

**Item # 3.3 Approval of COVID-19 Disaster  
Emergency Grant Applications (Action Item)**

## 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	Shell Fab	West Seneca	Adv Manufacturing	\$8,565.63
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
				\$120,221.06

## November 2020 Grant Applicants

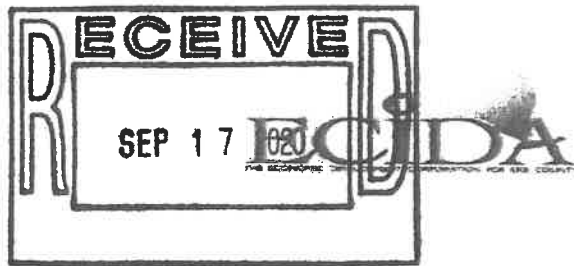
Name	Address	City	Type	Amount Requested	Dist	MBE	VET	WBE	Use of grant funds
110 Moreland Street, Inc.	10 Moreland Street	Buffalo	Hospitality/Tourism	10,000.00	Yes	Yes	No	Yes	Purchase of PPE and Installation of Fixtures
716 Limousine LLC	500 New Babcock	Buffalo	Service	6,627.63	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Babz BBQ	65 Cedar Street	Akron	Retail	5,033.84	No	No	No	Yes	Purchase of PPE and Installation of Fixtures
Bikeorbar LLC	904 Elmwood Avenue	Buffalo	Service	10,000.00	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Buffalo & Erie County Naval & Military Park	1 Naval Park Cove	Buffalo	Not for Profit	5,481.05	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Buffalo Girlchoir	255 Great Arrow Avenue	Buffalo	Not for Profit	1,223.06	Yes	No	No	Yes	Installation of Fixtures only
Buffalo Pediatric Associates, LLC.	237 Linwood Ave	Buffalo	Health Care	10,000.00	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
C&R Housing	230 Pratt st	Buffalo	Construction	6,904.12	Yes	Yes	No	No	Purchase of PPE only
Computers for Children (aka Mission Ignite)	701 Seneca St	Buffalo	Not for Profit	8,999.82	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Dasa Properties LLC	2163 South Park Avenue	Buffalo	Real Estate	10,000.00	Yes	No	No	Yes	Purchase of PPE only
Gerard Place Housing Development Fund Company	2515 Bailey Avenue	Buffalo	Not for Profit	10,000.00	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Great Expectations Child Care Center, Inc.	4534 Clinton Street	West Seneca	Service	3,610.56	No	No	No	Yes	Purchase of PPE and Installation of Fixtures
La Casa De Nacho Inc.	85 West Chippewa Street	Buffalo	Retail	9,764.00	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Little Spanish Garden LLC	3553 Harlem Road	Cheektowaga	Service	10,000.00	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Nurse Practitioner Adult Health P.C.	2234 Seneca Street	Buffalo	Health Care	10,000.00	Yes	Yes	Yes	Yes	Purchase of PPE and Installation of Fixtures
Schutte-Buffalo Hammermill	61 Depot Street	Buffalo	Manufacturing	10,000.00	Yes	No	No	No	Purchase of PPE only
Weaver Metal & Roofing, Inc.	40 Appenheimer Avenue	Buffalo	Construction	8,584.77	Yes	No	No	No	Purchase of PPE and Installation of Fixtures

136,228.85

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
110 Moreland Street, Inc. (DBA Moreland Guesthouse)	\$10,000.00	Highly Distressed Area ✓ MWBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>110 Moreland Street, Inc. (DBA Moreland Guesthouse)</b>, located in the Lovejoy District of Buffalo and set inside a restored 1922 nun's convent, offers accommodations for value-conscious travelers and those looking for a one-of-a-kind lodging experience. The property features private, comfortably appointed guest rooms, exceptionally clean shared bathrooms, a fully equipped kitchen, dining room, living room, billiard room and complimentary guest computer.</p> <p>The Moreland Guesthouse has been negatively impacted by the NYS disaster emergency restrictions and the challenges that resulted from the pandemic. The business was forced to suspend operations in late April when one of their guests, a nurse, tested positive for COVID-19 and refused to check-out and relocate to another location. The temporary closing resulted in cancellations and lost revenue estimated at \$20,000. Prior to reopening, it was necessary to make modifications to the facility accommodate social distancing in accordance with NYS guidelines. Moreland Guesthouse is requesting funding assistance from the ECIDA to offset PPE and fixture expenditures (keyless entry, social distancing fixtures, automatic soap dispensers, air filtration system, signage, masks, disinfectant/cleaning supplies, etc.) necessary to reopen the business and protect the health of guests 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 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> 110 Moreland Street, Inc. DBA Moreland Guesthouse
2.	<b>Applicant Address:</b> 110 Moreland St. Buffalo, NY 14206
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> MiNika L. Hall - Fletcher
5.	<b>Contact Phone Number:</b> (716) 893-1419 <b>Contact Email Address:</b> mfletcher@morelandguesthouse.com
6.	<b>Type of Business:</b> Traveler Accommodations
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> <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED 10</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 (See Form CT-6)</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;">721199</span>
11.	<b>Company's Annual Revenue:</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 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?  
We are minority-owned and women-owned and are in the process of applying for each respective designation.
- 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**

Company Name: 110 Moreland Street, Inc. DBA Moreland Guesthouse

### 15. Narrative

#### Direct Community Ties

110 Moreland St. was purchased in 2009 by the owner and operator MiNika L. Hall-Fletcher (Nika). Nika grew up in Cheektowaga before leaving in 1997 to work and attend University in Long Island, NY, London, UK, and Honolulu, HI. Twelve years later, Nika would return home to Buffalo to created what has become a pioneer in the rebirth of communal lodging – The Moreland Guesthouse.

#### Impact of Work

A key element to our business strategy is repurposing existing buildings that have outlived its intended purpose. By this, we conserve land, preserve history, and help to safeguard and sustain our community's rich architectural resources. The success of this strategy has contributed upwards of \$30,000 in sales and hotel occupancy tax while also creating additional business for local retail shops (all in high distress zones) and suppliers whose place of business is in Erie County.

Because of the Moreland Guesthouse, people from all over the world have discovered Iron Island and the Lovejoy District. Some guests have settled and invested here. We look forward to scaling with a three-year plan of optimizing use to allow higher profit margins for job creation.

#### Future PPE and Fixture Purchases Summary

COVID-19 has presented new operational challenges that require immediate remedying. A summary of all anticipated PPE and fixture purchases are outlined below for Phase I of our reopening:

- A. Contactless Check-In / Check-Out System – A remote check-in and check-out system will be installed to comply with social distancing requirements and minimize direct contact points. Additionally, the system will ensure guests are aware of the latest COVID-19 policies and requirements and that guest(s) information is current should contact tracing be needed.
- B. Fixtures for Social Distancing Redesign – To correct infrastructure deficiencies related to our service offerings and COVID-19, we will redesign common areas to ensure physical distancing to the maximum extent possible. Namely, we will add one additional private shower as we begin to phase out our shared dormitory-style bath. Additionally, we will provide two separate eating spaces and individualize work areas in our business center.
- C. Personal Protective Equipment (PPE) - To ensure the safety of our guests we are taking the proper and necessary steps to procure supplies and equipment to thoroughly clean and disinfect our facility, maintain proper hygiene for all guests, properly social distance, and minimize possible cross-contamination points.

**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 0

**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)
	(See Attached Grant Request Budget for Itemized Breakdown)		
	<b>Total Vendor Expense</b>	\$ 17,960.00	\$
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$ 16,164.00	\$

**CERTIFICATION**

18. I, MiNika L. Hall - Fletcher 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.

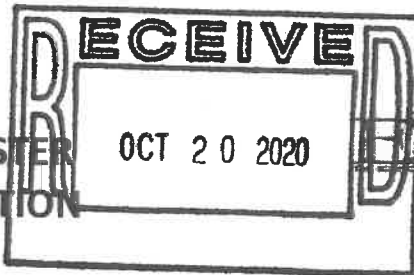
Name of Company Official Completing Worksheet: MiNika L. Fletcher Title: President / General Manager Date Completed: 9/8/2020

Signature:



## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
716 Limousine LLC	\$6,627.63	Highly Distressed Area ✓ WBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>716 Limousine LLC</b> (hereafter 716 Limo), a woman owned business, is a full-time company serving both retail and corporate guests. Their dispatch and operations center are available 24 hours a day to ensure that customers will speak to a knowledgeable professional. Luxury transportation includes airport services, weddings, nights out, concerts, sporting events, and business transportation. 716 Limo also operates the Double Decker Tours at Canalside through its Tour segment.</p> <p>Both the limousine and tour business have been devastated by the NYS emergency declaration. The retail transportation business is down 50% due to the restrictions in place for large gatherings (proms, weddings, concerts, special events, etc.) The Buffalo Double Decker Tour season was cancelled this year resulting in the loss of an estimated \$250,000 in revenue for the company. Some segments of the business are slowly returning; however, uncertainty remains while COVID related restrictions are in place. 716 Limo is requesting funding assistance from Erie County to help off-set the cost of PPE/Fixtures (protective shields, face masks, gloves, disinfectant, and cleaning supplies) necessary to encourage business activity and prevent the spread of coronavirus.</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>	716 Limousine LLC
2.	<b>Applicant Address:</b>	500 New Babcock, Buffalo, NY 14206
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>	John Arnet
5.	<b>Contact Phone Number:</b>	716.216.5966
	<b>Contact Email Address:</b>	jarnet@716limousine.com
6.	<b>Type of Business:</b>	Please Describe Limousine & Tours
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020.	
		<input type="checkbox"/> ATTACHED
8.	<b>Number of years in business in Erie County</b>	<u>4 years</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>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	485320
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:**

- xYes  No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?
- xYes  No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?
- xYes  No Is the Applicant's primary place of business located in a highly distressed area? (see map at <https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf>)
- xYes  No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?
- xYes  No Was the Applicant in business prior to March 7, 2020?
- xYes  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?
- xYes  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 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	15
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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
	See Attached		
	<b>Total Vendor Expense</b>	<b>\$1905.34</b>	<b>\$5458.68</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$1714.82</b>	<b>\$4912.81</b>

**18. CERTIFICATION**

I, John Arnet, 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>
John Arnet	GM	10/20/20
<b>Signature:</b>		



716.216.5966  
INFO@716LIMOUSINE.COM  
f t s in y i g

716.247.6680  
500 New Babcock Street  
Buffalo, New York 14206

Dear Grant Application Person

716 Limousine was completely shut down from March until the end of May. Our Tour segment Buffalo Double Decker Tours season was cancelled the budget this year was 250,000 of revenue.

Our Limousine retail business is currently at 50% with no large events such as concerts, sporting events and night life shut down

Our chauffeured service segment, which is Corporate travel, events & airport has not come back at all. This same segment has over 30% of our trips crossed into Canada.

Our Budgeted revenue for 2020 of 1.3MM will end up being 450,000. We will end up losing 140,000 this year. The PPE of 60,470 & 6-month deferral from our Vehicle notes helped close some of the negative cash flow gap.

We have spent over 5,542.69 on all if our PPE supplies to keep our guest & employees safe & will need to spend another 1889.37 for the next 6 months until the vaccination. Any kind of assistance will help, we will need another 50,000 to make it until the spring.

716 Limousine provides services for our guest from the most important day of their lives to waiting for an executive at the Toronto airport bringing them back to Erie county.

Our Double Decker tours had over 7.000 guest aboard our bus for Buffalo Historical tours based out of Canal side with partnership with the Navel yard.

