

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

February 2021 Grant Applicants

Business Name	Address	City	Type	Grant Amount Requested	Dist	MBE	VET	WBE	Use of grant funds
Be Fit Fitness, Inc.	609 Ridge Road	Lackawanna	Service	7,883.57	No	Yes	No	Yes	Purchase of PPE only
Buffalo Glass Block Company	520 Hinman Avenue	Buffalo	Whse Dist	4,034.13	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Buffalo River Fest Park, LLC / Valley Community Association Inc. Sole Member	249 Ohio Street	Buffalo	Not for Profit	8,938.71	Yes	No	No	No	Purchase of PPE only
Fika Midwifery PLLC	414 Virginia Street	Buffalo	Health Care	9,786.67	Yes	No	No	Yes	Purchase of PPE only
Greco Trapp, PLLC	14 Lafayette Square	Buffalo	Service	7,182.19	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Sherris Little Angels Inc.	172 Wecker Street	Buffalo	Service	4,743.70	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures

42,568.97

COVID 19 Disaster Emergency Grants Approved Sept 2020 – Jan 2021

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

**COVID 19 Disaster Emergency Grants
Approved Sept 2020 – Jan 2021**

11/18/2020	Gerard Place Housing Development Fund Company	Buffalo	Not for Profit	\$10,000.00
11/18/2020	Great Expectations Child Care Center, Inc.	West Seneca	Service	\$3,610.56
11/18/2020	La Casa De Nacho Inc.	Buffalo	Retail	\$9,764.00
11/18/2020	Little Spanish Garden LLC	Cheektowaga	Service	\$10,000.00
11/18/2020	Nurse Practitioner Adult Health P.C.	Buffalo	Health Care	\$10,000.00
11/18/2020	Schutte-Buffalo Hammermill	Buffalo	Manufacturing	\$10,000.00
11/18/2020	Weaver Metal & Roofing, Inc.	Buffalo	Construction	\$8,584.77
12/16/2020	Burden, Hafner & Hansen, LLC	Buffalo	Legal	\$10,000.00
12/16/2020	EPIC - Every Person Influences Children, Inc.	Buffalo	Not for Profit	\$4,166.48
12/16/2020	Erin L. Reukauf dba Lyfe Beauty & Mind	Orchard Park	Service	\$7,805.22
12/16/2020	Gordon A. Kent, D.M.D., PC (Smile Center)	Cheektowaga	Health Care	\$10,000.00
12/16/2020	Manna Culinary Group	Buffalo	Retail	\$7,850.00
12/16/2020	Neill & Strong	Alden	Legal	\$2,029.60
12/16/2020	Rappold Family Dentistry, PC	Cheektowaga	Health Care	\$10,000.00
12/16/2020	Rec Room Holdings, LLC	Buffalo	Retail	\$8,642.51
12/16/2020	Salon 716 NY, LLC	Kenmore	Service	\$9,975.79
12/16/2020	Sheridan Medical Group	Tonawanda	Health Care	\$10,000.00
12/16/2020	SowFit Buffalo dba PBNJ Enterprises	Buffalo	Service	\$10,000.00
12/16/2020	Susan E. Bennett PT PC	Kenmore	Health Care	\$10,000.00
12/16/2020	Tammy Perison, DDS Family & Cosmetic Dental Care	West Seneca	Health Care	\$10,000.00
12/16/2020	The Igloo WNY LLC dba The Black Sheep Restaurant & Bar	Buffalo	Retail	\$4,098.41
12/16/2020	The Intersection Cafe, Inc. dba The Intersection	Buffalo	Retail	\$4,462.31
12/16/2020	Tremetris Nance dba Nance Nelson's Enterprise	Buffalo	Service	\$5,304.22
1/27/2021	A&B Heritage Inc. dba ASI Signage Innovations	Grand Island	Advanced Manufacturing	\$2,285.58
1/27/2021	A-Kleen Windows Inc.	Grand Island	Service	\$3,456.70
1/27/2021	Cold Narly Generation	Buffalo	Service	\$4,426.00
1/27/2021	Le Nails	Derby	Service	\$5,912.00
1/27/2021	Local Honey Beauty Hive	Buffalo	Service	\$6,041.00
1/27/2021	Mental Health Association of Erie County	Buffalo	Not for Profit	\$2,560.24
1/27/2021	Parent Network of NYS 1	Buffalo	Not for Profit	\$2,428.93
1/27/2021	Thin Man Brewery	Buffalo	Advanced Manufacturing	\$10,000.00

