergency care, this created many emergency situations for my patients in which they needed to seek emergency care from a dental specialist.

Due to the emergency executive order and the many new protocols that have been set in place by OSHA, the CDC, the ADA, and the NYS Dental Association, we have needed to update our already stringent protocols to allow for longer appointments, spaced appointments, and fewer appointments, to provide adequate time for patient turnover, office cleaning protocols, and limit the number of patients in the office at one time. We have also needed to purchase additional PPE that we did not need prior to the pandemic which includes N95 masks, full disposable surgical gowns, shoe coverings, hair coverings, face shields, and chair and surface coverings. As the N95 masks were diverted to the hospitals; we ordered many ASTM level 3 masks to be used in conjunction with face shields per ADA and NYS guidelines. Much of the PPE continued to be ordered even to support normal operations previously (i.e. gloves) have been on ration each month and prices have risen dramatically. We have not increased our fees to cover as everyone is hurting during this and did not want to add to burden.

We have invested in medical grade air purifiers and airway filters and more equipment to allow for high vacuum intra-oral suctioning devices to reduce the amount of aerosols during our daily procedures as well as an electrostatic fogging system to assist with sterilization of common and all areas.

Because of the many changes and improvements we have needed to make to the office practices and policies, we have not been able to see as many patients, and have lost many to other larger facilities.

My business has also lost many employees due to the COVID family care act, which created exceptionally high re-staffing costs. Many of these individuals have decided to leave the dental field all together.

We did receive a PPP loan; however this has been utilized strictly to help cover payroll and rent costs (none of the additional items detailed above).

Community Outreach: I pride myself in giving back whenever possible. In addition to the donations made to the local hospitals of PPE in their time of need (documented later in package); every year I participate in presenting to elementary school classes the

importance of dental health care and starting early inclusive of goody bags for all (toothbrushes, paste, toy, etc.). I have been over the last several years one of the main volunteering dentists at Harvest House. I provide dental services to those that are need based with UB and the Give Kid's a Smile Day. I participate in community health fairs as an opportunity to show the latest dental technologies and solutions for dental concerns. I support the West Seneca sports teams and musicals as well as the Orchard Park Pride Award. I have been a member of the West Seneca Chamber of Commerce since 2006 and have supported their Community Guides. We have also donated PPE to other businesses (through the chamber) so that they may start up operations with the new stricter requirements when they had nothing to allow them to do so (masks, sanitizer, face shields, gloves, etc.).

There is no business certificate. I spoke with the Erie County Clerk's office as I have been operating as a dba in my name since 2006 (Tammy Perison, DDS) and was informed that many sole proprietors do this and a business certificate was not required. Taxes are done with EIN but filed personally under SSN.

**Business Plan & Ownership:** Provide complete Preventative and Restorative dental care through doctor, hygienists, assistants and front desk team members. 100% owned by myself.

Thank you for your consideration and warmest regards, Tammy Perison, DDS



**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



**EMPLOYMENT INFORMATION**

**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 9

**Grant Request Budget**

	PPE and/or Fixture Installation Description	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures – list and attach paid receipts
17.	<p>Items or Vendor Contract (attach additional sheet as necessary)</p> <p><i>please see attached spreadsheet and paid receipts</i></p>		
	<b>Total Vendor Expense</b>	\$	\$14,530
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$	\$13,077

18. **CERTIFICATION**

*Tammy Perison, DDS* 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.

Name of Company Official Completing Worksheet: *Tammy Perison, DDS* Title: *Owner* Date Completed: *10/19/20*