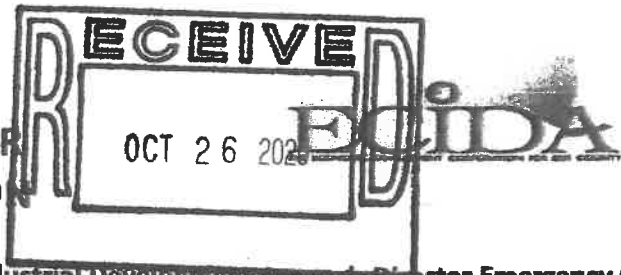
716 Limousine have over 25 employees from cleaning our fleet, to acting on the Double Decker bus. We are very excited to get on the other side of this pandemic

Sincerely

John Arnet

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Babz BBQ	\$5,033.84	Highly Distressed Area ✓ WBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p>Babz BBQ is a woman-owned eatery located in the Akron Village Business District. Babz BBQ has operated a successful food truck since 2014 when she started selling barbecue at car shows and other events. The business thrived over the years, with weekly visits to Samuel's Grand Manor, catering events and parties. Babz BBQ has won numerous awards for their food, such as 2nd place for Best Chili and 3rd for Best Rib Oink-Off at Oinktober Fest. Babz BBQ was also voted as one of the best ribs in Buffalo.</p> <p>Babz BBQ was negatively impacted by the NYS emergency declaration. The business had just opened their brick and mortar restaurant in the Village of Akron just a few weeks before the NYS Pause order. Babz was forced to change their business plan and pivot to all take out until the Pause was lifted and they could implement limited capacity outdoor seating. The food truck business was also impacted by the cancellation of booked events and large gatherings. Babz is requesting assistance from the ECIDA to help off-set expenditures for PPE and fixtures that will allow the business to operate in accordance with NYS guidelines and protect the health and safety of patrons 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> Melissa M Babiarz Babz BBQ
2.	<b>Applicant Address:</b> 65 CEDAR ST AKRON NY 14001
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> Melissa Babiarz
5.	<b>Contact Phone Number:</b> 579-3848 <b>Contact Email Address:</b> babiarz36@yahoo.com
6.	<b>Type of Business:</b> Please Describe BBQ RESTAURANT/BAR
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;">6</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 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;">722410</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 *LAB* *do per melissa babiarz* 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)

Babz BBQ opened BRICK & mortar ON Feb 3, 2020. I RAN AND OWN  
A food TRAILER SINCE 2014. WITH A VERY LUCRATIVE BUSINESS, I  
NEEDED TO EXPAND. AFTER I OPENED FEB 3, 2020 5 WEEKS LATER  
THE GOVORNER SHUT DOWN BUSINESSES, I CLOSED MINE FOR 2 WEEKS,  
HAD TO CHANGE MY WHOLE BUSINESS PLAN, SPEND EXTRA \$ I  
DIDN'T HAVE TO COMPLY WITH ALL OF THE MANDATES THAT  
WERE CHANGING DAILY. MY BUSINESS WAS FORCED TO TAKE  
OUT ONLY. LOST REVENUE ON DRINK SALES, ECONOMY TANKED, MY  
BUSINESS WAS AND IS STILL STRUGGLING BECAUSE WE ARE STILL  
UNDER STRICT MANDATES. FALL & WINTER ARE FAST APPROACHING  
AND I WILL LOSE MY PATIO DINING, WE ARE STILL AT 50%  
INSIDE. WHICH MEANS 50% OF REVENUE, GAS ELECTRIC,  
EMPLOYEES STILL HAVE TO BE PAID. ~~WE HAVE NOT BEEN HELPED~~  
I HAD TO SPEND 100'S OF \$ TO COMPLY WITH OUTSIDE  
DINING, PPE SUPPLIES ECT... THAT IS A HUGE FINANCIAL  
BURDEN! I AM A LIFE LONG RESIDENT OF ERIE COUNTY,  
SERVED AS A VOLUNTEER FIRE PERSON FOR BOTH AKRON & NEWSTEAD  
FIRE CO, HELPER IN THE AKRON FOOD PANTRY, SUPPORTER OF THE  
AKRON, HYONS, ROTARY, CLUBS, ALSO WITH THE HISTORICAL SOCIETY  
PLEASE TAKE MY APPLICATION INTO CONSIDERATION. SO I CAN CONTINUE  
TO SERVE, DONATE, BACK TO ERIE COUNTY AND MY COMMUNITIES.

Thank you Melissa M Babiarz

ALSO OWN FOODTRUCK THAT LOST REVENUE BABZ BBQ  
OVER SUMMER OF 2020 ALL EVENTS CANCEL.

# 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
	Dividers (BARTON) Bartop		
	Down Room	\$579	
	Down Bubble Tent	\$3,000	
	FACE MASKS	\$500.00	
	LATEX GLOVES	\$500.00	
			690.00
	AMAZON Purchases for NYS MANDATES, OUTSIDE DINING		<del>725.00</del>
	AMAZON Purchase > Receipt enclosed		324.15
	<b>Total Vendor Expense</b>	\$5,304.00	<del>\$9,951.30</del>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	\$25,000	\$25,000
	<b>Total</b>	5,593.15	

## CERTIFICATION

18. Melrose m Babring 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:

Babz BBA

OWNER

10-19-2020

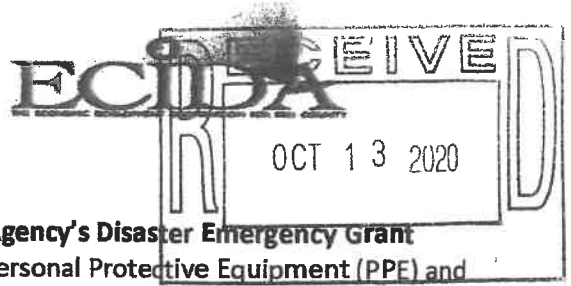
Signature:

Melrose m Babring

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Bikeorbar LLC	\$10,000	Highly Distressed Area ✓ WBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Bikeorbar LLC</b>, a woman-owned business located in the heart of the Elmwood Village, is the first Spinning/ Indoor Cycling Studio of its kind in the city of Buffalo. Bikeorbar utilizes state-of-the-art workout technology for its members - MYZONE &amp; SPIVI heart rate monitoring and analytics, coupled with five high-definition TVs, and a dynamic sound system with reactive lighting to keep you engaged throughout any workout. In addition to Indoor Cycling Classes, Bikeorbar offers: BARRE &amp; TWERKSHOP, TRX, Indoor Rowing, CrossSPIN, Anti-Gravity Yoga Classes, and more.</p> <p>Gyms and fitness centers have been particularly hard-hit by the NYS disaster emergency declaration – it is one of the last industries to be cleared to reopen. Bikeorbar was closed for nearly seven (7) months, including the spring, which is their most profitable season. Receiving state approval to reopen has posed its own challenges. Capacity is severely limited to only 18% and the business is required to make expensive facility upgrades to comply with the NY Forward Safety Plan. Bikeorbar is requesting funding assistance from the ECIDA to reimburse the business for PPE/fixture (<i>quality air filter, exhaust fan, sanitizer dispenser, plexiglass shields, hands free water cooler, disinfectant, masks, thermometer, etc.</i>) expenditures necessary to reopen safely and prevent community spread of COVID.</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> Alexandra S. Leo Bikeorbar LLC <sup>Lat</sup>
2.	<b>Applicant Address:</b> <sup>904 Elmwood Ave</sup> 4516 Sheridan drive, Buffalo, ny 14221 <sup>14222 89A</sup>
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> Alexandra Leo
5.	<b>Contact Phone Number:</b> 716 417-6602 <b>Contact Email Address:</b> Bileorbar@yahoo.com
6.	<b>Type of Business:</b> Please Describe Indoor cycling & Fitness studio
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> <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span> 8.5
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 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**



	<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)*

see next  
page →

Bikeorbar is the 1st boutique studio of its kind in Buffalo, and in all of WNY. We are a premier indoor cycling (Spinning) studio with the latest generation of Stages SC3 bikes, and state of the art technology (ie. Flat screen tv's we connect via computers to play music videos and metrics to see how fast, far and long you have gone among other things) to precisely measure effort and output along with concert-like quality sound and lighting that surrounds and empowers the riders.

We originally started with just indoor cycling classes but within a year we added the back room where we instruct other fitness classes, like TRX, Barre, Bootcamp Classes, Indoor rowing classes, Step classes and Yoga.

The studio is located at 904 Elmwood Ave Buffalo, NY 14222 we opened the doors in March of 2012 and have been there since that day. We have become a fixture on Elmwood and have been indoctrinated into the Elmwood Strip family of small owned businesses. We have belonged to the Elmwood Association for the entire time and work with other small and large businesses to create a unique community. We work tirelessly to help our neighbors in any way possible. We have helped 'clean up' our little block and our neighbors know we are looking out for them as they look out for us. We have become friendly with the precinct and work with them as often as possible. We never miss a chance to hold a charity or work in tandem with a business on a partnership which helps us all out. During the shutdown we got our community together to hand out equipment and things they might be able to use during this trying time. We boarded up our business when protests got a little destructive on Elmwood and yet supported our neighbors in a peaceful protest.



Our business and employees have thrived with an ever increasing clientele and financial profitability throughout the entire 8 years in business. We were having a record breaking year coming into March when the shutdown happened. On March 16th we were ordered to shut our doors temporarily without much warning and certainly to our chagrin. Of course we complied and paid all our employees up-to-date as it was the right thing to do. We were sad but we thought it was temporary and would be re-opening within a month.

March, April and May happen to be our best and most profitable months,(save for January) mainly because the weather in Buffalo prompts people to get in their best shape and get rid of the little extra weight or softness they may have put on over the cold months. To close during these months was without a doubt going to financially be crushing, but still we were optimistic.

As we reopen this week (almost 7 full months after being shut down) with restrictions to open at 18% capacity of where we were at in March. And to add insult to injustice we must put in place thousands of dollars in upgrades to comply with The NYS Department of Health. And being approved for only 18% of normal capacity, and also with less classes, and more employees to keep in compliance.

I have endured months of bills that I have had to pay each and every month Bills to keep my building;-my monthly Rent, Utilities; National Fuel, and National Gas, Rental on my equipment, My bookkeeping through; The Tax Counselors, metrics and stats through; SPIVI, heart monitor metrics through; MYZONE, Internet through; SPECTRUM, phone service for me and employees through; T-MOBILE, Music licensing; ASCAP, BMI, SESAC. And more.

We need these funds just to help us remain open and bring back the community and breathe life back in the Elmwood village and be the catalyst to help our neighbors along the way. Please consider a Buffalo staple, a women owned and operated business, the first of its kind in WNY, to sustain and surpass it's expectations of bringing more health and wellness and joy to our community and great city.

**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	7 Ft
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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
	New Installed AC/FILTER PUM to meet MERV13		\$ 6800.00
	Air Quest 66K BTU 3 TON SPLIT		\$ 708.81
	30" EXHAUST FAN w/ SHUTTER with labor		\$ 139.00
	LARGE FLOOR HAND SANITIZER DISPENSER		\$ 134.99
	PORTABLE ACRYLIC PLEXIGLASS GUARD SHIELD		\$ 824.00
	ELKAY BOTTLE FILLING STATION (HANDS FREE)		\$ 1764.79
	FITNESS EQUIPMENT WIPES (SANITIZED)		\$ 746.58
	MISC - SEE RECEIPTS		
	<b>Total Vendor Expense</b>	\$	\$11,118.17
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$	\$10,006.02

**18. CERTIFICATION**

Alexandra S. Leo 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.

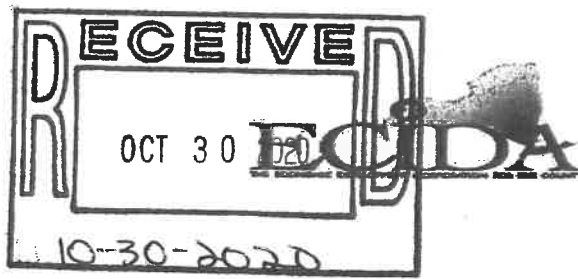
In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.