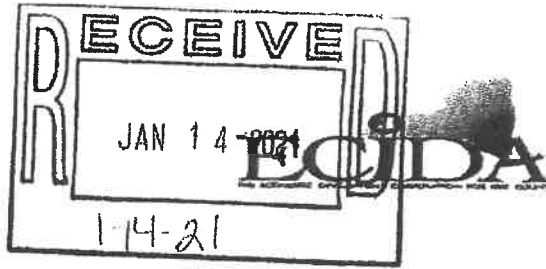
\$409,329.27

Grant Application Overview

February 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Be Fit Fitness Corporation	\$7,883.57	Highly Distressed Area MWBE	Recommended for Funding
<p>Synopsis:</p> <p>Be Fit Fitness Corporation (hereafter BeFit) is a minority woman-owned business located in the City of Lackawanna’s Ridge Road business district. BeFit is a female only fitness center that caters to the needs of women and girls in the underserved Lackawanna community. BeFit offers various fitness classes, weight loss support and other physical and mental health related programs.</p> <p>BeFit has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus pandemic. The business was closed for six (6) months (March-September 2020) during which time membership contracts/payment were put on hold. During the shut-down, BeFit continued to pay rent, utilities and overhead, which created a severe financial hardship. BeFit reopened in September at reduced capacity; however, the business lost 75% of their members. Additionally, the business incurred significant expense to reopen the business in accordance with the NYS safety guidelines. BeFit is requesting funding assistance from the ECIDA to offset PPE/fixture (masks, gloves, disinfectant, sanitizer, and air purification) expenditures to protect the health of members and employees.</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>Amera H. Abdo Bz F.+ Fitness, Inc.</u>
2.	Applicant Address: <u>609 Ridge Rd, Lack. NY 14218</u>
3.	Legal Structure: <input type="checkbox"/> C-Corp. <input checked="" type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4.	Applicant Contact Name: <u>(716) 907-0617 Amera Abdo</u>
5.	Contact Phone Number: <u>(716) 907-0617</u> Contact Email Address: <u>befitfitness123@gmail.com</u>
6.	Type of Business: Please Describe <u>Fitness + Health</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. <input checked="" type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County: <u>1 1/2 years</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 checked="" type="checkbox"/> ATTACHED
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input checked="" type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned <u>100% woman-owned (arabic descent)</u>
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>713940</u>
12.	What share of the company's product or service is sold within Erie County: <u>% 100%</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, 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? *Rec \$ 10,000 back to business - used to pay rent, overhead, equip*
- Yes No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?
- Yes No Has the Applicant been negatively impacted by the COVID-19 Pandemic?

15. Narrative:

- A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.
- B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).

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



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

(attach separate sheet if more room is needed)

Please see attached letter.

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	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures – list and attach paid receipts
	Items or Vendor Contract (attach additional sheet as necessary)		
	Clean md.net Electrostatic Spraying & 12 weeks		
	Disinfecting; company will come in weekly to sanitize and disinfect to control spread of viruses	300 WKly 12 weeks	
	gloves, mask		200.00 <small>need receipt</small>
	Filters, Disinfecting wipes, hand sanitizers, foggers, backpack sprayers, cleaning supplies,		2878.07
	filters (see invoice)		994.05
	Total Vendor Expense	\$ 3600	1,087.40
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$	\$
		Total 8,759.52	

18.	<p>CERTIFICATION</p> <p><u>Amera Abdo</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>
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Name of Company Official Completing Worksheet:	Title:	Date Completed:
BeFit Fitness	owner	12/26/20
Signature:		

To Whom It May Concern,

Amera Abdo and Seham Juran were AmeriCorps members who worked together at ACCESS of WNY from 2014-2016. In the midst of their employment, many women in the community expressed a need for a local fitness center. The inspiration for BeFit came from these local women who encouraged and motivated us to create a gym that was within their walking distance. In 2019, Amera and Seham decided to follow their dream of helping the community and open BeFit Fitness in Lackawanna, NY.

BeFit offers women an uplifting and exclusive female only space where they can lose weight, be healthy and stay fit. Our mission statement is to encourage and foster women by enhancing, teaching and motivating them.

I felt that BeFit Fitness was working its way up but then the COVID-19 Pandemic happened. On March 14, 2020 we were forced to shut down the fitness center, put hold on all membership contracts and payments until we re-open. After 6 months of being forced to shut down we still accumulated the same expenses every month but with no income to pay the bills, rent, insurance, internet, credit card fees we are in debt. This left us in a financial struggle.

September 9, 2020 we were back open. I needed to purchase fixtures and cleaning essentials to stay clean and sanitized. I was forced to shut down every other machine and due to the limited capacity I am only allowed 14 members at one time. No classes allowed and the sauna is temporarily closed until further notice. This was very difficult for my business. 75 percent of our members cancelled their memberships and contracts. This took a toll on BeFit. As I started to promote and get my business back up we were forced to close again on November 20, 2020.

This has been a struggle for not just us but the community. We are very proud of our community and feel like BeFit helped foster members. Sometimes our members would stay for two hours just because they need someone to talk too.

We are overwhelmed and have faced the quotidian stress of living through a global pandemic.

This grant will help with changing health and safety standards, keep BeFit clean and a safe environment for my members, I have purchased many cleaning essentials and filters, masks, gloves, etc. (see invoice receipts).

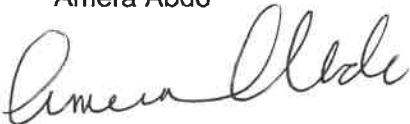
BeFit fitness is desperately needed in the WNY area. 54 percent of the Lackawanna community is overweight and /or obese. I am working on having fitness classes for children to help keep them safe and healthy.