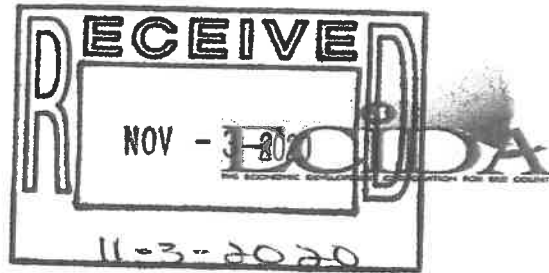
Signature: *Tammy Perison DDS*

## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
The Igloo WNY LLC (DBA The Black Sheep Restaurant & Bar)	\$4,098.41	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>The Black Sheep Restaurant &amp; Bar</b> (hereafter Black Sheep) offers farm-to-table dining at their intimate space on Buffalo's West Side. The Black Sheep's concept revolves around handmade food, and friendly, knowledgeable service. The restaurant utilizes local produce and sustainably raised meats to inspire their menu, featuring daily seasonal specials. The Black Sheep Bar serves up classic &amp; modern cocktails with the same meticulous attention to local, seasonal ingredients, a beer list featuring rare picks and local brews.</p> <p>The Black Sheep has been negatively impacted by the NYS emergency declaration and the conditions that resulted from the pandemic. The restaurant was closed from March through May and all 17 employees were terminated. The owners brief attempt to establish a take-out business proved unsustainable and was abandoned after a few weeks. Black Sheep reopened in June and the steady increase in business over the summer allowed them to bring back 11 employees. To date, sales are down 45% from 2019 and expenses relative to remaining open have increased. Black Sheep is requesting assistance from the ECIDA to help offset past and future purchases of PPE and fixture expenditures (air purifier, dividers, nanoseptic appliques, masks, gloves, disinfectant, etc.) necessary to keep staff and patrons safe.</p>			

# 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> The Igloo WNY LLC
2.	<b>Applicant Address:</b> 367 Connecticut St. Buffalo NY 14213
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" 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> Ellen Cedra
5.	<b>Contact Phone Number:</b> 617-678-7594 <b>Contact Email Address:</b> theiglowny.11ce@gmail.com
6.	<b>Type of Business:</b> Please Describe <i>See attached</i>
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> <u>11</u>
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. <i>See Schedule K-1 of tax return</i> <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
10.	<b>Ownership Type:</b> 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): <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned <span style="float: right;">NA</span>
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 <span style="float: right;">722511</span>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">100%</span>
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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?

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



*See email received 12-9-20*

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 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  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?

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

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

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



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*

**ERIE COUNTY COVID-19 DISASTER  
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**EMPLOYMENT INFORMATION**

*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 8

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
	continued supply of masks + sanitizer	\$500	
	Masks (amazon)		62.38 ✓
	masks, hand made, no receipt, check stub		150 ✓
	masks, bulb store		145 ✓
	HVAC ionizers		1,863.73 ✓
	hand sanitizer stations		557.20 ✓
	masks clips (amazon)		13.61 ✓
	<b>Total Vendor Expense</b> see more on attached sheet	\$500	\$4053.79
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$500	\$4053.79
		Total: 4553.79	

**CERTIFICATION**

18. Ellen Gedra 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>
Ellen Gedra	owner/LIC member	10/16/20
<b>Signature:</b> <i>Ellen Gedra</i>		

6. Type of Business. We are a family owned, small restaurant. We are dedicated to the use of local ingredients and making food from scratch. My husband, the chef, creates eclectic menus from around the globe using locally sourced vegetables and meats. I, the pastry chef and general manager, also use local fruits and vegetables to make a variety of desserts, pastries and breads. We have cultivated a wonderful front of house staff that engages customers and work with integrity and respect for their work and each other.

**Narrative:**

My husband and I have been in business at this location for 5 years and our business has gradually been increasing with 2019 being our best year yet and then the pandemic arrived. As a result of the governor's orders to close all indoor dining, on March 16<sup>th</sup> of 2020, my husband and I gave termination letters to our 17 employees. As a full-service restaurant that does very little take-out business, we needed time to decide what was the safest and best course of action for our business, our guests, and our staff. We attempted take-out, with just with my husband and I, for several weekends then decided to close our doors for a few weeks. We reopened May 6<sup>th</sup> for continued limited take-out, again with just us. Slowly, we began to rehire, we are currently back to 11 employees, only 4 of which are full time. Our sales reflect the same struggle and are down nearly 45% from last year.