<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
Alexandra S. Leo	Sole Owner	10/10/2020
<b>Signature:</b> <u>Alexandra S. Leo</u>		

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Buffalo & Erie County Naval and Military Park	\$5,481.05	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>The Buffalo and Erie County Naval and Military Park</b> (Hereafter Naval Park), a not-for-profit organization, is the largest inland Naval Park in the United States. Located on Buffalo's Waterfront, this unique family destination features four decommissioned Naval vessels that served in a variety of military conflicts in our nation's history. The Naval Park features an indoor exhibit and gift shop, as well as tours of naval ships.</p> <p>The Naval Park has been negatively impacted by the NYS emergency declaration. The site was temporarily closed to the public for several month and reopened at reduced capacity over the summer, which impacted the earned revenue that makes up 97% of the Naval Park budget. Naval Park administrator's estimate that earned revenue from visitation decreased by 78% from 2019. The Naval Park is seeking assistance from the ECIDA to offset PPE/fixtures (signage, partitions, hand sanitizing stations, cleaning supplies, gloves, masks) expenditures that were necessary to keep, staff, volunteers and visitors safe and prevent community spread of COVID-19.</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> Buffalo Erie County Naval & Military Park
2.	<b>Applicant Address:</b> 1 Naval Park Cove, Buffalo NY 14202
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Not-for-Profit
4.	<b>Applicant Contact Name:</b> JoAnn Maraschietto
5.	<b>Contact Phone Number:</b> 847-1773 ext 10 <b>Contact Email Address:</b> joann@buffalonaualpark.org
6.	<b>Type of Business:</b> Museum    Please Describe: Naval Park & Museum
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;">44</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 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;">712110</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**



	<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 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 type="checkbox"/> Yes <input checked="" 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)*

*See attached*

Narrative C

## **ECIDA COVID-19 Emergency Grant Application**

### **Question:**

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.

### **Answer:**

The COVID-19 pandemic has affected operations at the Buffalo & Erie County Naval & Military Park in several ways.

1. Normally, we host an Overnight Youth Encampment Program for 10 weeks in the spring and 10 weeks in the fall. It is a major source of revenue for the Naval Park. Based on COVID precautions, Erie County Health Dept. required us to cancel both the spring 2020 and fall 2020 sessions.
2. The admission price was reduced from \$15 to \$10 to account for the limited tour routes. Tour routes were limited to on deck only. No one was allowed below deck.
3. All visitors were required to pre-register online and only 10 visitors were allowed each 30 minutes.
4. All visitors were required to wear a mask and sanitize their hands before and after the tour route. Masks, hand sanitizer, hand sanitizer stations, and signage had to be purchased.
5. Ninety-seven percent of the Naval Park's budget is supported by "earned revenue" – admissions, youth encampments, gift shop sales, ship rentals, etc. Visitation and earned revenue dropped by 78% from 2019 numbers.

We are searching for new ways to increase revenue and have applied to several funding sources for assistance. Our Board initiated a special fund raising campaign entitle All Hands on Deck to raise a goal of \$100,000 to help offset lost revenue.

Our mission is to preserve the military artifacts entrusted to our care; honor veterans, active military, and military families; educate about the history and values of service and sacrifice in defense of freedom; and inspire a sense of patriotism and appreciation in protecting the right to liberty and justice for all. The many exhibits and artifacts featured at the Buffalo Naval & Military Park bring to life some of the major events in our nation's history to defend freedom and democracy and honor those who have served.

According to Trip Advisor, we are listed as the #3 tourist attraction in WNY and the #1 museum. In each of the last three years leading up to 2020, the Naval Park attracted visitors from all 50 states and over 100 countries. We are the "anchor attraction" on Buffalo's waterfront.



**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 10

**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>Zoom</u>	<u>489.01</u>	<u>489.01</u>
	<u>Airborne Visual</u>	<u>910.95</u>	<u>303.65</u>
	<u>Sysco</u>	<u>1751.72</u>	<u>1751.72</u>
	<b>Total Vendor Expense</b>	<b>\$ 3151.68</b>	<b>\$ 2938.38</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$ 2841.01</b>	<b>\$ 2644.54</b>
		<u>2,836.51</u>	

**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:

JoAnn Maraschiello

Office Manager

10-30-20

Signature:

JoAnn Maraschiello

Narrative A & B

COVID -19 Expenses			
<b>Previously Purchased</b>			
Vendor	Date	Amount	Purpose
Zoom Copy	7/23/2020	\$ 489.01	signage
Print2Web	7/2/2020	\$ 60.00	Signage
Airborne Visual	7/9/2020	\$ 303.65	2 - Hand Sanitizing stations
Sysco	8/10/2020	\$ 563.48	hand sanitizer
Sysco	7/16/2020	\$ 480.35	hand soap and sanitizer
Sysco	5/19/2020	\$ 707.89	cleaning supplies, gloves and masks
Twin City Glass	7/23/2020	\$ 334.00	counter partition - acrylic
<b>Total Previously Purchased</b>		<b>\$ 2,938.38</b>	
<b>Future Purchases</b>			
Vendor	Date	Amount	Purpose
Airborne Visual		\$ 910.95	6 - Hand Sanitizing stations
Zoom Copy		\$ 489.01	signage for the park
Sysco		\$ 1,751.72	cleaning supplies, gloves, mask and sanitizer
<b>Total Future Purchases</b>		<b>\$ 3,151.68</b>	
<b>Total Expenditures PPE</b>		<b>\$ 6,090.06</b>	

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Buffalo Girlchoir	\$1,223.06	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Buffalo Girlchoir</b> (hereafter Girlchoir), a not-for-profit organization, was founded in 2015 with the goal of providing exceptional music instruction in the City of Buffalo to girls from all social strata who love to sing. Girlchoir started with 9 singers and has continue to grow; today they have more than 60 singers ages 5-18 in 5 ensembles. Girlchoir has participated in numerous community events and alongside professional ensembles such as the Buffalo Philharmonic Orchestra. The organization recently moved into dedicated space at the Pierce Arrow Commerce Park to better accommodate the growing program.</p> <p>Girlchoir has been adversely impacted by the NYS emergency declaration. Operations were suspended in mid-March and have resumed recently at half capacity. Several special events, that also served as major fundraising events (spring concert and 5<sup>th</sup> anniversary gala), were canceled due to COVID-19 restrictions. Girlchoir is requesting funding assistance from the ECIDA to purchase an air purifier and filters (changed every 2 months) to provide a safe environment for choir members and their families.</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> Buffalo Girlchoir
2.	<b>Applicant Address:</b> 255 Great Arrow Ave Ste 310/312 Buffalo NY 14207
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Not-for-Profit
4.	<b>Applicant Contact Name:</b> Kathleen Bassett
5.	<b>Contact Phone Number:</b> 216/272-9450 <b>Contact Email Address:</b> director@buffalogirlchoir.org
6.	<b>Type of Business:</b> Please Describe Youth Choral Organization
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;">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;">71130</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**



	<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 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>	
<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)*

See attached



**Buffalo Girlchoir**  
Strong Voices. Strong Girls.

## Erie County COVID-19 Disaster Emergency Grant Application

### **Narrative A**

*Provide a Summary of all PPE Equipment and fixture purchases previously purchased and the reason for their purchase.*

Buffalo Girlchoir purchased a Medify Air MA-40 Air Purifier for our studios. Singing is an activity that has been shown to increase the risk of COVID-19 transmission. With this air filter we are able to resume small rehearsals, limited in length. Donations were made specifically to cover this cost and Buffalo Girlchoir will not be requesting reimbursement for this expense. However, we will apply for funding for a replacement HEPA filter for this unit – thus the discrepancy in the order numbers on the Medify quote.

The property managers at Pierce Arrow Commerce Park generously donated their services to update our HVAC system to accommodate for HEPA filtration. Buffalo Girlchoir purchased 2 MERV/HEPA filters.

### **Narrative 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.*

We need 3 more Medify Air MA-40 air filters to be able to fully purify the air in each of our spaces and be able to engage more singers in our separate studio spaces. We will also need to replace the H13 true HEPA filter cartridge in each of the 4 units at least once per year based on usage.

We need 6 MERV/HEPA furnace filters to use in our updated HVAC system. We need to replace this filter every two months for optimal operation.

### **Narrative 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.*

The mission of Buffalo Girlchoir is to provide exceptional music instruction to young women from all social strata, culminating in transcendent performances at the highest level of artistic excellence, facilitating their development into self assured young women.

Buffalo Girlchoir had to suspend all operations as of March 13, 2020. This included canceling all rehearsals, our Spring Concert that was to have taken place on May 17, and our 5<sup>th</sup> anniversary gala scheduled for June 8. The concert and gala were expected to bring in a significant amount of funding. Additionally, we have not been able to reopen at full capacity resulting in further diminished income.

Buffalo Girlchoir has been a part of the fabric of Erie county since its inception in October 2015. What started as one small ensemble of 14 girls has grown to a community of singers that now consists of five ensembles ages 5 to adult. We have engaged over 150 families throughout the past five years. In September 2019, we grew to such a size that we now rent dedicated space in the Pierce Arrow Commerce Park on Great Arrow Avenue. This was a huge step for our organization and the shutdown mere months later was devastating.

Buffalo Girlchoir has provided music for such events as The Susan G. Komen survivor's luncheon, the Women's History Month kickoff celebration at Buffalo and Erie County Public Library, and the tree lighting ceremony at the Darwin Martin House. Our many ensembles have also collaborated with the Buffalo Philharmonic Orchestra on multiple occasions.

Without the funding to provide for the safest possible environment for our constituents, we will not be able to bring singers back into the studios. Without providing some sort of in-person programming, we could very likely cease to exist.

We appreciate your consideration for this grant.



**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
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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
	Danforth: Furnace Filters HEPA/MERV x6	309	
	Medify Air - MA 40 Air purifier x 3	810	
	Medify Air - HEPA 13 Filters x4	239.96	
	<b>Total Vendor Expense</b>	\$1358.96	\$
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$1223.06	\$

**18. CERTIFICATION**

Kathleen Bassett, 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>
Kathleen Bassett	Artistic Director	10/22/2020
<b>Signature:</b>		

**From:** ECIDA PPE Grant Comment <[no-reply@webcmstools.com](mailto:no-reply@webcmstools.com)>  
**Sent:** Thursday, November 12, 2020 4:28 PM  
**To:** Krygier, Brian C. <[bkrygier@ecidany.com](mailto:bkrygier@ecidany.com)>  
**Subject:** `ECIDA PPE Grant Comment` Submission [f22b192d72353ac6eb5a9b13a24d440b]

[Message is from an external source]

[www.ecidany.com](http://www.ecidany.com)

`ECIDA PPE Grant Comment` Submission

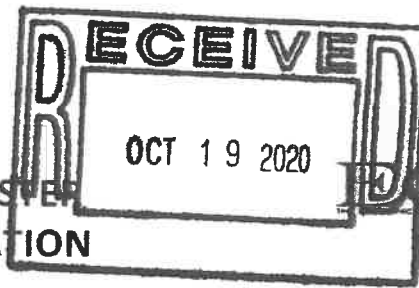
ECIDA PPE Grant Program Comments

Name : Allison Newman  
Company :  
Mailing Address : 414 Potomac Avenue  
Email Address : [alnewman24@gmail.com](mailto:alnewman24@gmail.com)  
Phone Number : 7163642419  
Project Name : Buffalo Girlchoir

Comment : I am writing in support of an organization that has had a profound impact on our community and my family. Buffalo Girlchoir has grown from a small choir of just a handful of girls, to an organization that supports the artistic and social=emotional development of many young girls of all ages. It is so important the this organization have the safety equipment and PPE required to reopen safely so our girls can once again have the opportunity to sing, grow and develop in a safe space. Your consideration of Buffalo Girlchoir for this grant is greatly appreciated.