If we received this grant it takes the financial burden and stress of having to purchase these supplies on a credit card or possibly having to take out a loan.

I thank you in advance for everything you do for our community and business. If you have any questions please feel free to call me at (716) 907-0617.

Sincerely,

Amera Abdo

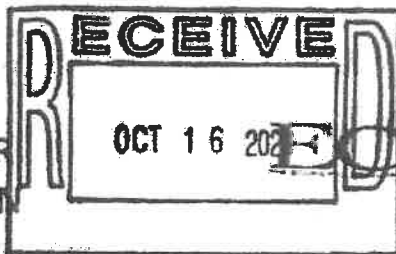


Grant Application Overview

February 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Buffalo Glass Block Company	\$4,034.13	Highly Distressed Area	Recommended for Funding
<p>Synopsis:</p> <p>The Buffalo Glass Block Company (hereafter BGB), located in North Buffalo, distributes and installs glass block basement windows, bathroom windows and fully-assembled partition walls for commercial and residential construction. BGB is the only distributor of glass block in the City of Buffalo.</p> <p>BGB has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. The company has experienced a disruption in business including decrease in business, lost sales, increased expenses, and reduced productivity due to COVID safety protocols. BGB estimates lost revenue of approximately \$195,000 from installations alone. BGB is seeking assistance from the ECIDA to offset the purchase of PPE/fixture (masks, gloves, thermometer, disinfectant, hand sanitizer, countertop shields, etc.) expenditures necessary to protect the health and safety of employees and customers.</p>			

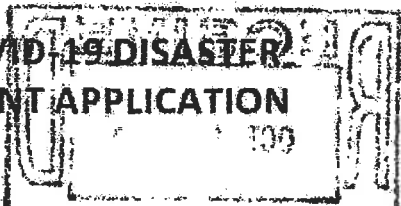
**ERIE COUNTY COVID-19 DISASTER
EMERGENCY GRANT APPLICATION**



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We look forward to working with you to evaluate your project for possible financial assistance. To begin this process, please complete and return this Application along with required documentation.

COMPANY INFORMATION	
1.	Applicant Legal Name: <u>Buffalo Glass Block Company</u>
2.	Applicant Address: <u>520 Hinman Avenue, Buffalo NY 14216</u>
3.	Legal Structure: <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.	Applicant Contact Name: <u>Steven Guntrum</u>
5.	Contact Phone Number: <u>Title: 813-3553</u> Contact Email Address: <u>sguntrum@buffalo</u>
6.	Type of Business: <u>construction</u> please Describe <u>Glass block windows</u> <u>glassblock.com</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.
8.	Number of years in business in Erie County <input checked="" type="checkbox"/> ATTACHED <u>2</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.	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>327210</u>
11.	Company's Annual Revenue: <u>327210</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, 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.

(attach separate sheet if more room is needed)

(B.) I am hoping we have enough P.P.E. equipment to last until the Covid is over.

(C.) Buffalo Glass Block has served the Buffalo area for over 36 years. I have worked here for 34 years and purchased the company in 2018. We install commercial and residential. Glass block is for security = a better window for basements.

**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

16

Grant Request Budget

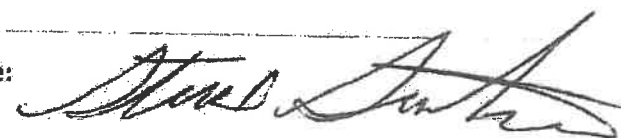
17.	PPE and/or Fixture Installation Description	Est. Cost of PPE/Fixtures (attach copy of proposal)	Actual Expenditure on PPE/Fixtures (attach paid receipts)
	Items or Vendor Contract (attach additional sheet as necessary)		
	<i>Please see attachment.</i>		
	Total Vendor Expense	\$	\$4,482. ³⁷
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$	\$

CERTIFICATION

18.  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: Owner Date Completed: 9-11-20

Signature: 

Hendrix, Laurie

From: Steve Guntrum <sguntrum@buffaloglassblock.com>
Sent: Wednesday, January 20, 2021 8:28 AM
To: Hendrix, Laurie
Subject: RE: BUFFALO GLASS BLOCK
Attachments: SRG Covid19 protocol.docx

[Message is from an external source]

At the beginning I had to lay off everyone but myself and the manager at my Rochester office. This was due to the fact that I could not purchase sufficient safety supplies to keep the employees safe. I then had to come up with a plan of operation so I would have something to hand out to our work staff and incase our customers and or inspectors wanted to review our new way of conducting business. "the plan is attached" we are still sticking to my original plan with added costs of hand sanitizer, masks, disinfectant spray and added time of explaining to our customers what they will have to do for the sales call and then later on the installation. During the two months we were shut down I remained at the warehouse as Buffalo Glass Block is the only distributor of glass block in this area. If my customers cant get supplies from me that would shut them down completely. As far as revenue with out the installation portion of the company we lost around \$195,000 and as we only except credit cards my cost last year was \$27,000 in card charges. As far as lost business I don't have a number as we are still loosing potential customers as we are so far behind on our installations and people don't want to wait for there install.