This has been beyond difficult as a small business owner and has a large trickle-down effect to other businesses and vendors we get supplies from. Our farmers, for example, of which we use about eight different family owned local farms to supply local goods to our restaurant, are suffering due to lack of income from restaurants and also a surplus of ingredients due to restaurants purchasing less. We were also concerned for our employees, being able to provide a safe work environment for them and attempting to give them as much work as we can. The lack of revenue, the restrictions on indoor dining as we rapidly approach the end of patio season, and the uncertainty of the future weigh on us heavily. Another large inconvenience is the constant need to wear a mask for hours on end in a hot kitchen. I understand the importance and effectiveness of masks, just making a point to mention the negative effects of this pandemic in so many different aspects of the business. To that end, we have procured masks from a variety of locations and stores seeking comfort and a large supply for staff members so they can always have access to clean masks. Also, after some air quality research and a demonstration by an HVAC company, we have installed ionizers in our HVAC units to improve air quality for guests and staff. We have also purchased Nanoseptic appliques for our doors and touchscreens, and Plexiglass dividers for our bar seats for improved sanitation and hopefully an increase in revenue from more bar seating.

We are happy to be back at work and increasing our employee numbers but the uncertainty of the future remains pervasive. We will remain diligent in our efforts to keep our guests and staff safe and our business afloat. Any funds you can provide to alleviate some of the burden would be greatly appreciated.

We thank you for your consideration.

Ellen and Steve Gedra



## Grant Application Overview

December 2020

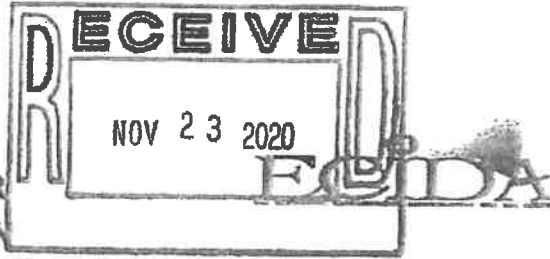
APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
The Intersection Café, Inc. dba The Intersection	\$4,462.31	Highly Distressed Area WBE	Recommended for Funding

### Synopsis:

**The Intersection Café, Inc., dba The Intersection**, is a small coffee shop located at the intersection of Allen Street and Elmwood Avenue in Buffalo's Allentown District. The café has been a neighborhood fixture since 2006 (under different ownership). The Intersection caters to a racially and ethnically diverse clientele.

The Intersection has been adversely impacted by the NYS emergency declaration, including the most recent Orange Zone designation for most of Erie County. The café closed to in-person service beginning in March because the size of the storefront does not allow for social distancing. With local businesses closed and a loss of special events and festivals that created increased foot traffic in the neighborhood, sales have drastically decreased. To date, the business has experienced a 90% drop in revenue compared to 2019. The Intersection is seeking assistance from the ECIDA to offset actual and proposed expenditures of PPE/fixture (patio heater, insulated door with serving window, face masks, gloves, signage, hand sanitizer, cleaning supplies, etc.) expenditures necessary to pivot the business to 100% take-out service in a safe manner for customers and staff.



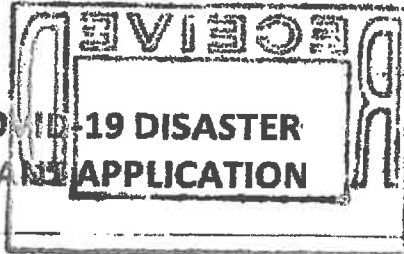


**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**

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 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.

COMPANY INFORMATION	
1.	<b>Applicant Legal Name:</b> The Intersection Cafe, Inc. dba The Intersection
2.	<b>Applicant Address:</b> Physical: 100 Elmwood Ave, 14201. Corp: 115 Elmwood Ave., 14201
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input checked="" 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> Heidi I. Jones
5.	<b>Contact Phone Number:</b> 716-400-0677 <b>Contact Email Address:</b> theintersectioncafe@gmail.com
6.	<b>Type of Business:</b> Please Describe Coffee shop/neighborhood gathering point/art gallery
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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> Corp formation: 8/31/18, biz start 10/1/2018 <u>2 yrs</u>
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. Certificate of Beneficial Ownership Attached <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
10.	<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 <span style="float: right;">722515</span>
11.	<b>Company's Annual Sales:</b>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">100%</span>
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals 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 checked="" 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 checked="" 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals delinquent on property, personal, and/or employment taxes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



- 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 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  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.ecidanv.com/documents/HighlyDistressedAreaMap7-2-2013.pdf>) Census Tract 68
- Yes  No Is the Applicant a Certified Minority or Women-Owned Business? Not certified, but woman-owned
- 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 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?

