

## **Item #3.8 Approval of COVID-19 Disaster Emergency Grant Applications**

## March 2021 Grant Applicants

Business Name	Address	City	Type	Grant Amount Requested	Dist	MBE	VET	WBE	Use of grant funds
Buffalo Society of Natural Sciences	1020 Humboldt Parkway	Buffalo	Not for Profit	\$10,000.00	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
DawJ, LLC dba The Oakk Room	1435 Main Street	Buffalo	Retail	\$4,790.03	Yes	Yes	No	No	Installation of Fixtures only
Flax's Barber Shop	420 Grant Street	Buffalo	Service	\$6,492.60	Yes	Yes	No	No	Purchase of PPE and Installation of Fixtures
Flax's Gold Buyer	2290 Genesee Street	Buffalo	Retail	\$6,116.94	Yes	Yes	No	No	Purchase of PPE and Installation of Fixtures
Heidi I. Jones Attorney & Consultant	115 Elmwood Avenue	Buffalo	Legal	\$5,687.12	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Kiddy Skateland, LLC	33 E Ferry Street	Buffalo	Service	\$10,000.00	Yes	Yes	No	Yes	Purchase of PPE and Installation of Fixtures
Limousine Acquisition Company, LLC dba Buffalo Limousine	62 Clyde Avenue	Buffalo	Service	\$4,589.37	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Prime Care Transportation Inc.	3385 Bailey Avenue	Buffalo	Service	\$5,503.50	Yes	Yes	No	Yes	Purchase of PPE only
Print2Web	712 Main St	Buffalo	Service	\$1,455.24	Yes	No	No	No	Purchase of PPE only
Tappo of Buffalo, LLC	338 Ellicott Street	Buffalo	Retail	\$10,000.00	Yes	No	No	No	Installation of Fixtures only
Tappo Pizza, LLC	166 Chandler Street	Buffalo	Retail	\$6,597.80	Yes	No	No	No	Installation of Fixtures only
				<b>\$71,232.60</b>					

## COVID 19 Disaster Emergency Grants Approved Sept 2020 – Feb 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
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

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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
2/24/2021	Be Fit Fitness, Inc.	Lackawanna	Service	\$7,883.57
2/24/2021	Buffalo Glass Block Company	Buffalo	Whse Dist	\$4,034.13
2/24/2021	Buffalo River Fest Park, LLC / Valley Community Association Inc. Sole Member	Buffalo	Not for Profit	\$8,938.71
2/24/2021	Fika Midwifery PLLC	Buffalo	Health Care	\$9,786.67
2/24/2021	Greco Trapp, PLLC	Buffalo	Service	\$7,182.19
2/24/2021	Sherrri's Little Angels Inc.	Buffalo	Service	\$4,743.70

\$451,898.24

## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Buffalo Society of Natural Sciences	\$10,000	Highly Distressed Area	Recommended for Funding

### Synopsis:

**Buffalo Society of Natural Sciences** (hereafter BSNS), a not-for-profit organization, formed in 1861 to acquire a collection of diverse items regarding natural sciences. After several temporary locations, the BSNS opened the doors to the state-of-the-art facility on the Buffalo's East Side in 1929, now known as the Buffalo Museum of Science. The Buffalo Museum of Science is a research and educational institution, established and administered by the Buffalo Society of Natural Sciences. It focuses primarily on the natural sciences and anthropology. The general purpose of the Museum program is to study and interpret to the community the physical universe, the planet on which we live, and all forms of life together with their essential inter-dependencies. The BSNS also operated the Tift Nature Preserve at Buffalo's Outer Harbor for environmental education.

BSNS has been negatively impacted by the NYS disaster emergency declaration and the impacts of the coronavirus pandemic. COVID restrictions have reduced visitation to the Buffalo Science Museum (BSM) by 50% from 2019 levels, which resulted in decrease revenue and staff reductions. The BSM has been forced to provide educational programming remotely and restructure its operation to comply with NYS guidelines. BSNS is requesting assistance from the ECIDA to offset costly PPE/fixture (gloves, masks, sanitation equipment & supplies) expenditures necessary to safely reopen the BSM to the public.

# 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 Society of Natural Sciences	
2.	<b>Applicant Address:</b> Please note that businesses and not-for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	1020 Humboldt Parkway Buffalo, NY 14211	
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>	Marisa Wigglesworth	
5.	<b>Contact Phone Number:</b>	896-5200 x332	<b>Contact Email Address:</b> mwigglesworth@sciencebuff.org
6.	<b>Type of Business:</b>	Please Describe Natural History Museum and Nature Preserve	
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.	<b>Number of years in business in Erie County</b>		160
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 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		712110
12.	<b>What share of the company's product or service is sold within Erie County:</b>		100%
13.	<b>Miscellaneous Questions:</b>		

**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 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?</p> <p><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?</p> <p><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?</p> <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 Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").</p> <p>How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? <u>Email from Erie County representative</u></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>	