From: Hendrix, Laurie <lhendrix@ecidany.com>
Sent: Tuesday, January 19, 2021 3:37 PM
To: Steve Guntrum <sguntrum@buffaloglassblock.com>
Subject: RE: BUFFALO GLASS BLOCK

Steve:

The team going over the information you sent me is asking for a paragraph on the impact of COVID on your business (ex: lost business, revenue, increased costs for PPE, layoffs, changes in business operation, etc.) Can you please provide me a brief paragraph at your earliest convenience.

Thank you very much .

Sincerely,

Laurie Hendrix

Administrative Coordinator
Direct Line (716) 362-8366
lhendrix@ecidany.com

Erie County Industrial Development Agency
95 Perry Street, Suite 403
Buffalo, NY 14203
Main (716) 856-6525
Fax (716) 856-6754
www.ecidany.com

Grant Application Overview

February 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Buffalo River Fest Park LLC/Valley Community Association Inc. Sole Member	\$8,938.71	Highly Distressed Area ✓	Recommended for Funding

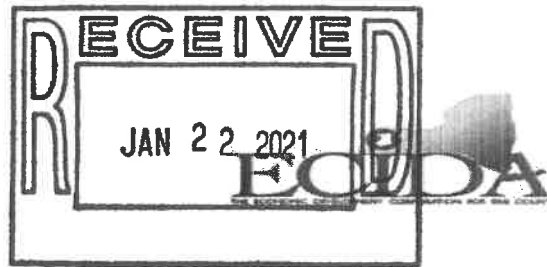
Synopsis:

Buffalo River Fest Park LLC (hereafter BRF Park), a not-for-profit organization located on Ohio Street in the City of Buffalo’s historic Valley Neighborhood, was organized to provide education about the history of Buffalo’s waterfront and the Buffalo River. The Park features boat docks, a wharf, a boardwalk, trails and gardens, an amphitheater, and interpretive signage. The Park also includes the Tewksbury Lodge, which is a banquet/event venue. BRF Park’s activities are funded largely through local and state grants, contributions, special events, and through the operations of an event center (Tewksbury Lodge) located park land maintained by the Valley Community Center Association, Inc.

The Valley Community Association is dedicated to enhancing the quality of life of the residents of the Buffalo River Community by meeting individual and family needs and promoting environmental beautification. The Valley Community Association’s committed staff and volunteers serve infants through older individuals with health related, educational, economic, social, and recreational assistance and opportunities.

The BRF Park has been negatively impacted by the NYS disaster declaration and the conditions that have resulted from the pandemic. Revenue generating services and activities were halted for several months and operated at a limited capacity for the 2020 summer season. Decreased revenue (programming, grants, donations) coupled with the increased costs to maintain NYS safety protocols has put a strain on the organization. BRF Park is requesting assistance from the ECIDA to offset the cost of PPE/fixture (masks, gloves, disinfectant, backpack sprayers, touchless dispensers, air purifiers etc.) expenditures necessary to restore programming and events at the Lodge and park.

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: BUFFALO RIVER FEST PARK, LLC / VALLEY COMMUNITY ASSN SOLE MBR
2.	Applicant Address: PRINCIPAL LOCATION: 249 OHIO STREET, BUFFALO, NY 14204
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 checked="" type="checkbox"/> Not-for-Profit
4.	Applicant Contact Name: MARGARET OVERDORF, CHIEF EXECUTIVE OFFICER
5.	Contact Phone Number: 716-553-8350 Contact Email Address: poverdorf@thevalleycenter.com
6.	Type of Business: Please Describe HUMAN SERVICE COMMUNITY 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. <input checked="" type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County 51
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <input checked="" type="checkbox"/> ATTACHED
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned N/A
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 813410
12.	What share of the company's product or service is sold within Erie County: 100 %
13.	Miscellaneous Questions:
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

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



*Len S.
Received
via email
1-25-21*

- 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		
<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	25

Grant Request Budget			
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Ecolab 2 GAL PEROXIDE MS DISINFECTANT	384.36	64.06
	CONTINENTAL RESEARCH CORP PURE MARG SURFACE DISINFECTANT	690.00	265.07
	SYSCO: LATEX GLOVES + 2 PLY KITCHEN TOWELS		757.26
	AUSTIN AIR: HEALTHMATE AIR PURIFIER + FILTER	1816.13	
	US FOODS: NITRILE POWDERLESS GLOVES	428.16	
	BRULIN: BRUTABS 65 DISINFECTANT TABLETS	489.96	
	GRAINGER: SURGICAL MASKS, BACKPACK SPRAYER, TOUCHLESS HAND SANI	5,036.90	
	Total Vendor Expense	\$8,845.51	\$1,086.39
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$7,960.96	\$977.75

18. CERTIFICATION

I MARGARET OVERDOFF, 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:
MARGARET OVERDOFF	CHIEF EXECUTIVE OFFICER	1/15/21
Signature: <i>Margaret Overdoff</i>		

Erie County Covid-19 Disaster Emergency Grant Application

#15. Narrative:

- A. Disinfectants, gloves and disposable paper towels were purchased to protect the staff while cleaning and sanitizing to prepare to reintroduce program back to the Tewksbury Lodge after Covid-19 closure. Bringing program back to the Tewksbury Lodge and River Fest Park was critical for financial sustainability of the Valley Community Association during the pandemic.