15.

**Narrative:**

- A. Provide a summary of the need for the expenditures including all PPE and/or Fixtures the business or non-profit entity will be purchasing and how they will be used.
- B. Briefly discuss the Applicant's ties to the community and the impact of your work in Erie County.

400 characters (attach separate sheet)

See attached.

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



## EMPLOYMENT INFORMATION

**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 in all ERIE COUNTY LOCATIONS

# Jobs in Erie County	1.1 FTE 43 hrs/wk
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Grant Request Budget Pre covid: 2  
Post covid: 2

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)
	See attached		
	<b>Total Vendor Expense</b>	\$	\$
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	\$	\$

18. **CERTIFICATION**

Heidi I. Jones, 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>
Heidi I. Jones	Treasurer	11/11/20

Signature:

**15A. Provide a summary of the need for the expenditures including all PPE and/or Fixtures the business or non-profit entity will be purchasing and how they will be used.**

At 225 square feet, The Intersection is unable to have customers inside under covid regulations and our own safety precautions. One barista works at a time, one shift per day. The cafe has an active patio scene, so we have expanded this with more seating spread out across three storefronts to encourage customers to socially distance and maintain the conversation space that our regulars seek. The increased outdoor time necessitates installing some type of heating for customer comfort.

Like most food facilities, we have increased our personal protective equipment usage including reusable cloth masks, hand sanitizer, isopropyl alcohol, gloves, bar rags, bleach, steramine, paper towels, mops, buckets, brooms, and spray bottles. We have added or will add the following fixtures: HEPA air-filtration system, an insulated door with a serving window, an outdoor heating unit, exterior microphone and speakers system, and additional seating.

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**15B. Briefly discuss the Applicant's ties to the community and the impact of your work in Erie County.**

The Intersection is not your typical coffee shop. Located at the busy intersection of Allen Street and Elmwood Avenue in Buffalo's Allentown Historic District, the cafe has been a neighborhood fixture since 2006. It was known as Cafe Taza until we bought it in October 2018. Our regulars, their kids, dogs and cats are known by name - we know them, and the regulars know each other. Folks come for connection and community and art. Our instagram illustrates the community best, @theintersection.cafe. Please see clips, testimonials and more in section 7.

**17. PPP and/or Fixture Installation Description**

Date	Vendor	Items or vendor contract	Estimated Cost (inc. tax & shipping)	Actual Expenditure
3/11/2020	<a href="http://Amazon.com">Amazon.com</a>	playtex gloves +tax		20.94
3/13/2020	Gordon Restaurant Market LLC	gloves		4.99
5/22/2020	Gordon Restaurant Market LLC	sanitabs + tax		7.38
5/22/2020	Gordon Restaurant Market LLC	gloves - check actual receipt		13.03
7/27/2020	Lowe's	triangle sunshade		27.79
8/1/2020	Gordon Restaurant Market LLC	Gloves + tax		18.98
8/1/2020	Gordon Restaurant Market LLC	bleach + tax		5.97
8/11/2020	Gordon Restaurant Market LLC	hand sanitizer		23.91
8/11/2020	Gordon Restaurant Market LLC	gloves		25.55
8/11/2020	Gordon Restaurant Market LLC	trash bags		19.02
8/18/2020	WebstauntStore	6 bottles of steramine tabs + tax & shipping		38.01
8/18/2020	Wegmans	paper towels		15.21
9/12/2020	Valu Home Center	2 gal 70% alcohol, glass cleaner		47.27
9/24/2020	<a href="http://Amazon.com">Amazon.com</a>	white bar rags		28.22
9/24/2020	<a href="http://Amazon.com">Amazon.com</a>	microfiber bar rags		17.35
9/24/2020	<a href="http://Amazon.com">Amazon.com</a>	chalkmarkers		22.83
9/24/2020	<a href="http://Amazon.com">Amazon.com</a>	sandwich board		70.68
9/25/2020	Price Rite	baggies		2.16
11/11/2020	Maura Price	16 cloth masks		288.00
	Cafe Taza	gloves	115.00	
	Edward Lawton	Insulated door with serving window	1,000.00	
	Home Depot	outdoor heating unit	500.00	
	David Adamczyk	BaristaCom-19000	505.37	