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



<p>15.</p>	<p><b>Narrative:</b></p> <ul style="list-style-type: none"> <li>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</li> <li>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).</li> <li>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.</li> </ul>
	<p><i>(attach separate sheet if more room is needed)</i></p> <ul style="list-style-type: none"> <li>A. [item list]</li> <li>B. We had to purchase a great quantity of surface disinfectant, disposable masks, hand sanitizer stations and refill for them to be able to open for the safety and security of our public audiences as well as our on-site staff. We also purchased a quantity of styluses that allow guests to manipulate exhibits without touching them. The receipts we are presenting for this much-appreciated grant do not include all expenditures, as an example, we purchased a Zono Ozone Cabinet, a refrigerator sized cabinet that utilizes ozone gas, made from the air we breathe and less than a teaspoon of water, for \$24,000 to neutralize 99.99% of common viruses on non-porous surfaces and 99.9% of common bacteria on non-porous, porous and semi-porous surfaces. We place items made of a wide variety of materials in the cart, roll the cart into the cabinet and items are disinfected/sanitized in 30 minutes. Items, such as the styluses, may be placed back in use immediately. Going forward, we will continue to provide all measures necessary to be able to continue to educate and entertain families in our region.</li> <li>C. COVID-19 forced the museum to downsize to a very lean team, but we were still able to provide science education programs to schools and offer a virtual, but robust public programming schedule (including a virtual science fair and virtual tours). In fact, while industry average for visitation for science museums dropped to 10%-30% of prior year’s visitation numbers, we were consistently at 45%-50% of last year’s visitation, boosted by the Golden Mummies of Egypt exhibition which we were able to safely present to the community, through timed entry and stringent disinfecting and cleaning protocols. That said, we were still down by half – often more than half – of what we had budgeted for to continue our programming. As we move through the early months of 2021, and we continue to work together as a community to forge a path through the challenges of the pandemic, the Buffalo Museum of Science (BMS) and Tifft Nature Preserve (Tifft) remain committed to generating high impact, mission first programming for our community. Recognizing that now more than ever, Erie County residents need options for engaging entertainment in a safe venue and embracing a commitment to continue to be forward looking and bold in our program plans, the Buffalo Museum of Science is dedicated to our mission and our community and will continue to be the place for science learning for all.</li> </ul>



# 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.	35 and 1/2
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### Grant Request Budget

17.	PPE and/or Fixture Installation Description  Items or Vendor Contract (attach additional sheet as necessary)  (Itemized sheet attached)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Corr Distributors		4,973.15
	Cleaning and sanitation supplies		
	Dobmeier Janitor Supply		7,920.00
	Sanitizer solutions and equipment to dispense		
	Amazon		924.32
	Styluses, air pump		
	<b>Total Vendor Expense</b>	\$	\$13,817.47
	<b>GRANT REQUESTED</b> ( <i>grant will be calculated by multiplying eligible costs x 90%</i> )	\$	\$ 10,000

### CERTIFICATION

18. I, Marisa Wigglesworth, 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.

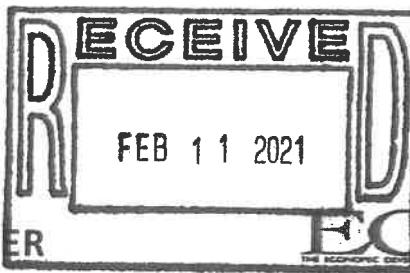
Name of Company Official Completing Worksheet:	Title:	Date Completed:
Marisa Wigglesworth	President and CEO	2/22/21

Signature: 

## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
DAWJ, LLC dba The Oakk Room	\$4,790.03	Highly Distressed Area WBE	Recommended for Funding
<p><b>Synopsis:</b></p> <p>DAWJ, LLC dba The Oakk Room (hereafter Oakk Room) is a minority-owned business located in the City of Buffalo. The Oakk Room officially opened in March 2011. Since its inception the Oakk Room has become a gathering place for urban professionals in Western New York. With a commitment to high quality service and a welcoming atmosphere, the Oakk Room continues to evolve and improve.</p> <p>The Oakk Room has been negatively impacted by the NYS emergency declaration and the conditions caused by the coronavirus pandemic. The business has been closed since March 2020 due to the higher-than-average transmission rate in Buffalo's urban communities. The business is preparing to reopen in April, and they are seeking assistance from the ECIDA to purchase PPE/fixtures (partitions &amp; shields), necessary to meet the NYS guidelines and keep patrons and staff safe.</p>			



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COMPANY INFORMATION	
1.	<b>Applicant Legal Name:</b> DAWJ LLC dba THE OAKK ROOM
2.	<b>Applicant Address:</b> Please note that businesses and not-for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible. 1435 MAIN ST. BUFFALO, NY 14209
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> Dennis Wilson
5.	<b>Contact Phone Number:</b> 716-316-7408 <b>Contact Email Address:</b> dwil90@gmail.com
6.	<b>Type of Business:</b> Please Describe RESTAURANT
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss Statement and Balance Sheet. <input checked="" type="checkbox"/> ATTACHED
8.	<b>Number of years in business in Erie County</b> 10
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 checked="" 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 722511
12.	<b>What share of the company's product or service is sold within Erie County:</b> 100%
13.	<b>Miscellaneous Questions:</b>