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Buffalo Pediatric Associates, LLP	\$10,000	Highly Distressed Area ✓ WBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Buffalo Pediatric Associates, LLP</b> (hereafter Buffalo Peds), established in 1972, provides pediatric primary care for over 6,000 families in Western New York. Buffalo Peds serves patients from birth through 21 years of age and specializes in pediatric primary care, lactation consultation for newborns and moms, chronic diseases, such as asthma, childhood obesity and nutrition, ADD/ADHD and childhood wellness and development. BPA operates in the City of Buffalo and in the Northtowns; however, this request pertains to the Linwood Avenue location only.</p> <p>BPA has been negatively impacted by the NYS emergency declaration. Patient visits declined by 50% during March through May, which resulted in furloughing 1/3 of the staff. Buffalo Peds has since returned staffing to pre-pandemic levels due to the gradual increase of patient volume. Responding to the pandemic has also resulted in a significant increase in business expenses (est. \$35,000) related to meeting COVID safety protocols. Buffalo Peds is requesting assistance from the ECIDA to offset the cost of actual and proposed PPE and fixture (air purification, N95 masks, gowns, sanitizer, professional disinfectant/cleaning) expenditures that are necessary to remain operational and protect the health and safety of patients, families, 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> BUFFALO PEDIATRIC ASSOCIATES, LLP
2.	<b>Applicant Address:</b> 237 Linwood Ave, Buffalo NY 14209
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 checked="" type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4.	<b>Applicant Contact Name:</b> Jean Gunner
5.	<b>Contact Phone Number:</b> 716-954-3467 <b>Contact Email Address:</b> jeanmarie@buffalopediatric.com
6.	<b>Type of Business:</b> Please Describe primary care pediatric medicine
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> inc 1972 <u>48</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 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 <u>66%</u>
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> <u>100 %</u>
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 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 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.ecidanv.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidanv.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a>) <i>census tract 6702</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business? <i>66%</i></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)*

ATTACHED

## **Erie County COVID-19 Disaster Emergency Grant Application**

**October 14, 2020**

Buffalo Pediatric Associates, LLP (Buffalo Peds) is a primary care pediatric practice established in 1972 to offer medical care to all those in need, regardless of health insurance coverage. Currently we serve over 6,000 families in Western New York and are located in a distressed census tract, 6702.

Buffalo Peds is a woman-owned and run business. Sixty-six percent of the partnership is controlled by women and the company is managed entirely by women.

As our families struggled to access primary pediatric care, and other social services, we recognized the immediate needs of our patients for food and clothing. We set up a small pantry and offering clothes, food staples, non-perishables, and other basic necessities.

Behavioral health is a pressing need in our community and practice. We realize that this need is urgent and worsening as we continue to live through this historic pandemic, economic impact, and racial justice struggle. Families are struggling to keep their heads above water particularly our families that live on the edge economically. Schooling children at home has also created an ever-increasing hardship for families.

We experienced a 50 % reduction in patients from March through May, with patient volume beginning a gradual increase in June. A direct result of the decrease in patient volume necessitated a reduction in personnel which include the furlough of 1/3 of our staff. We have since brought our staffing level back up to pre-pandemic level to meet the needs of our patients and the increased specifications that are necessary in this COVID time.

Our focus is on preventative care which includes annual child well checks, routine vaccines, acute care, and behavioral health.

The pandemic and emergency declaration required immediate and nimble response on the part of the owners and management. Immediate changes to our operations were made including weekly leadership meetings, Telehealth implementation, furloughing of employees, rescheduling of patients, purchasing of available PPE and cleaning supplies, implementing of new COVID safety protocols.

When COVID pandemic hit, and New York State Disaster Declaration was announced, we immediately positioned our practice to adapt to this crisis. We set up a video conference platform to see patients with COVID symptoms, as well as extended our behavioral health services.

We implemented safety protocols that included masking, social distancing, signage, procuring of PPE, attestation of employees, hiring of a COVID safety consultant, new scheduling and check in protocols, HVAC modifications, air filtration system upgrades, enhanced cleaning and sanitizing, and physical partitions.

The needs of our practice during this time are many and expect an annual spend of at least \$35,000 on COVID-related supplies.



**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	22
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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	For PAST PPE/Fixture actual expenditures – list and attach paid receipts
	NOCO iWare Air Purification System	2999 <del>5</del>	
	MPG Endeavors gowns, face shields, sanitizer		329763
	My Products - Pure Environments Shaktinfirst		428203
	Rodrequez Construction Disinfecting		45000
	RTS Janitorial enhanced cleaning x 2 months (Nov/Dec 2020)	165882	
	<b>Total Vendor Expense</b>	\$465780	\$802966
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$419202	\$722669
	Total \$12,687.46		

**CERTIFICATION**

18. I, JEAN GUNNER, 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: <u>DIRECTOR</u>	Date Completed: <u>10/1/20</u>
<u>JEAN M. GUNNER</u>		
Signature: <u>Jean M Gunner</u>		

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
C&R Housing, Inc.	\$6,904.12	Highly Distressed Area ✓ MBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p>C&amp;R Housing, Inc., (hereafter C&amp;R), a minority-owned business located in the City of Buffalo, offers Energy Efficiency Services to residential and commercial customers. The company, an authorized NYSERDA contractor, performs energy audits, installs insulation, air seals and educates consumers on the importance of reducing electric and gas consumption. C &amp; R also installs windows, doors, siding and roofing.</p> <p>C&amp;R has been negatively impacted by the NYS disaster emergency. The business, deemed non-essential, was shut down in March and did not reopen until June. C&amp;R faced a challenge in recalling all its employees due to the lucrative \$600 weekly unemployment stipend; two (2) employees decided not to return to work. The loss of income coupled with the increase in costs for PPE has put a strain on the business operation. C&amp;R is requesting funding assistance from the ECIDA for the reimbursement of PPE (gloves, masks, coveralls, shoe covers, and disinfectant) necessary to keep employees, staff, and vendors safe and prevent the community spread of coronavirus.</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> C&R Housing, Inc.
2.	<b>Applicant Address:</b> 230 Pratt St., Buffalo, NY 14204
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> Ellen Shareef
5.	<b>Contact Phone Number:</b> 827-3556 <b>Contact Email Address:</b> crhousing230@gmail.com
6.	<b>Type of Business:</b> Please Describe Contractor
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;"><u>40+</u></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>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 624229
11.	<b>Company's Annual Revenue:</b>
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?
	<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**



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

*See Attached Narrative Dated 9/30/2020*

**C & R Housing Inc. 230 Pratt Street, Buffalo, New York 14204n 716-852-3418**

September 30, 2020

Attention: Erie County COVID-19 Disaster Emergency Grant Application

Re: Narrative/ Use of PPE Supplies

C & R Housing is a general contractor, and we perform work for the state as a weatherization contractor under the NYSERDA Empower New York program. We also renovate homes through community-based organizations in the Buffalo area.

We work directly with the public and all our work is performed in residential homes. For us to practice social distancing and protect our employees and our clients, we use face mask, gloves, booties, coveralls, hand sanitizer and infrared thermometers.

The company employs (7) individuals and we provide PPE to them and customers that may not have mask when we enter their homes to perform services.

If we receive reimbursement for some of our cost, it will allow us to replace inventory as we use it.

Thank You

A handwritten signature in cursive script that reads "Ellen Sharkey". The signature is written in black ink and is positioned below the typed name "Ellen Sharkey".

Negative Disaster Emergency Impact Statement  
C & R Housing Inc.

The COVID-19 pandemic created a loss of income for C & R Housing when the governor shut down non-essential businesses in March. The impact also negatively affected our employees when they were laid off, and it created a problem for our company when it was time for them to return to work, because of the extra unemployment funds they were receiving.

We have since moved past most of our hurdles and we only lost (2) employees. Work is starting to pick up which has increased a demand for more PPE supplies. Since reopening the business has hired (5) new employees.

The reimbursement of some of the funds used to purchase PPE will be a big help to replenish our supplies as we continue to deal with the COVID-19 virus.

We would like to thank ECIDA and our elected officials for this help.

Best Regards,

Handwritten signature of Ellen Shareef in cursive script.

Ellen Shareef

**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 6

**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)
	Dival Safety - Gloves, Coveralls, Shoe Covers & Hand Sanitizer		3,519.61
	CDS (Cond. Distr. & Supply) N95 Respirators, Coveralls & Shoe Covers		231.63
	FC Trading - Face Mask, N95, Thermometers & Gloves		3,920.00
	<b>Total Vendor Expense</b>	\$	\$7,671.24
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	\$	\$6,904.12

**CERTIFICATION**

18. Ellen Shareef, 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.

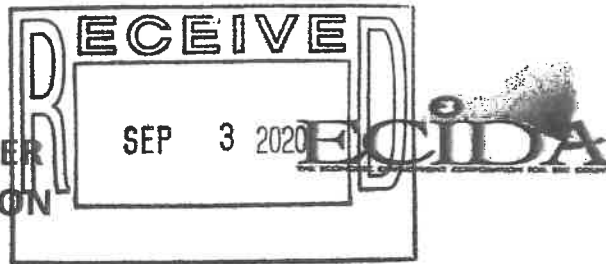
Name of Company Official Completing Worksheet: Title: Date Completed:  
 Ellen Shareef Administrator 10/2/2020  
 Signature: Ellen Shareef



## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Computers for Children (aka Mission: Ignite)	\$8,999.82	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p>Computers for Children (aka Mission Ignite (M: I), a not-for-profit organization, formed in 1997 to end the digital divide in Buffalo, WNY, and surrounding areas. M: I understands that many people lack the resources necessary to purchase a computer or get the technical training needed to use them. At the same time, rapid technology change means that over 2 million tons of hazardous e-waste is created in the U.S each year. M: I addresses this by refurbishing technology and providing STEM training to the Buffalo community and surrounding areas.</p> <p>M: I has been negatively impacted by the NYS emergency declaration mandates and conditions that resulted from the pandemic even though they have remained operational and the need for services has increased. M: I experienced the loss of 35 NYS funded AmeriCorps members, who are critical to operating the warehouse and offices. Pre-COVID plans to hire additional staff to accommodate the increased need for services has been delayed due to the fiscal and operational uncertainty. M: I's educational programing for 2021 is in jeopardy as the organization struggles to secure a committed funding source. As with many not-for-profit organizations, increased operational costs and the funding challenges/limitations has created uncertainty for the future. M: I is seeking assistance from the ECIDA to offset unbudgeted PPE and fixture expenditures (air purifiers/filters, sanitizer, disinfectant, plexiglass shields, masks, etc.) that are necessary to keep employees and volunteers 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 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> <u>Computers for Children, Inc.</u>
2.	<b>Applicant Address:</b> <u>701 Seneca St. Ste 601 Buffalo, NY 14203-1359</u>
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Not-for-Profit
4.	<b>Applicant Contact Name:</b> <u>Christine Carr - Barmasse</u>
5.	<b>Contact Phone Number:</b> <u>823-7248 x567</u> <b>Contact Email Address:</b> <u>christine@missionignite.org</u>
6.	<b>Type of Business:</b> Please Describe <u>Nonprofit corporation</u>
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>23</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. <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 <u>334111</u>
11.	<b>Company's Annual Revenue:</b>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <u>90%</u>
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**



	<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.	<b>Qualifying Questions:</b>	
<p><i>Area Qualifies as highly distressed</i></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 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>) <i>adjacent to highly distressed area.</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Minority or Women-Owned Business?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Service-Disabled Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business at least one year 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 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.</p> <p>B. Briefly discuss the Applicant's ties to the community and the impact of your work in Erie County.</p>	
	<p>400 characters (<i>attach separate sheet</i>)</p> <p><i>see attached</i></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 in all ERIE COUNTY LOCATIONS	# Jobs in Erie County	7

<b>Grant Request Budget</b>			
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)
	<i>please see attached</i>		
	<b>Total Vendor Expense</b>	\$ 7,119	\$ 2,880.80
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	\$6,407.10	\$ 2,592.72

**18. CERTIFICATION**

I, *Christine Carr-Barmasse*, Executive Director of *ECIDA*, hereby certify that all information furnished in this application and the documents referred to herein are true and correct to the best of my knowledge and belief, and that I am duly authorized to execute this application and the documents referred to herein on behalf of the Applicant. I understand that the information provided in this application and the documents referred to herein may be subject to audit by the Industrial Development Agency.

In addition, I acknowledge that the Applicant will be in New York State, if needed, if the application lawfully issued and the Applicant in any state is subject to the laws of the state in which it is located and the Applicant is subject to the laws of the state in which it is located.

Name of Company Official Completing Worksheet:	Title:	Date Completed:
<i>Christine Carr-Barmasse</i>	<i>Executive Director</i>	<i>9/13/2020</i>
Signature: <i>Christine Carr</i>		
Electronically signing - due to COVID office/restrictions		

**Need for Expenditures:**

During the onset of the COVID-19 pandemic, Mission: Ignite (hereafter, "M:I") was deemed an essential service in the Tech response due to its ability to provide low-to-no cost computers and educational support to unprepared communities. M:I requests the ECIDA COVID-19 Disaster Emergency grant due to the costs of PPE that has been necessary to keep our employees and volunteers safe while on-site during the pandemic. This includes hand sanitizer, face masks, gloves, and other disinfecting products. Although M:I's number of employees is limited, it has an extensive AmeriCorps program of over 30 members, which increases the cost of PPE to ensure all individuals are safe while working to achieve the mission.