<a href="https://www.amazon.com">Amazon.com</a>	microfiber bar rags	17.35
<a href="https://www.amazon.com">Amazon.com</a>	propane heater hose	38.52
<a href="https://www.amazon.com">Amazon.com</a>	XtremepowerUS 96053 propane heater	300.79
<a href="https://www.amazon.com">Amazon.com</a>	wax paper sandwich bags 1000pk	38.01
<a href="https://www.amazon.com">Amazon.com</a>	fold-top sandwich/snack bags 2x1000pk	21.74
<a href="https://www.amazon.com">Amazon.com</a>	interfold deli/food wax wrap paper sheets 4x5	21.70
<a href="https://www.amazon.com">Amazon.com</a>	disposable poly gloves 2000pk	28.26
<a href="https://www.amazon.com">Amazon.com</a>	Mr. Heater F270700 MH35LP 35,000-BTU F	182.68
<a href="https://www.amazon.com">Amazon.com</a>	Hampton Bay 48000 btu patio heater	356.59
<a href="https://www.amazon.com">Amazon.com</a>	Seventh Generation dish liquid soap 2x6pk	41.00
<a href="https://www.amazon.com">Amazon.com</a>	Seventh Generation liquid hand soap 128 fl oz	32.57
<a href="https://www.amazon.com">amazon.com</a>	99% isopropal alcohol 4 gallons	101.13
<a href="https://www.amazon.com">amazon.com</a>	aloe vera gell 2 gallons	119.63
<a href="https://www.amazon.com">Amazon.com</a>	Arm & Hammer laundry detergent x2	25.43
<a href="https://www.amazon.com">Amazon.com</a>	Steramine sanitizing tablets 6 bottles	51.06
<a href="https://www.amazon.com">Amazon.com</a>	cotton wash rags	28.26
<a href="https://www.acehardware.com">Acehardware.com</a>	sponge mop	17.39
<a href="https://www.acehardware.com">Acehardware.com</a>	sponge mop replacement sponges x5	54.32
<a href="https://www.acehardware.com">Acehardware.com</a>	liquid bleach 128 oz x2	9.98
<a href="https://www.acehardware.com">Acehardware.com</a>	Windex glass cleaner spray 32 oz	6.51
<a href="https://www.acehardware.com">Acehardware.com</a>	Windex glass cleaner refill 2x 67.6 oz	17.38
<a href="https://www.acehardware.com">Acehardware.com</a>	30 gallon can liners 500pk	40.23
<a href="https://www.acehardware.com">Acehardware.com</a>	32 oz all purpose sprayer x5	15.17
<a href="https://www.acehardware.com">Acehardware.com</a>	plastic hand scoop	4.99
<a href="https://www.acehardware.com">Acehardware.com</a>	pet-safe ice-melt 40lbs x2	69.59
<a href="https://www.acehardware.com">Acehardware.com</a>	snow shovel	19.56
<a href="https://www.acehardware.com">Acehardware.com</a>	20lb propane tank (empty)	36.96
<a href="https://www.acehardware.com">Acehardware.com</a>	toilet brush and caddy	21.74
<a href="https://www.acehardware.com">Acehardware.com</a>	10 gallon steel can with lid	28.26

260lbs propane (20lb/week for 13 weeks:  
Dec. 1, 2020 to March 1, 2021) verbal quote  
from Ace Hardware of \$21.99/20lbs  
(11/19/2020)

[Acehardware.com](http://Acehardware.com)

310.88

[Acehardware.com](http://Acehardware.com)

broom with dustpan

17.39

[Acehardware.com](http://Acehardware.com)

Lysol liquid toilet bowl cleaner 24 oz x2

7.81

[Acehardware.com](http://Acehardware.com)