- B. Purchasing air purifiers, surface disinfectants, gloves, masks, touchless hand sanitizer dispensers and back pack sprayers will allow the Tewksbury Lodge and River Fest Park to continue to provide safe and compliant programming under local, state and national Covid-19 restrictions and guidance. Maintaining programming at this location in a safe manner is crucial for future viability to the Valley Community Associations operations. These purchases will ensure that the Valley Community Association will be able to continue to serve residents along the Buffalo River Community. The surface disinfectants, gloves, masks and backpack sprayers will protect the staff as well as allow them to provide proper sanitization of the facility for our customers. The air purifiers, masks, and touchless hand sanitizers will be provided to our customers for their personal protection while utilizing the Lodge and park.

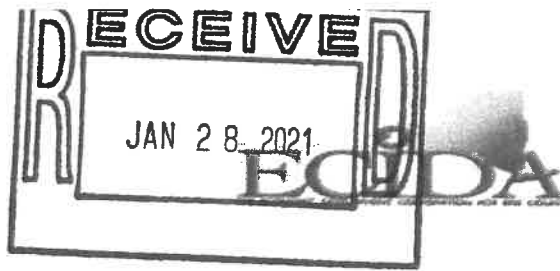
- C. The Valley Community Association stopped operations on March 18, 2020 due to the Covid-19 pandemic. This action halted all services that the center provided to the resident's in the communities along the Buffalo River. Our center serves infants, toddlers, school-aged children, adults, families, and seniors. Like most businesses and organizations during this time, we were doing our best to understand the pandemic and how to navigate it. As our staff gained a better understanding of the virus, we began to figure out how to operate and slowly start introducing services back to the community. The Valley Community Association was able to bring back Food Pantry distribution, virtual learning support and after school programming to students, hot meals and recreation to seniors.

Grant Application Overview

February 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Fika Midwifery PLLC	\$9,786.67	Highly Distressed Area WBE	Recommended for Funding
<p>Synopsis:</p> <p>Fika Midwifery PLLC (hereafter Fika) is Buffalo's only independent midwifery practice. Fika's midwives utilize the full scope of their education, training, and licensure to practice independently in the community setting in collaboration with area hospitals, physicians, and other ancillary healthcare facilities. Services include prenatal care, birth, postpartum care, and wellness care. Birthing centers, which are half the cost of a hospital birth, provide critical health care to underserved and vulnerable populations.</p> <p>Fika has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. While births have increased in 2020, the number of primary care visits is well below the average as patients have been delaying and/or forgoing preventative care. The cost of providing health services, which is a high-risk service, has increased significantly adding to the financial burden. Fika is requesting assistance from the ECIDA to offset the cost of PPE/fixture (masks, gloves, COVID tests, safety glasses, sanitizer, thermometer, etc.) expenditures necessary to keep its patients and staff 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.ecidanv.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:	Fika Midwifery PLLC	
2.	Applicant Address: Please note that businesses and not-for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	414 Virginia St Buffalo, NY 14201	
3.	Legal Structure:	<input type="checkbox"/> C-Corp. <input checked="" type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit	
4.	Applicant Contact Name:	Maura Winkler	
5.	Contact Phone Number:	716.427.4541	Contact Email Address: maura@fikamidwifery.com
6.	Type of Business:	Please Describe Midwifery office and birth 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 2020 year-to-date Profit & Loss Statement and Balance Sheet.		
			<input checked="" type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County		3.5
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.		<input checked="" type="checkbox"/> ATTACHED
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned		
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable	621399	
12.	What share of the company's product or service is sold within Erie County:	100 %	
13.	Miscellaneous Questions:		

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 as of the date of application.	7
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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.		
	Total Vendor Expense	\$ 6100	\$ 5456
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$ 5490	\$ 4910

18. CERTIFICATION

Maura Winkler, 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:
Maura Winkler	Director of Midwifery	1.25.2021
Signature:		

Community Need

The Coit House is located within Erie County in the 14201 zip code in the City of Buffalo. Fika Midwifery serves clients living throughout Western New York, including Erie, Niagara, Allegheny, Cattaraugus, Chautauqua, Orleans, Genesee, Wyoming, Livingston, and Monroe Counties. Approximately 85% of current and past clients live in Erie County.

Buffalo is designated as a Health Professional Shortage Area for primary care, HPSA ID 1368807390, and the city's Medicaid eligible residents are a Medically Underserved Population for primary care, MUP ID 1369196970. Erie County is also designated a Medically Underserved Area for primary care, MUA ID 02426. Fika Midwifery is in network with one of the area's most common Medicaid managed care plans and prioritizes outreach, health education, and birth care for the Medical-eligible population of Buffalo and Erie County.