**Ties to the Community and Impact of Work:**

M:I strives to close the digital divide in the Buffalo Niagara region and beyond. Today, most jobs are in the technology industry or require technical knowledge or skills, but individuals in underserved communities do not have access to the resources they need to become proficient in the required skills to undertake a science, technology, engineering, or mathematics (STEM) career path. M:I helps close this divide by providing reliable, affordable—often free—refurbished computers and tech support to under-resourced communities. However, this is not enough. To help students gain interest in a STEM career, M:I provides STEM Nexus Afterschool Program to demonstrate the benefits of being proficient in applying technology beyond social engagement while increasing the number of underrepresented community members who choose STEM careers. This type of education goes beyond the classroom and transforms into work-based learning to give community members of all ages the skills to obtain technology industry jobs. This mission, particularly providing refurbished computers at an affordable price, is an essential service during the COVID-19 pandemic. Students and workers are forced to learn hand and work remotely for the sake of public health. However, many are faced with the reality that they do not have access to a computer or reliable broadband. As a result, students could fall behind their classmates in school, and parents could lose their jobs. Therefore, M:I is working hard during the pandemic to ensure all individuals have equal access to the technology needed to succeed, which has previously been effective. M:I has received national recognition for bringing technology to underserved communities. Its programs have touched the lives of over 100,000 youth and their families, and more than 30,000 reconditioned computers have been reinvested into schools and community programs. The COVID-19 pandemic will only increase its impact on the community and close the digital divide.

### **Negative Impacts on Mission: Ignite**

During the COVID-19 pandemic, Mission: Ignite faced negative impacts that are not evident in its financial statements provided to ECIDA. However, there are setbacks and obstacles due to the state mandates and other conditions that resulted from the pandemic even though M:I was able to remain open. This includes additional expenses upfront, initially laying off some staff members, and not hiring for other positions. Twenty-twenty hindsight demonstrates that this has allowed us to improve financially, but the negative impact of this risky decision remains.

Specific negative impacts include:

1. Risk to Accounts Receivable (A/R): M:I has some reimbursement-based funding sources; therefore, some of the A/R is at risk due primarily to not being able to recruit, onboard, and deploy AmeriCorps members who are funded through New York State.
2. Limits on funding: As a nonprofit, M:I's primary goal is to not increase income but rather match it with expenses to meet its mission. Because M:I receives restricted funding, the organization must meet certain deliverables to either continue receiving funding or avoid any clawbacks.
3. Fewer employees and AmeriCorps staff:
  - a. Mission: Ignite received a multi-year grant through the New York State AmeriCorps program that included bringing on 65 AmeriCorps members. These members would have operated onsite in Mission: Ignite's warehouse and offices. M:I was unable to have as many onsite and could not produce enough remote work to fulfill the requirements of this funding source. This resulted in a decrease in recruitment and onboarding, thereby reducing the total number of AmeriCorps members brought on to less than 30.
  - b. Prior to the COVID-19 pandemic, M:I planned to hire more staff needed to help the organization function more efficiently and expand. These plans were delayed due to the pandemic.
4. Bulk purchasing versus donations of computers: Due to COVID-19, Mission: Ignite fully distributed its laptop stock, which is in high demand. This forced the organization to purchase unrefurbished equipment so it can still meet the demand. This increased costs for the program significantly, which is not reflected in the provided financial statements due to the time of purchase.
5. Educational programming
  - a. Mission: Ignite's educational programming has consistently struggled since the COVID-19 pandemic. Educational programming heavily relies on restricted grant funding, which has no projected funding for 2021. M:I is also struggling to identify additional ways to serve the community due to the ever-changing educational environment, including significantly varying remote programming, which is even more difficult with the uncertainty of the future budget.
  - b. M:I's education program staff members have been remote. The education program only has one employee, and the rest are AmeriCorps members. This makes it harder to manage and deploy these individuals in service to the community, especially with the reduction in AmeriCorps onboarding.

M:I has implemented some COVID-19 safety improvements, but proposed additional in the ECIDA request so that it could bring more staff, especially AmeriCorps members, back onsite. This will allow the organization to resume serving the community to the best of its ability while following NYS mandates.

## Grant Application Overview

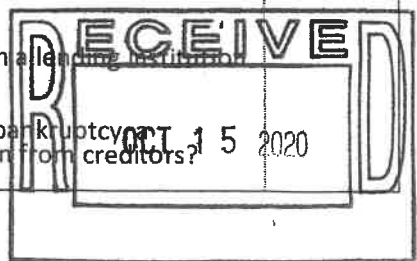
APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Dasa Properties LLC	\$10,000	Highly Distressed Area ✓ MBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Dasa Properties LLC</b> (hereafter Dasa), a woman owned business, is one of Western New York’s largest full-service residential property management and rehabilitation companies. As a local company with a global client base, Dasa currently boasts a portfolio of approximately 300 properties in Buffalo and surrounding areas. Both native and out-of-town investors rely on Dasa’s integrity, honesty and commitment to maintain their properties.</p> <p>Dasa has been negatively impacted by the NYS disaster emergency. Dasa’s income is derived from a percentage of rental income from tenants. Many tenants have been unable to pay their rent throughout the pandemic, which has impacted business operations. Dasa has also incurred significant expense equipping its business and 25 employees with the necessary PPE. Dasa is requesting funding assistance from the ECIDA to reimburse previous expenditures as well as supporting the purchase of additional PPE to protect staff and 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.	Applicant Legal Name: <u>Dasa Properties LLC</u>
2.	Applicant Address: <u>2163 South Park Avenue BPO NY 14220</u>
3.	Legal Structure: <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.	Applicant Contact Name: <u>LISA NICHOLS</u>
5.	Contact Phone Number: <u>716-873-6490 ext 206</u> Contact Email Address: <u>LEUCINA@DasaProperties.com</u>
6.	Type of Business: Please Describe <u>Property Management</u>
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.	Number of years in business in Erie County <u>20</u>
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 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 checked="" 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 <u>0</u>
12.	What share of the company's product or service is sold within Erie County: <u>95%</u>
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 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 checked="" type="checkbox"/> No Is the Applicant a Minority-Owned, <u>Women-Owned</u> 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)*

*Please 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	25
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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
	<i>See attached</i>		
	<b>Total Vendor Expense</b>	\$5,770	\$6,939.83
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$5193	\$6,245.10

**18. CERTIFICATION**

*Lisa Nichols* 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>
<i>LISA NICHOLS</i>	<i>CEO</i>	<i>10/12/20</i>
<b>Signature:</b> <i>Lisa Nichols</i>		

**Description of Business/Ownership**

Dasa Properties has been 100% owned by Lisa Nichols. We are a Property Management Company in Western New York and we manage approx. 600 units located within Highly Distressed Area within Erie County. We have been in business for over 20 years.

**PPE – Reason for purchasing**

We are considered an essential business because we do repairs to low income housing. All employees are always required to wear masks to keep everyone safe.

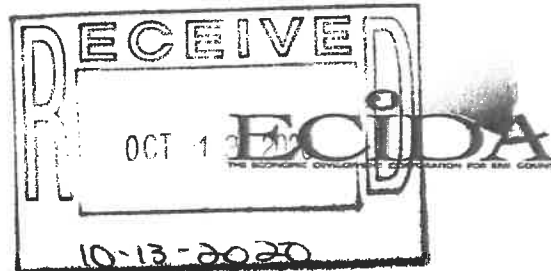
**Negatively affected by Covid-19**

Dasa's primary income comes from a percentage of the rents collected from the tenants. Because there is a large amount of tenants not paying rent, our income has gone down significantly. With our income going down and our expenses going up (PPE) it has affected us a lot.

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Gerard Place Housing Development Fund Company	\$10,000	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>The Gerard Place Housing Development Fund Company</b> (hereafter Gerard Place) is a not-for-profit human service agency that has been serving the highly distressed Bailey Delevan neighborhood in the City of Buffalo for twenty (20) years. Gerard Place is dedicated to improving the lives of people striving to break the cycle of poverty in their lives. Gerard Place provides housing for homeless single parents and their families and empowers those parents through education, employment, vocational training, life skills classes and counseling.</p> <p>The impact of the NYS disaster emergency declaration has been especially difficult for low-income households that lack the resources to respond to prolonged periods of unemployment caused by illness and/or NYS's Pause restrictions. As a result, Gerard Place has experienced a significant increase in demand for services, particularly food services (twice-weekly meals, food pantry/produce truck). Gerard Place is requesting funding assistance from the ECIDA to support the purchase of PPE and fixtures (<i>masks, gloves, face shields, disinfectant, thermometer, separation screens, etc.</i>) necessary to adequately protect staff, volunteers and clients while providing essential human 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 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>	Gerard Place Housing Development Fund Company	
2.	<b>Applicant Address:</b>	2515 Bailey Avenue, Buffalo, NY 14215	
3.	<b>Legal Structure:</b>	<input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Not-for-Profit	
4.	<b>Applicant Contact Name:</b>	David Zapfel, President & CEO	
5.	<b>Contact Phone Number:</b>	716-9-897-9948	<b>Contact Email Address:</b> dzapfel@gerardplace.org
6.	<b>Type of Business:</b>	Please Describe Non-profit human services agency.	
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>		20
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>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
11.	<b>Company's Annual Sales:</b>		
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 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**



	<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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Minority or Women-Owned Business?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Service-Disabled Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business at least one year 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 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.</p> <p>B. Briefly discuss the Applicant's ties to the community and the impact of your work in Erie County.</p>	
	<p>400 characters (<i>attach separate sheet</i>)</p> <p>See attached.</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 in all ERIE COUNTY LOCATIONS	# Jobs in Erie County	14

<b>Grant Request Budget</b>			
17.	<b>PPE and/or Fixture Installation Description</b>  Items or Vendor Contract (attach additional sheet as necessary)	<b>Est. Cost of PPE/Fixtures (attach copy of proposal)</b>	<b>Actual Expenditure on PPE/Fixtures (attach paid receipts)</b>
	See attached.		
	<b>Total Vendor Expense</b>	\$ 11379.36	\$
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$ 10,000.00	\$

**18. CERTIFICATION**

David Zapfel, 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>
David Zapfel	President & CEO	10/5/2020
<b>Signature:</b>		



## ECIDA Covid-19 Emergency Grant Application

### **15. Narrative (400 characters):**

- 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 Applicants ties to the community and the impact of your work in Erie County.

Gerard Place's existing food services, twice-weekly meals and food pantry/mobile produce truck experienced huge increases in demand from families whose breadwinners were furloughed or laid off and could no longer afford food. Funds are needed to purchase PPEs for staff and food service participants to use during meals and food distribution so that these processes can continue safely.

### **Attachment Narratives**

#### **Brief Description of Business**

Located in the Bailey-Delevan neighborhood in the City of Buffalo, Gerard Place serves the poorest of the poor and is dedicated to improving the lives of people striving to break the cycle of poverty in their lives. To meet increasing demand for services, Gerard Place renovated the former St. Gerard Parish Hall into an Education & Community Center, which offers education, workforce development training and childcare to enable community members to prepare for long-term and stable employment. Gerard Place opened its Education and Community Center in Autumn 2018, the successful culmination of a multi-million dollar project that drew together corporate, community and public partners to benefit the Bailey-Delevan neighborhood. The Center provides employment training for a minimum of 400 individuals annually, including approximately 300 individuals in allied health occupations and 60 to 100 individuals in culinary arts and related fields. The most significant regional benefit is the impact of bringing employment training programs in a minimum of four fields into one of Buffalo's most disadvantaged communities, eliminating the barriers of transportation and childcare to accessing education and workforce development programs. Gerard Place's Permanent Supportive Housing facility is home for 14 families headed by a parent with a mental illness. Families participating in Gerard Place's Permanent Supportive Housing program are people making important changes in their lives. They have made the decision to take care of themselves and their children, take steps to end cyclical poverty and chronic unemployment and address the challenges that beset them in trying to establish housing independence and financial stability. At Gerard Place, these families find safe shelter and services that help them work through their challenges: this project will provide these hard-working families with comfortable apartments while they prepare for independence.