Bounty paper towels 6pk x 4

43.46

[Acehardware.com](http://Acehardware.com)

mop bucket, 14 qt

14.13

**TOTAL**

**4,260.83**

**697.29**

**\$4,958.12**

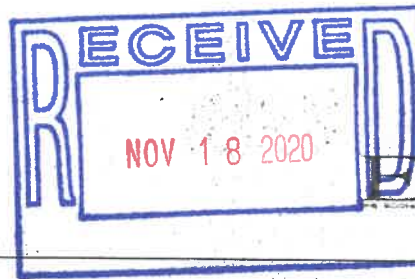
## Grant Application Overview

December 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Tremetris Nance dba Nance Nelson's Enterprise	\$5,304.22	Highly Distresses Area ✓ MWBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Nance Nelson's Enterprise</b>, a minority and woman-owned business, provides tax preparation and bookkeeping services to residents and businesses in the Bailey-Kensington neighborhood. Services include taxes, business planning, financial projections, deeds and transfers, wills, and obituary services.</p> <p>Nance Nelson Enterprise has been negatively impacted by the NYS disaster declaration and the conditions that have resulted from the pandemic. The office was closed for several months and reopened at reduced capacity. The business incurred significant expense to implement technological upgrades and social distancing measures to ensure the safety of employees and clients. Nance Nelson's is seeking assistance from the ECIDA to support past expenditures (professional cleaning, technology, partitions for work stations) necessary to prepare the office to reopen as well as future purchases of PPE and fixtures (partitions, masks, disinfectant, touchless water cooler) to ensure the safety of staff and clients through the upcoming tax season.</p>			



# ERIE COUNTY COVID-19 DISASTER



COMPANY INFORMATION	
1. Applicant Legal Name:	TREMETRIS NANCE DBA NANCE NELSON'S ENTERPRISE
Applicant Address:	715 Kensington Avenue, Buffalo, New York 14215
3. Legal Structure:	<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 checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4. Applicant Contact Name:	Tremetris Nance
5. Contact Phone Number:	716-578-7980 Contact Email Address: tremetrisnance@yahoo.com
6. Type of Business:	Bookkeeping and Tax Preparation
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. <div style="text-align: right;"><input checked="" type="checkbox"/> ATTACHED</div>
8.	Number of years in business in Erie County <span style="float: right;">14 <sup>45</sup></span>
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. <div style="text-align: right;"><input checked="" type="checkbox"/> ATTACHED</div>
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): <input checked="" type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> 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 <span style="float: right;">541219</span>
12.	What share of the company's product or service is sold within Erie County: <span style="float: right;">100%</span>
13.	<b>Miscellaneous Questions:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes <input checked="" 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?</li> <li><input type="checkbox"/> Yes <input checked="" 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?</li> <li><input type="checkbox"/> Yes <input checked="" 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?</li> </ul>

## EMERGENCY GRANT APPLICATION

- 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 felony or misdemeanor, other than a minor traffic violation any of its principals or Board Members ever been convicted of , or are any charges pending?
- Yes  No Has the Company, its affiliates, or federal, State, or local laws or regulations with respect to labor practices, hazardous any of its principals, been cited for a violation of wastes, environmental pollution, or operating practices?
- Yes  No Are there any outstanding judgments or lien pending agaaffiliates, or any of its principals other than liens in the normal course of business? Inst the Company, its  
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 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  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?

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).

## ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION

- 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)*

DUE TO PANDEMIC CUSTOMER TRAFFIC HAS BEEN REDUCED, INCREASE COST OF PPE (PERSONAL PROTECTION EQUIPMENT) AND INCREASE SANITIZER OF ENTIRE OFFICE. FUNDS ARE NECESSARY TO PROVIDE EVERY CUSTOMER WITH PROTECTION, EQUIPMENT NEEDED WILL INCLUDE BARRIERS, FACE MASKS FOR CUSTOMERS WITHOUT THEM , TOUCHLESS SANITIZER, TOUCHLESS TEMPERATURE TAKERS AND TOUCHLESS DISPENSERS. I HAVE BEEN PREPARING TAXES , PROVIDING BOOKKEEPING SERVICES ALONG WITH OTHER FINANCIAL DOCUMENTS IN THE COMMUNITY FOR OVER THIRTY FIVE YEARS WITH THE PAST FOURTEEN YEARS AS SELF EMPLOYED. *SEE Attachment.*