As a midwife-led birth center, the Coit House serves women of childbearing age living within both rural and urban regions of Western New York. The majority of clients live in Erie County, where the median household income is \$55,673 and 13.7% of families live below the federal poverty level. The demographics of clients at the Coit House as a midwife-led birth center are expected to be similar to Fika Midwifery's current clients, who are racially, ethnically, religiously, and culturally diverse. Approximately 15% self-identify as Latinx, Hispanic, Black, or Indigenous. In the current payor mix, 75% of clients have private health insurance coverage during their care, 20% have Medicaid as their primary insurance, and 5% are self-pay. Half of clients planning to birth with Fika Midwifery are having their first baby.

The population that will be served at the Coit House is currently receiving birth care in both the home and hospital setting. Clients of Fika Midwifery presently opt for home birth, as long as they remain low risk throughout the course of their pregnancies. Many of these clients would choose care at a midwife-led birth center, if that was an option available locally. In addition, national data has documented that due to the Covid-19 pandemic, some families planning to give birth in a hospital are requesting to birth at home or in freestanding birth centers to avoid increased risk of exposure to the virus along with prohibitive policies regarding their birth options. The Coit House offers an excellent alternative to home birth for those who feel most comfortable giving birth outside a hospital setting.

Western New York has fewer licensed midwives than other parts of the state and lacks a midwife-led birth center. The demand for these options in pregnancy and birth care has been clearly demonstrated by the growth of Fika Midwifery's practice over the past three years. In the first year of practice, 2017-2018, Fika Midwifery attended approximately 60 births. This number doubled to approximately 120 births in 2018-2019, and in the current practice year, 2019-2020, Fika Midwifery expects to attend approximately 150 births. Fika Midwifery projects that the addition of the Coit House as the first midwife-led birth center in the region will further the growth of the practice and anticipates attending 180 births from 2020-2021. Based on the birth

site preferences of clients within the past year, it is expected that approximately 108, or 60%, of these births will be planned for the Coit House.

In addition to birthing services, Fika Midwifery provides primary care at the Coit House, including annual exams and routine gynecological care, making it the only midwife-led facility in the area where clients can access well-woman care. In the first six months of offering these services during the latter half of 2018, Fika Midwifery provided 21 annual visits. In 2019, this number increased exponentially to 109 visits. In 2020, Fika Midwifery has provided 38 annual visits to date and expects to complete 75 well-woman visits by the end of the year. An unfortunate consequence of the Covid-19 pandemic has been the deprioritization and delay of preventative and primary care for many individuals. This well-documented trend explains the dip in annual visits provided at the Coit House in 2020, despite the clear demand for services indicated in 2019. Fika Midwifery conservatively estimates that 100 annual visits will be provided at the Coit House in 2021. The practice also consistently provides approximately 50 office visits each year for clients seeking contraception or experiencing other routine gynecological issues.

Erie County has been targeted by New York State and others due to its poor performance on critical indicators of maternal and infant health, including among the highest maternal and infant mortality rates in the state. The Coit House is located in the 14201 zip code, an area designated by the Health Foundation of Western and Central New York as a “hot spot” for its high poverty rates and poor maternal and child health outcomes. Increased access to midwife-led birth centers is a proven way to promote better maternal and infant health outcomes and address health disparities based on race, economic status, and other factors. People who receive their pregnancy and birth care from a midwife experience lower rates of neonatal and infant death, preterm birth, low birth weight, induction, and cesarean section as well as increased satisfaction with their care. In addition to ensuring healthier outcomes, midwifery care has been proven to lower the healthcare costs associated with childbirth by 50%, by reducing unnecessary medical interventions and hospital stays. As a midwife-led birth center, the Coit House will help improve maternal and infant health outcomes for community residents by emphasizing safe, respectful, and client-centered care.

Surgical births have three times the risk of maternal death compared to vaginal births and are linked to many complications that can have lasting effects on infant and maternal health. Yet, the cesarean section rate at hospitals in Erie county ranges from 31.6% to 38.5%, well above the optimal rate of 10-15% identified by the World Health Organization. Furthermore, a report from the New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes found that from 2012-2014, 66% of pregnancy-related deaths in New York involved a cesarean section. In contrast to local hospitals, Fika Midwifery clients have experienced a cesarean section rate of just 6.1% over the past three years as well as a vaginal birth after cesarean (VBAC) success rate of 92.9%, evidencing that the midwifery care provided within the Coit House is a highly effective mechanism to address this issue.

Beyond birth, research has demonstrated that almost 1,000 infants deaths could be prevented each year if 90% of families breastfed exclusively for 6 months. Additionally, breastfed infants usually require fewer sick visits, prescriptions, and hospitalizations, saving the United States a projected \$13 billion each year. Increasing the rates of breastfeeding in area hospitals has been prioritized as part of the Erie County Department of Health's Community Health Improvement Plan since 2013, yet progress on this goal has been limited. As a way to address this gap, Fika Midwifery offers breastfeeding support at the Coit House to all families in the community, regardless of whether they were under the practice's care for birth. Fika Midwifery's staff includes certified lactation consultants and counselors, and all prenatal clients are offered comprehensive breastfeeding education and support. The breastfeeding rate for infants born under Fika Midwifery's care is 96.2%.