#### **Explanation of Applicant's ties/positive impact on their community, which may include examples (brochures, testimonials, accolades, news articles, etc.)**

Gerard Place has offered transitional and supportive housing, life skills training, High School Equivalency preparation, and employment skills training for single mothers and their families in Buffalo's 14215 zip code since 2000. Of over 300 families that have resided at Gerard Place,

94% have been empowered with education, employment and vocational training, and have graduated to self-sufficiency and permanent housing. In 2009, Gerard Place opened the Junior League of Buffalo/Buffalo News Education Building for the community and implemented several programs that included HSE and computer classes, job readiness training, Boy/Girl Scouts, after-school programs for children, NA/AA and Health Education/Nutrition classes. These programs rapidly outgrew the training space, necessitating the renovation of the Parish Hall into an Education & Community Center to offer expanded employment training programs. The Center serves an average of 300 people each week, served by an array of partner organizations who deliver training ensures the agency is meeting community needs without duplicating services.

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Great Expectations Child Care Center, Inc.	\$3,610.56	WBE✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Great Expectations Child Care Center, Inc.,</b> (hereafter Great Expectations) is a Women Owned Business that has been providing critical child care services (ages 6 weeks to 5 years) to working families within West Seneca and the surrounding communities for 10 years. In addition to daycare, Great Expectations provides a Preschool Program for children ages 3-4 and a District Universal Pre-Kindergarten Program.</p> <p>Great Expectations has been negatively impacted during the pandemic. The Center remained open to care for children of essential frontline workers; however, enrollment dropped by nearly 60% March-June. Although it resulted in financial hardship, Great Expectations retained all its 21 employees during this difficult time. The Center is still not at full capacity, but enrollment is steadily increasing. Challenges remain as they continue to operate under the NY Forward guidelines. Great Expectations is requesting funding from the ECIDA to help off-set the previous and future PPE and fixture expenditures (masks, face shields, gloves, disinfectant and cleaning supplies, room dividers, etc.) necessary to help keep children, parents and staff safe; thereby, prevent the community spread of coronavirus.</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> Great Expectations Child Care Center, Inc.
2.	<b>Applicant Address:</b> 4534 Clinton Street, West Seneca, NY 14224
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> Lindsay Ruppert
5.	<b>Contact Phone Number:</b> 716-771-1962 <b>Contact Email Address:</b> lindsay@expectmorechildcare.com
6.	<b>Type of Business:</b> Please Describe Child care and learning 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. <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;">10</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 624410
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 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>	
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)*

*please see attached.*

**Brief description of the Business:**

Our child day care center is licensed through NYS Office of Families and Child Services to care for children that are between the ages of 6 weeks to 5 years while their parents are working. We are open Monday through Friday, from 6:30am to 6:00pm. Our staff meets the needs of the children throughout the day by providing direct supervision, diapering, feeding and socialization opportunities. We offer educational curriculum in each classroom that aligns with NYS Early Learning Standards. We additionally offer a Preschool Program for 3 and 4-year-olds and a District Universal Pre-Kindergarten Program.

**Ownership:**

Lindsay Ruppert 50%

Colleen Gaczewski 50%

**Narrative:**

*A: Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.*

Each of our 8 classrooms remained open throughout the entirety of the COVID-19 pandemic. During this time our program actively practiced social distancing amongst children and staff, keeping group sizes small and stable throughout the day, separated into each classroom. Our cleaning procedures were, and continue to be, stringent in order to meet the guidelines of the NYS Department of Health.

We are requesting reimbursement for the purchase of gloves. The PPE gloves are used for diaper changing, handling of food, cleaning and sanitizing, and performing morning screening health checks.

We are requesting the reimbursement of cleaning materials such as paper towels and sanitizer. These items are used multiple times throughout the day to wash and sanitize toys and classroom equipment, and wipe down all touch points and surfaces.

We are requesting the reimbursement of a free-standing classroom partition screen. This room divider allows our teaching staff to socially distance the children within the classroom space.

We are requesting the reimbursement of 3 non-contact forehead thermometers. We use the thermometers daily to screen children and essential visitors that arrive to the building.

We are requesting the reimbursement of disposable face masks which all adults are required to wear while in the child care facility.

Lastly, we are requesting the reimbursement of 2 Purell touch-free hand sanitizer dispensers with refills.

*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).*

We are additionally requesting funding for the purchase of 2 Purell Dispenser floor stands and 2 free-standing classroom partition screens. The stands will allow the facility to have 2 sanitizing stations throughout the building. The classroom dividers will be used in two additional classrooms to divide groups of children, allowing for greater social distancing.

*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.*

The COVID-19 Pandemic has certainly had a profound effect on the child care industry. When our center was faced with the hard decisions on how to proceed after it was announced that the community was amid a national pandemic, we knew that the tough decisions we would make would directly impact not only the families that we serve, but the staff who rely on our company as their source of income. From the beginning, our center was committed to staying open to care for the children of our essential frontline workers. Even with remaining open, we saw our enrollment drop by almost 60%, as families pulled their children from our care. Many families were working from home; others had serious concerns about their child remaining healthy in group care. We vowed to keep our employees on payroll and weathered the burden of daily operations with a monetary deficit. As the community began to open up and parents were returning to work, we found our enrollment steadily increasing. Our group size, however, remains smaller, as we must operate with new emergency regulations which limits the number of children within each group. Although not at the capacity we were at prior to COVID-19, we are trending upward. We continue to be a desired child care facility within our community. Additionally, our center has a solid partnership with the West Seneca Central School District, which allows us to offer in-person Universal Pre-Kindergarten programming to the community's 4 and 5-year-olds again this school year. Since our inception 10 years ago, we have cared for and educated hundreds of children who have walked, or been carried, through our doors.

We thank ECIDA for giving us this funding opportunity which will support our efforts to continue to offer stellar learning and child care, building our community's future, one child at a time.



**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 21

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, Cleaning and sanitation		2320.07
	Forehead Thermometers (3)		135.00
	Room Divider (1)		428.71
	Purell Floor Stand (2)	207.98	
	Room Dividers (2)	919.98	
	<b>Total Vendor Expense</b>	<b>\$1,277.96</b>	<b>\$2,883.78</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$1,015.16</b>	<b>\$2,595.40</b>

**18. CERTIFICATION**

I, Lindsay Ruppert, 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.

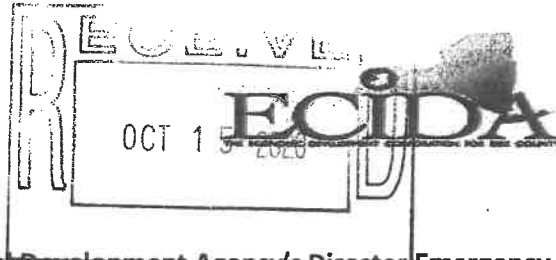
In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.

<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
Lindsay Ruppert	President/owner	10/5/2020
<b>Signature:</b>	Lindsay Ruppert	

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
La Casa de Nacho, Inc.	\$9,764	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>La Casa de Nacho, Inc.,</b> DBA Buffalo Tap House, (hereafter La Casa) is located in the heart of downtown Buffalo's Chippewa entertainment district, just a short walk from all the downtown hotels, Buffalo Convention Center, Key Bank Center, Shea's, Town Ballroom and right next to Rec Room.</p> <p>La Casa has been negatively impacted by the NYS disaster emergency. The business was shut down to in-person business for several months and most of the staff was laid off. La Casa reopened in June at reduced capacity and severe limitations. To operate, it was necessary for La Casa to reconfigure and outfit its outdoor space to seat customers and pivot its business model to accommodate an increase in "take-out" business to make up for lost revenue caused by the capacity limitations. La Casa is requesting funding assistance from the ECIDA to help offset the cost of PPE/fixtures (disinfectant, gloves, masks, cleaning supplies, containers, air purifier, enclosures, sneeze guards, etc.) necessary to remain open and protect the health of staff, patrons and vendors.</p> <p><b>NOTE:</b> <i>The original budget request submitted by La Casa was modified by staff to remove \$581.12 of ineligible expenses.</i></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: <u>La Casa De Necho Inc</u>
2.	Applicant Address: <u>85 West Chippewa Street, Buffalo, NY 14202</u>
3.	Legal Structure: <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.	Applicant Contact Name: <u>Stephanie Smith</u>
5.	Contact Phone Number: <u>716-566-0399</u> Contact Email Address: <u>Stephanie Tap House Buffalo@gmail.com</u>
6.	Type of Business: Please Describe <u>Bar / Restaurant</u>
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.	Number of years in business in Erie County <u>9 / 1 / 2018</u> <span style="float: right;"><u>2</u></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. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
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 <span style="float: right;"><u>722410</u></span>
11.	Company's Annual Revenue:
12.	What share of the company's product or service is sold within Erie County: <span style="float: right;"><u>100%</u></span>
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? <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



	<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.	<b>Qualifying Questions:</b>	
	<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>) <i>Adjacent to Distressed</i></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Certified Minority or Certified Women-Owned Business?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Service-Disabled Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business at least one year prior to March 7, 2020?</p> <p><input type="checkbox"/> Yes <input checked="" 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> <p>C. Briefly discuss Applicants ties to the community and the impact of your work/service in Erie County.</p>	

ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION



(attach separate sheet if more room is needed)

- A) see Quickbooks printouts for already purchase.
- B) Future - sneeze guard for bar  
air purifier for around bar. Also have 4 months  
(Sep/Oct/Nov/Dec) of citas and Critze bills. Not ordered  
yet.
- C) We provide a place people can gather and  
have fun with friends. We are part of the chippewa  
allence. We are a bar/restaurant with a nice  
patio out back.

**From:** Stephanie Smith <stephanietaphousebuffalo@gmail.com>  
**Sent:** Wednesday, October 28, 2020 1:47 PM  
**To:** Szewczyk, Lori <lszewczyk@ecidany.com>  
**Subject:** Re: FW: ECIDA Disaster Emergency Grant Application

[Message is from an external source]

#### Brief Statement

NYS Disaster Emergency Declaration had forced us to shut down for a few months. I laid off my staff and did takeout by myself during that time. When we were allowed to open patios, we did right away. We have been operating at 50% which is barely enough to stay afloat. We bought a tent for our back patio to be able to keep people distant. We have purchased large amounts of sanitizer, masks, cleaning equipment, and dividers for the bar. Without some government help, we will not be able to survive the winter. Even if we are allowed to open at 100% tomorrow, all of our happy hour crowd is working from home. Downtown conventions, concerts, sports games and Shea's shows all take time to restart. We are trying our best to survive.

On Tue, Oct 27, 2020 at 1:31 PM Szewczyk, Lori <[lszewczyk@ecidany.com](mailto:lszewczyk@ecidany.com)> wrote:

Also, please provide a brief statement regarding how the NYS disaster emergency declaration has negatively impacted your business.

Thank you.