**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**



**EMPLOYMENT INFORMATION**

*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 1

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
	Armand - Guard Barriers		329.08
	Temperature Scanner (Hitosino)	1,262.00	
	Automatic Hand Soap dispenser.	30.00	
	Armand - Guard Barriers partitions)	2,039.50	
	Automatic Sanitizer station	218.00	
	Touchless Water Cooler	299.00	
	2 Computer w/ Web Cameras for Zoom		1,716.00
	<b>Total Vendor Expense</b>	<b>\$3,848.50</b>	<b>\$2,045.08</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$3,463.65</b>	<b>\$1,840.57</b>

**CERTIFICATION**

18. Tremetris Nance 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.

Name of Company Official Completing Worksheet:	Title:	Date Completed:
Tremetris Nance	OWNER	11/16/2020
Signature: <u>Tremetris Nance</u>		

Nance- Nelson's Enterprise is a family owned and operating business located in Buffalo, New York. Just as many other businesses we were negatively impacted by the (COVID-19 Pandemic).

It is a Women owned, Minority business that not only employs family but also provides employment opportunities in the community. Due to state regulations the office was closed in accordance with NYS guidelines, putting a strain on business demands, request volume and ultimately interrupting the flow of revenue.

Once regulations were modified and restrictions lifted our office opened with a strategic reopening plan to ensure the safety of all patrons and employees. As the 1<sup>st</sup> stage of reopening we hired a professional cleaning company to clean and sanitize the office and for additional precaution measures we installed plastic protection shields in the receptionist area and on (2) office workstations. 6 feet markers were placed throughout the office to ensure proper social distancing and signage printed reminding clients to wear a mask and to wash their hands.

Prior to reopening, a Zoom meeting was scheduled with the owner, part time contract workers and the office management consultant to discuss and have an open forum to communicate the rollout of our reopening plan and expectations.

We discussed our client screening process, limiting surfaces that employees need to touch, rotating staggered schedules, embracing technology and how it will assist with the foot traffic of patrons.

Nance- Nelson's Enterprise is a staple in the community where services are rendered for the following:

- Taxes
- Bookkeeping,
- Corporation Documentation
- 401c3
- Corporation liquidation
- Business planning
- Financial projections
- Notice Correspondence
- Deeds and transfers
- Wills
- Obituary services

Services and needs that increased as a result of the Pandemic but unfortunately not able to keep up with the demands due to the lack of essentials needed to be fully classified suitable for the protection of clients and employees.

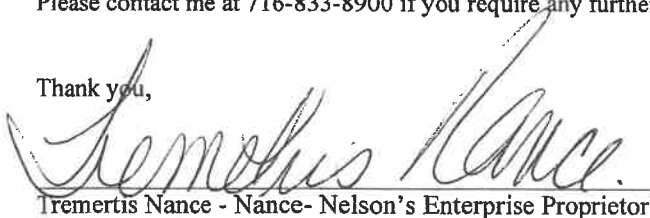
It is our primary objective to provide vital services in a safe conducive environment. With the assistance of the ECIDA emergency grant additional essential items can be purchased such as a Face recognition body infrared temperature detection terminal, Automatic Hand sanitizer dispenser, Standing Automatic Sanitizer dispenser, touchless Water cooler and additional Countertop acrylic sneeze guard barriers for the other workstations. Please see attachments for an itemized description of each.

With Tax season on the Horizon having this project completed soon will safeguard the opportunity to keep up with the anticipated pressures of Tax season 2020.

Nance – Nelson's Enterprise appreciates The Erie County Industrial Development Agency for taking an interest in assisting Minority, Small Businesses and Not -for- profit organizations with development and financial aid with the Erie County COVID – 19 disaster emergency Grant program!

Please contact me at 716-833-8900 if you require any further information or have any questions concerning this proposal.

Thank you,



Tremertis Nance - Nance- Nelson's Enterprise Proprietor

(716) 578-7980