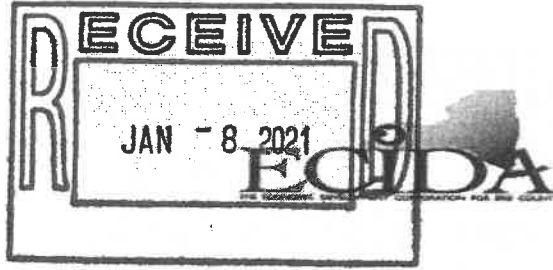
Fika Midwifery and the Coit House are committed to ensuring midwifery and birth center care are accessible options for everyone. The practice is in-network with Blue Cross Blue Shield of WNY and all other commercial Blue Cross Blue Shield health insurance plans as well as Blue Cross Blue Shield Medicaid Managed Care. Additionally, Fika Midwifery has been successful in obtaining out-of-network benefits and prior authorizations for out-of-hospital birth from several insurers and can accept payment via flexible spending accounts, health savings accounts, and other reimbursement programs. For clients who have Medicaid or a Medicaid Managed Care plan and desire well-woman care, the practice offers a sliding scale. In order to maintain financial solvency, the practice will continue seeking contracts with local insurers and alternative payment options, as indicated by patient need.

Grant Application Overview

February 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Greco Trapp, PLLC	\$7,182.19	Highly Distressed Area WBE	Recommended for Funding
<p>Synopsis:</p> <p>Greco Trapp, PLLC, a WBE (Josephine Greco 66.67% ownership) law firm, has been in business in the City of Buffalo for 11 years. The firm's practice areas include discrimination law, disability law, municipal law, labor law, education law, community & economic development law, and general civil litigation.</p> <p>Greco Trapp has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus. The firm has been forced to pivot to remote services for much of 2020 making it extremely difficult to develop new clients and generate business. Business income has been severely reduced and the expense of doing business has increased. Greco Trapp is requesting assistance from the ECIDA to support actual and proposed PPE/fixture (face mask, gloves, countertop barriers, disinfectant, thermometer, etc.) expenditures to allow the staff to safely resume interaction with clients.</p>			

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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

COMPANY INFORMATION			
1.	Applicant Legal Name:	Greco Trapp, PLLC	
2.	Applicant Address:	14 Lafayette Square, Suite 1700, Buffalo, NY 14203	
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:	Josephine A. Greco, Esq.	
5.	Contact Phone Number:	716-856-5800	Contact Email Address: jgreco@grecolawyers.com
6.	Type of Business: Legal	Please Describe We are a small NYS certified WBE law firm.	
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020.		
			<input checked="" type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County		<u>11</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 checked="" type="checkbox"/> ATTACHED
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned		
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable		541110
12.	What share of the company's product or service is sold within Erie County:		95 %
13.	Miscellaneous Questions:		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?		

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



	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.</p> <p><input checked="" type="checkbox"/> Yes <input 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.	Qualifying Questions:	
	<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 https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)</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>Narrative:</p> <p>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</p> <p>B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).</p>	

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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

(attach separate sheet if more room is needed)

A) Please See Attached

B) Please See Attached

C) Law is a service business with a lot of personal contact, especially firms like ours who practice in the areas of disability, discrimination, and municipal law. Before the pandemic our office was constantly full of clients and we were regularly out in public meeting with community groups, public entities, and the like. This all came to a screaming halt.

With the little PPE we were able to acquire from our cash on hand, we were able to bring our staff back to the office, in a socially distant fashion and without clients, last June. We were, however, unable to secure sufficient PPE with our cash on hand to carry us through Q1 and 2 of 2021 due to the highly inflated prices. We will need to purchase additional materials imminently.

Receiving a grant to both reimburse past expenditures and fund new PPE purchases will not only allow our staff to continue working, but will also allow us to better serve those clients most affected by this pandemic. For example, many of our clients filing for disability do not have access to reliable internet or a computer in order to participate in virtual hearings. Thus, the only way for them to reliably access our justice system would be for those clients, individually and in a socially distant fashion, to come to our office to participate in their hearing with our legal and technical assistance. Further, we currently only have enough pexiglass, masks, and sanitizer to prepare one of our three conference rooms for socially distant depositions, hearings, etc.. With this grant, we would be able to open all three conference rooms to clients while providing proper social distancing.

With the additional resources of this grant, we can continue to keep our staff working and improve our ability to assist our clients to ensure that everyone has equal access to our legal system.

Lastly, in accordance with the terms of the grant, should Executive Order 202 not be further extended before the grant is awarded, please consider our application without our request for assistance with future purchases. Thank you for your time and consideration of our application.