**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**

	PPE and/or Fixture Installation Description	For PPE/Fixtures you plan to purchase - list and attach proposal	For PPE/Fixture actual expenditures - list and attach paid receipts
17.	<b>Items or Vendor Contract (attach additional sheet as necessary)</b>		
	SARAZO GUARD Air Purifier	\$364.77 \$29.00	
	<b>Total Vendor Expense</b>	\$369.37	\$5736.74
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	\$5124.03	\$5163.07

**CERTIFICATION**

I, Stephanie Smith, hereby swear, 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:** La Casa De Nacho Inc      **Title:** owner      **Date Completed:** 10/17/2020

**Signature:** Stephanie Smith

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Little Spanish Garden LLC	\$10,000	Highly Distressed Area ✓ WBE ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Little Spanish Garden LLC</b> (hereafter LSG), a Women Owned Business, is a child care center that offers dual language early learning program for its clients within Cheektowaga and surrounding communities. The mission at LSG is primarily to provide children with the essential tools, skills, and knowledge that lead to a well-rounded enriched development.</p> <p>LSG has been negatively impacted during the pandemic. In March, the Center experienced a severe decline in clientele as parents were forced to work from home or became unemployed due to coronavirus and the NYS disaster emergency restrictions. However, LSG remained operational to provide childcare services for a few essential workers. The decline in business and increased expenses has resulted in financial hardship for LSG and challenges remain as they continue to operate under the NY Forward guidelines. LSG is requesting funding from the ECIDA to help support future PPE and fixture expenditures (masks, face shields, gloves, disinfectant and cleaning supplies, room dividers, etc.) necessary to help keep children, parents and staff safe; thereby, preventing the spread of coronavirus.</p>			

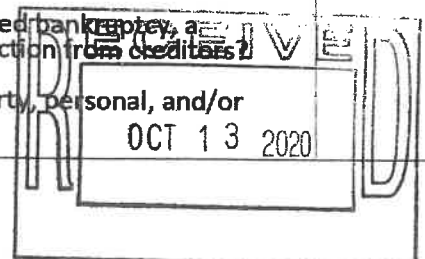


# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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> Little Spanish Garden LLC - Elizabeth Brooks
2.	<b>Applicant Address:</b> 3553 Harlem Rd Cheektowaga NY 14225
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> Elizabeth Brooks
5.	<b>Contact Phone Number:</b> (716) 768-1919 <b>Contact Email Address:</b> lsgchildcare@gmail.com
6.	<b>Type of Business:</b> Please Describe Child care - Daycare
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.	<b>Number of years in business in Erie County</b> <span style="float: right;">4</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>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
11.	<b>Company's Annual Revenue:</b>
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? <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**



	<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 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>	
<b>14.</b>	<b>Qualifying Questions:</b>	
	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Minority or Certified Women-Owned Business?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Service-Disabled Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business at least one year 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>	
<b>15.</b>	<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> <p>C. Briefly discuss Applicants ties to the community and the impact of your work/service in Erie County.</p>	

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



EMPLOYMENT INFORMATION			
<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 in all ERIE COUNTY LOCATIONS	# Jobs in Erie County	4

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)
	Amazon	7,482.24	
	Amazon	514.00	
	Whitney Brother	1,555.00	
	Quill.com	2,976.48	
	Get Noticed	162.12	
	<b>Total Vendor Expense</b>	<b>\$ 12,689.84</b>	<b>\$</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$ 11,420.86</b>	<b>\$</b>

CERTIFICATION	
18.	<p><u>Elizabeth Brooks</u>, 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>

Name of Company Official Completing Worksheet:	Title: <u>owner</u>	Date Completed: <u>10/30/2020</u>
<u>Elizabeth Brooks</u>		
Signature:		



October 1, 2020

Re: Disaster - Narrative  
Owner: Elizabeth Brooks  
3553 Harlem Road  
Cheektowaga, NY 14225

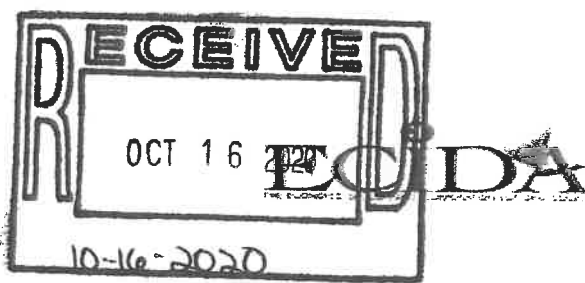
Little Spanish Garden LLC (LSG) since 2016 has provided exceptional childcare services for the Cheektowaga and surrounding communities. As of March 2020; LSG has been impacted with loss of clientele as parents began working from home or collecting unemployment due to the epidemic of Covid19.

- We do not have a summary of previously purchased PPE equipment and fixtures. We have been only financially able to purchase minimum previous to this grant application.
- We have listed all of the needed PPE equipment and fixtures that our entity will need to purchase along with the invoice in which the items include room dividers, hand dispenser, paper products, gloves, hand soap, hand saining dispensers, heap vacuum, waste basket, covid-19/safety signage, cordless handheld sprayer (covid-19) for maintenance throughout day, backpack fogger machine for end day deep clean, disinfectant sprayer solution, partitions for room, rug cleaner for deep cleaning germs, air purifier and disinfecting fixtures , table top dishwasher/disinfectant, facemask and disinfecting products.
- Little Spanish Garden LLC (LSG) since 2016 has provided exceptional childcare services for the Cheektowaga and surrounding communities. As of March 2020; LSG has been impacted with loss of clientele as parents began working from home or collecting unemployment due to the epidemic of Covid19. LSG continues to suffer from profit loss and the inability to pay the bills comfortably, despite such triumphs we remain in operation to further assist the community by providing childcare for a few essential workers. Parents have to work, and children require early education; the first five years are the most important years of brain development. If the EDIDA Grant assistance is extended to Little Spanish Garden, it also extends to the families within our community along the betterment of our present and future economy.

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Nurse Practitioner-Adult Health P.C.	\$10,000	Highly Distressed Area ✓ MWBE-Owned ✓ Veteran-Owned ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Nurse Practitioner-Adult Health P.C.</b> (hereafter NPAH), located on Seneca Street in the City of Buffalo, serves an ethnically and racially diverse underserved population. NPAH provides pain management and medical marijuana to help treat patients impacted by qualifying chronic conditions such as ALS, AIDS, Cancer, MS, Seizures, Palliative Care, etc.</p> <p>NPAH has been negatively impacted by the NYS emergency declaration. Patient visits have significantly decreased since March and are slow in returning to pre-COVID levels. At a time of decreased revenue, NPAH found it necessary to install an enhanced ventilation/filtration system to protect vulnerable patients and staff. NPAH is requesting funding assistance from the ECIDA to off-set the cost of the HVAC systems as well as replenish PPE (gloves, disinfectant, hand sanitizer, etc.,).</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%2008-18-20.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: *Nurse Practitioner - Adult Health P.C.*
2. Applicant Address: *2234 Seneca St. Buffalo, NY 14210*
3. Legal Structure:
  - C-Corp.     S-Corp     LLC     General Partnership
  - Limited Partnership     Sole Proprietorship     Not-for-Profit
4. Applicant Contact Name: *Nerfis Elminowski*
5. Contact Phone Number: *716-341-7817*    Contact Email Address: *nerfis1996@verizon.net*
6. Type of Business: *Medical*    Please Describe *Health Clinic*
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 2
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% ownership/president*  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 *621330*
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.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?  
*Las Sports Dr - Elmira*
- 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**



**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 *We had 3 total but due to Covid 19 down to 2 fulltime employees*

**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
	<i>N/AE System/Ventilation Improvement DWG</i>		<i>19,550</i>
	<i>Replenish PPE (hand sanitizer, gloves, disinfectant, etc.)</i>	<i>1,560.87</i>	
	<b>Total Vendor Expense</b>	<i>\$1,560.87</i>	<i>\$19,550</i>
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	<i>\$1,404.78</i>	<i>\$8,595.22</i>
		<i>Total 21,110.87</i>	

**CERTIFICATION**

18. *Nerfis Elmenowski*, 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: *Owner*

Date Completed: *10-15-2020*

*Nurse Practitioner: Adult Health P.C.*

Signature: *Nerfis Elmenowski*



**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 attach

Question 15 a

Below is a list of PPI supplies and equipment that was purchased by Nurse Practitioner-Adult Health per CDC guidelines in response to Covid 19.

Item	Qty	Price	Total
VisioFocus® PRO Touch Free Thermometer • 1.7"W x 5.7"L Item # HM576480	2	\$109.95	\$219.90
Disposable Facemasks Item # HM62559	10	\$22.95	\$229.50
75% Isopropyl Alcohol Hand Sanitizer • 1gal Item # HM62668	1	\$220.00	\$220.00
Bioesque™ Botanical Disinfectant 1qt Item # HM79278	1	\$219.00	\$219.00
Bioesque™ Botanical Disinfectant 1gal Item # HM79279	1	\$199.00	\$199.00
Bioesque™ Botanical Disinfectant 5gal Item # HM79280	1	\$245.21	\$245.21
6' Safe Distance Indoor Use Sign 6" Round Item # 55293	2	\$6.00	\$12.00
6' Safe Distance Indoor Use Sign 12" Round Item # 55294	2	\$10.00	\$20.00
6' Safe Distance Indoor Use Sign 3" x 36" Item # 55295	2	\$10.00	\$20.00
Sensation® Nitrile Exam Gloves Extra Small Item # HM43430	5	\$22.00	\$110.00

Item Subtotal: \$1,494.61

Shipping: \$66.26

Tax: \$0.00

**Order Total: \$1,560.87**

## Question 15 b

All people living in the United States should have access to health care and an opportunity to be as healthy as possible. However, the current COVID-19 pandemic has identified gaps in health care services and has highlighted the need for health equity. These gaps and social inequities have put many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19.

The Nurse Practitioner-Adult Health Clinic is located in an underserved area of Western New York and serves many of the racial and ethnic minority groups living in the Buffalo area. In order to stop the spread of COVID-19 and move toward greater health equity, our staff works together with our patients to ensure resources are available to maintain and manage physical and mental health, including easy access to information, affordable testing, and medical and mental health care. This grant will help ensure that we continue to provide this care in a safe manner.

At Nurse Practitioner-Adult Health we are committed to slowing the spread of the virus by following CDC guidelines for reducing the risk of exposure to COVID-19 by cleaning and disinfection but this will take special planning and guidance put forth by the CDC. Through social distancing and prevention hygiene, such as frequent hand washing and wearing face coverings, temperature checks of all staff and patients, frequent sanitizing after each patient visit, weekly extensive cleaning and disinfecting of the entire building and the installation of a HVAC system that provides cleaner and more efficiency air flow. At Nurse Practitioner-Adult Health we take our role as part of reopening the county very seriously and take every precaution to ensure our staff, patients and community are safe.

According to the United States Environmental Protection Agency Science Advisory Board (EPA SAB) there is evidence that inhalation of expelled aerosol from infected individuals is potentially a significant pathway for the spread of COVID-19. There is growing evidence that shows the coronavirus remains airborne in indoor environments for hours, potentially increasing in concentration over time. Unless adequate precautions are taken, the longer a space is occupied, the greater the potential for airborne transmission of the virus. Consequently, the type of heating, ventilation, and air conditioning (HVAC) system, can all impact potential airborne spread of the virus. Lowering the concentration of Covid-19 in the air and on surfaces by means of proper ventilation and filtration plays an important role in controlling transmission of the COVID-19 virus and saves lives.

Continuing to remain open and operational while maintaining a safe working environment strongly relies on keeping all staff and clients safe from exposure of COVID-19. This grant money will enable the Nurse Practitioner-Adult Health Clinic to remain open and operational and help finance the supplies and equipment necessary to adhere to the CDC guidelines for preventing the spread of the coronavirus.

Question c

Dear Lori Szewczyk,

My name is Dr. Nerfis Elminowski DNP and I am applying for assistance through the ECIDA COVID-19 Disaster Emergency Grant Program. I am a longtime homeowner in the Lovejoy neighborhood and a lifelong resident of the City of Buffalo. As a minority woman and a disabled veteran, I wanted to start a business in an area with a culturally diverse disenfranchised population. My business, Nurse Practitioner: Adult Health P.C, established in October 2018, is a small family owned and operated medical clinic. According to the information on the US Census Bureau Geocoder website and the ECIDA website Map, my business is in a highly distressed area (Census Tract 10) and which is an underserved area of Buffalo, NY.

Nurse Practitioner: Adult Health P.C. was just beginning to see their patient numbers and revenue increase when the COVID-19 pandemic hit (with New York State being especially hard hit). Almost overnight the economy changed, and my business became in danger of closing. The clinic is considered an essential business and we have continued to operate but at a significant loss, our staff/operating costs remain stable but with patient visits greatly decreased it has been difficult to make payroll and remain operational during the pandemic.