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	6.5
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Grant Request Budget

17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Please See Attached		
			3,480.45
	Total Vendor Expense	\$ 4,499.77	\$ 3,830.56
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$ 4,049.79	\$ 3,447.50 ^{3,32.40}

CERTIFICATION

18. I, Josephine A. Greco, 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:
Josephine A. Greco, Esq.	Managing Partner	12/31/20

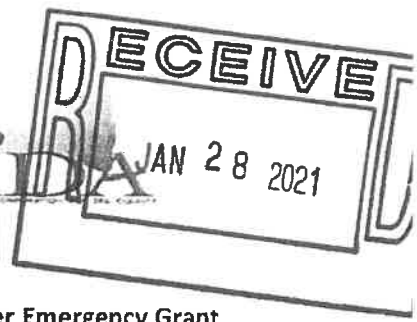
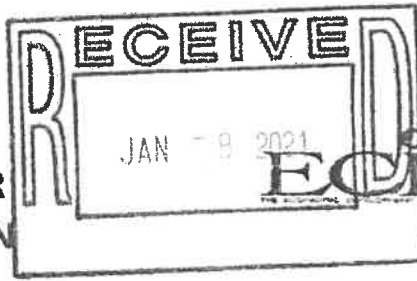
Signature:

Grant Application Overview

February 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Sherri's Little Angels Inc.	\$4,743.70	Highly Distressed Area WBE	Recommended for Funding
<p>Synopsis:</p> <p>Sherri's Little Angels Inc. (hereafter Sherri's) is a childcare provider, located on Buffalo's East side, that offers care for children from 6 weeks to 12 years. Sherri's provides a high-quality care in a positive environment for children and families in Buffalo and adjoining communities.</p> <p>Sherri's has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus pandemic. The business has lost clients due to lack of transportation and other COVID related issues, which resulted in a reduction in staff. In addition to the loss of revenue, it has been necessary to make costly facility improvements to accommodate social distancing. Sherri's is requesting funding assistance from the ECIDA for the purchase of PPE/fixture (storage, technology, signage, barriers, masks, thermometer, hands-free dispenser, etc.) expenditures to protect the health and safety of staff, children and families.</p>			

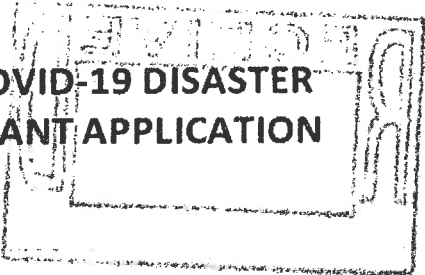
ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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.	Applicant Legal Name: <i>Sheera's Little Angels Inc.</i>
2.	Applicant Address: <i>172 Wecker St, Buffalo, NY 14215</i>
3.	Legal Structure: <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.	Applicant Contact Name: <i>Sheera Almond</i>
5.	Contact Phone Number: <i>716-597-2552</i> Contact Email Address: <i>sheerislittleangels@yahoo.com</i>
6.	Type of Business: Please Describe <i>Daycare</i>
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020. <input checked="" type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County <u>1</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 checked="" type="checkbox"/> ATTACHED
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable
12.	What share of the company's product or service is sold within Erie County: <u>100%</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, 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**



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/A

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
	Stackable Plastic Containers (Amazon)	\$ 80.98	
	4 year Laptop Protection Plan (4) Amazon	\$ 496.80	
	2020 HP Stream 14" Laptop (4) Amazon	\$ 1,637.28	
	Free Standing Desk Barrier Clear Amazon	\$ 487.36	
	Solid Distalvin Floor Decals Amazon	\$ 98.00	
	Sanitise Dispenser Station Hands Free	\$ 302.00	
	Soap Free Dispenser Station Hands Free	\$ 270.00	
	Total Vendor Expense	\$ 5,270.78	\$
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$	\$

CERTIFICATION

18. Sherril Almond 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:

Sherril Almond

Owner

1/19/21

Signature:

Szewczyk, Lori

From: Sherri Almond <sherrislittleangels@yahoo.com>
Sent: Monday, February 1, 2021 2:03 PM
To: Szewczyk, Lori
Subject: Re: Disaster Emergency Grant Application

[Message is from an external source]

The NYS emergency declaration and conditions created by COVID have negatively impacted my business because I lost many children. I had to expand to make sure that we are properly maintaining social distancing. I also had to make cut backs on staff members and hours. I had to provide extra attention to ensure that the children and staff members keep their mask on and are washing their hands frequently. I also lost children do to no transportation provided. I also had to provide extra cleaning supplies and proper PPE items. If any questions or concern please feel free to contact me at 716-597-2552

Can you please let me know when you receive this information

Thank you

Sherri Almond

On Friday, January 29, 2021, 04:09:01 PM EST, Szewczyk, Lori <lszewczyk@ecidany.com> wrote:

Ms. Almond:

Thank you for forwarding your revised application. Can you please provide a brief narrative (1 paragraph) regarding how the NYS emergency declaration and conditions created by COVID have negatively impacted your business. A return email is fine. Thank you.

Please don't hesitate to contact me with any questions or concerns.

Respectfully,

Lori A. Szewczyk

Director of Grants

Direct Line (716) 362-8363

lszewczyk@ecidany.com

ECIDA