I am in urgent need of a grant from the ECIDA COVID-19 Disaster Relief PPE Cost Reimbursement Grant Program. Support from this program would allow me to ensure that we are able to take every precaution to make certain our staff, patients and community are safe. In addition, a grant from the COVID-19 Disaster Relief PPE Cost Reimbursement Program would enable me to remain operational, maintain current staffing levels and make payroll. This EIDL grant would also provide some financial relief, allow for continued operation and recovery from the effects of the pandemic by:

- Updating the heating, ventilation, and air conditioning (HVAC) system
- Purchasing and maintaining adequate levels of PPE
- Funding staff education/training on infection control and COVID-19 precautions

Sincerely,



Dr. Nerfis Elminowski, ANP, DNP-BC

P: 716-341-7817

W: 716-331-3322

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Schutte – Buffalo Hammermill, LLC	\$10,000	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p>Schutte – Buffalo Hammermill (hereafter Schutte), founded in 1928 as Schutte Pulverizer Company and later merging with Buffalo Hammermill Corporation, established itself early on as a leader in the design and manufacturing of highest quality size reduction equipment for the food production industry as well as emerging industries such as biomass processing, spice, and alternative fuels, and growing recycling applications such as electronic-scrap, road-repair asphalt, carpet, and asphalt- shingles among other process-line solutions.</p> <p>Schutte has been negatively impacted by the NYS disaster emergency declaration. Classified as essential, the company has remained operational; however, a decline in business and the need to socially distance employees resulted in reduced hours for Schutte’s workforce. The financial burden caused by the disruption in business was exacerbated by the cost of sanitizing the plant weekly (approx. \$875.00) with electrostatic spray with EPA certified disinfectant on all common touchpoints. Schutte is requesting assistance from the ECIDA to offset the \$21,885 in expenditures that was necessary to prevent the spread of COVID-19.</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> Schutte- Buffalo Hammermill, LLC
2.	<b>Applicant Address:</b> 61 Depot Street Buffalo NY 14206
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> Matthew Moliterno
5.	<b>Contact Phone Number:</b> 716 710 3443 <b>Contact Email Address:</b> mmoliterno@hammermill.com
6.	<b>Type of Business:</b> Please Describe Industrial Manufacturing
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;">92</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 type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned <span style="float: right;">N/A</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;">333249</span>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">5 %</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>	
14.	<b>Qualifying Questions:</b>	
	<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 type="checkbox"/> Yes <input checked="" 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)*

See Attached Sheets



## **15. Schutte-Buffalo Hammermill Narrative**

- A) Schutte Buffalo Hammermill has been classified by NYS as an “essential” business. The company provides machinery for the food production industry. Since it has been classified as “essential”, the company has maintained operations during the onset of the pandemic in March until present day. In order to keep people working in house, various PPE had been purchased in March including, masks, hand sanitizer, signage, and disinfectants. A weekly service was also hired to electrostatically spray down the building to disinfect all surfaces and touch points. These items/services were purchased in order to minimize the chance that the virus could be spread to our essential production workers. Since the beginning of the pandemic we have not had any employee test positive for COVID-19.
- B) Schutte Buffalo Hammermill will continue to buy face masks and sanitizing agents. The electrostatic cleaning service will also be employed until the end of this calendar year to disinfect all touch points. This will help the organization maintain safety for its employees and minimize the future risk of COVID-19.
- C) This pandemic has been difficult on our employees because between March 2020- July 2020, hours were reduced to lessen the number of people in the building at any given time. At the same time, business had slowed significantly. Despite this, Schutte-Buffalo did not lay any of its employees off all while taking on the overall financial burden of the pandemic.

The company is locally owned and operated and has strong ties to manufacturing and education within Buffalo and Erie county. Schutte Buffalo has many business partnerships with other local companies and works to operate locally to keep business thriving here in our community. Most of the companies’ vendors are local, and the jobs created by the organization reside primarily within Erie County. Schutte Buffalo has been a part of Erie counties’ manufacturing community for almost a century and intends to remain a part of it for many years to come.

# 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	30
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## Grant Request Budget

17.	PPE and/or Fixture Installation Description  Items or Vendor Contract (attach additional sheet as necessary)  <i>See Last Page of Attached documents</i>	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts <i>See Attached</i>
			1807.47
			3806.25
			3806.25
			4757.81
			3425.63
			4282.03
	<b>Total Vendor Expense</b>	<i>\$ N/A</i>	\$21,885.44
	<b>GRANT REQUESTED</b> ( <i>grant will be calculated by multiplying eligible costs x 90%</i> )	<i>\$ N/A</i>	\$ 10,000.00

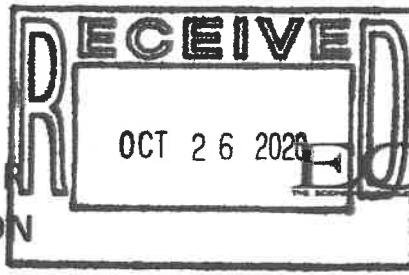
## CERTIFICATION

18. I  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:
<i>Matthew Moliterno</i>	<i>Director of Operations</i>	<i>10/12/2020</i>
Signature: 		

## Grant Application Overview

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Weaver Metal & Roofing, Inc.	\$8,584.77	Highly Distressed Area ✓	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Weaver Metal &amp; Roofing, Inc.</b> (hereafter Weaver), doing business since 1949, has had a reputation as one of Buffalo's premier roofing and architectural sheet metal contractors. Services include: New Construction, Replacement &amp; Retrofit Roofs, Slate, Tile, Wood &amp; Asphalt Shingles, Built-up, Modified Bitumen, PVC, TPO &amp; EPDM Roofing, Metal Roofing, Custom Metal Fabrications, Historic Preservation, Roof Maintenance, Roof Coatings &amp; Restorations, Skylights &amp; Other Accessories, Roof Vacuuming Services, and Asbestos Abatement.</p> <p>Weaver has been adversely impacted by the NYS emergency declaration. To comply with the NY Forward safety guidelines, Weaver has modified its operation by reducing crew sizes, limiting the number of trades working together, and following disinfectant and sanitizing protocols to ensure the safety of all 45 employees. In the short-term, the changes have increased labor and material costs and decreased productivity. Weaver is also concerned about the long-term impacts of the pandemic that are likely to affect future business contracts. Weaver is requesting funding assistance from the ECIDA to support past and future PPE/fixture (masks, hand sanitizer, hand washing stations, disinfectant, signage, etc.) expenditures necessary to remain operational, compliant, and 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. Applicant Legal Name: WEAVER METAL + ROOFING, INC.

2. Applicant Address: 40 APPENHEIMER AVENUE, BUFFALO NY 14214

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

4. Applicant Contact Name: KAITLIN REDPATH

5. Contact Phone Number: 716.891.8844 Contact Email Address: KBYRNE@WEAVERMIRINC.COM

6. Type of Business: Please Describe COMMERCIAL ROOFING + SHEET METAL

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.  ATTACHED

8. Number of years in business in Erie County 71

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.  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 238160

12. What share of the company's product or service is sold within Erie County: 85%

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)**

# 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 45

## 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
	FACE COVERINGS / FACE MASKS	300.00	4,536.51
	SANITIZING TABLETS	-	67.36
	HAND SANITIZER	750.00	990.41
	HAND WASHING STATIONS	-	499.50
	THERMOMETERS / STERILIZING PADS	480.00	1,114.78
	JOBSITE FLAGS (SIGNAGE)	-	478.50
	WATER JUGS	-	321.57
	<b>Total Vendor Expense</b>	<b>\$1,530.00</b>	<b>\$8,008.63</b>
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	<b>\$1,377.00</b>	<b>\$7,207.77</b>
		9,588.63	

## CERTIFICATION

18. I, KAITLIN REDPATH, 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: KAITLIN REDPATH Title: VICE PRESIDENT Date Completed: 10/22/20

Signature: 



# WEAVER METAL & ROOFING

A 40 APPENHEIMER AVENUE  
BUFFALO NY 14214  
P 716.891.8844  
F 716.891.9443  
W WEAVERMRINC.COM

## **Brief Description of Business**

Since 1949, Weaver Metal & Roofing, Inc. has had a reputation as one of Buffalo's premier roofing and architectural sheet metal contractors. Our philosophy is simple: we believe in providing our customers with high quality products, excellent service and superior performance. Weaver Metal & Roofing is signatory to collective bargaining agreements with Roofers Local #74 and Sheet Metal Workers Local #71.

## **Company Ownership Structure (Question 9)**

Weaver Metal & Roofing, Inc. is 100% owned by Patrick Byrne, President.

## **Summary of Expenditures**

Corporate expenditures, as outlined in the included receipts, are all a derivative of our "COVID-19 Risk Control & Safety Practices" and can be divided into four broader categories:

1. Face coverings (*receipts A-E and R*)
  - a. In addition to emphasizing the importance of keeping 6' physical distance, we also require employees to have and wear a face covering at all times. We have purchased several varieties of face masks based on availability, effectiveness, and comfort, and routinely provide employees with new masks as necessary.
2. Cleaning and sanitizing (*receipts F-J*)
  - a. Steramine sanitizing tablets are dissolved into water and, using gallon sprayers, are used to efficiently disinfect jobsites, shared work surfaces, tools, etc. (*receipt F*)
  - b. Hand sanitizer has been routinely supplied to all employees. (*receipts G-I*)
  - c. Portable hand washing stations were purchased and deployed to all jobsites in an effort to further encourage good hygiene. (*receipt J*)
3. Thermometers (*receipts K-N*)
  - a. Foremen have all been provided with and are required to complete the "COVID-19 Jobsite Checklist" on a daily basis, which includes taking and documenting every employee's temperature.
4. Signage and supplies (*receipts O-Q*)
  - a. To discourage the congregation of large groups, we have adopted a policy that limits the number of subcontractors / contractors in an area to one trade at a time. To indicate an area is occupied, the workers attach a flag to the ladder or outside the entry way. The flag is to be removed at the completion of work in that area to let others know they may then enter into that area to perform their work. (*receipt O*)
  - b. Corporate policy has also been amended to prohibit the use of common water coolers and sharing of water bottles. Half-Gallon water jugs were purchased in efforts to protect employees and further enforce this policy. (*receipts P and Q*)

To remain compliant with state guidelines and to keep our employees and our community safe, we anticipate that additional expenses for PPE will be incurred. Face coverings and hand sanitizer will need to be purchased with consistency, along with thermometers as they need to be regularly





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replaced. Based on previous costs and frequency of purchase, we project the following future expenditures:

1. Face coverings: \$50 per month for the next 6 months (250 pcs per month)
2. Hand sanitizer: \$250 every 2 months for the next 6 months (1/2 case per month)
3. Thermometers: \$80 per month for the next 6 months (1 thermometer per month)

### **Summary of Negative Impact & Ties to the Community**

Weaver Metal & Roofing, Inc. has been negatively affected by the State disaster emergency in several ways, not all of which are obviously conveyed through financial statements and balance sheets. We also anticipate that some of the ripple effects will not be felt immediately, but will expand out into 2021 and 2022 as budgets are impacted and the amount of work available decreases.

In the short term, we have had to fully modify the way we work in all areas of our business. The below is a small, and by no means exhaustive, list of examples:

1. We have had to decrease crew sizes company-wide to prevent large gatherings, and we have also made all efforts to keep the crews consistent in order to minimize exposure and stop the spread if an employee were to contract COVID-19.
2. In order to maintain proper distance, we can no longer have two men in a standard size lift to complete a job.
3. We have adopted new policy to limit the trades working in any given area to one at a time.
4. Additional steps are taken daily to disinfect and sanitize jobsites, equipment, tools, etc.

It is easy to extrapolate how these changes would lead to increased time to complete projects, decreased workload capacity, increased labor costs, and additional costs for the rental of required equipment. As we were deemed Essential Business by the NYS Executive Order 202.6, these funds are necessary to offset the costs we have incurred to remain operational, compliant, and most importantly - to keep our employees and our community safe.

Weaver Metal & Roofing, Inc. has been performing work for public and private entities in Erie County for over 50 years. Our services have been employed by the County directly on multiple occasions, through projects varying in size and scope including roof replacements at the Convention Center, Old County Hall, Erie Community College, and the Bert Flickinger Center to name a few. Through these projects and others, we have contributed to the preservation of historic landmarks, the maintenance of important institutions, and the addition of new structures that will be a part of Erie County for generations to come.