# 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 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?</p> <p><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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?</p> <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 Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").</p> <p>How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? <u>Word of Mouth</u></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 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>	

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



15.	<p><b>Narrative:</b></p> <ul style="list-style-type: none"><li>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</li><li>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).</li><li>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.</li></ul>
	<p>(attach separate sheet if more room is needed)</p> <p>A. Our restaurant was closed since the start of the pandemic.</p> <p>B. Upon opening we will need to purchase mask, cleaning products, sanitizers, &amp; shields to separate seating areas.</p> <p>C. Our restaurant has been closed due to the pandemic and the high rate of transmission in the urban community. As people are now getting vaccinated we plan to re-open in the next month.</p>

## Szewczyk, Lori

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**From:** O'Keefe, Beth  
**Sent:** Friday, February 26, 2021 10:34 AM  
**To:** Szewczyk, Lori; Hendrix, Laurie  
**Subject:** Fwd: PPE Reimbursement Grant Application ECIDA:00242174

Can one of you please print off this email and add it to the oak room application? Based upon this information I would like to change the yes/no field regarding business viability on the grant worksheet to YES per the additional information provided below. If all other criteria are met for this application please change the status in CRM from documentation pending to review complete and we'll plan to present it in the March Grant committee meeting.

Thanks. Beth

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**From:** Oakk Room <oakkroom@gmail.com>  
**Sent:** Thursday, February 25, 2021 10:19:35 AM  
**To:** O'Keefe, Beth <bokeefe@ecidany.com>  
**Subject:** Re: PPE Reimbursement Grant Application ECIDA:00242174

[Message is from an external source]

Good morning Ms. O'Keefe,

It was a pleasure speaking with you yesterday. As we discussed, the Oakkroom had begun to plateau in 2017. I made the decision to leave my full-time job and focus on our business. Once I became more hands on, I realized that we needed to make some changes to both our systems and processes. Once I got the waste under control and standardized our inventory systems, we were ready for Phase II which was marketing and promotion. Beginning in 2018 we began to dedicate the majority of all our profits into various marketing initiatives which include: radio ads, live to air promotions, facebook ads, Instagram ads, print ads, Panoramic Magazine, community outreach initiatives, turkey giveaways, tv commercials, flyers, sponsorships, etc.

The additional marketing investment led to an increase in sales and revenue which allowed us to increase our staff, add additional hours, and make some much-needed updates and repairs to the building. Since 2018, our hours of operation have increased to include breakfast, lunch, and dinner. We also added Sunday brunch to the schedule as well! 2020 was going to be our biggest year as we celebrated our 9<sup>th</sup> year in business, we also had our biggest 1<sup>st</sup> quarter ever!

I am confident that with your help we will be able to continue on the road to success and embrace our new normal. I anticipate some changes will be necessary as customers mentally and emotionally adjust to socializing again, and transition from the comfort of home back out into the world. I appreciate your consideration and look forward to hearing from you. Please let me know if you have any additional questions.

Thanks,

Curtis

On Feb 24, 2021, at 3:00 PM, O'Keefe, Beth <bokeefe@ecidany.com> wrote:

Hello Curtis,

Thanks for spending time with me on the phone today, explaining the investments made by you and Dennis to the Oak Room in 2018 and 2019. As I understand it, those investments allowed for an expansion / transformation of your business – but had a negative impact on your year end P&L statements. Please respond to this email with details regarding that 2 year period, the investment you made (capital investments, advertising, etc) and it's impact on your business (increase in revenues, # of employees, etc). As I mentioned, we look to provide grant assistance to (financially) “viable” businesses and will consider your response in making our assessment of viability. ECIDA Staff – such as myself – present grant applicants to a Grant Committee and to our ECIDA Board for final approval. Your detailed response will assist us in presenting the full picture of your business and its viability.

Any questions – let me know.

Beth

**Beth O'Keefe**

Business Development Officer

Direct Line (716) 362-8374

Cell (716) 289-1734

[bokeefe@ecidany.com](mailto:bokeefe@ecidany.com)

**Erie County Industrial Development Agency**

95 Perry Street, Suite 403

Buffalo, NY 14203

Main (716) 856-6525

Fax (716) 819-3656

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

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



EMPLOYMENT INFORMATION			
<p><b>Existing Jobs</b> – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.</p>			
16.	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ as of the date of application.		10
Grant Request Budget			
17.	<p>PPE and/or Fixture Installation Description</p> <p>Items or Vendor Contract (attach additional sheet as necessary)</p>	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures – list and attach paid receipts
	Free standing Partitions 200 at \$254.99 each	5,099.80	
	Self Standing Shield	222.45	
	<b>Total Vendor Expense</b>	\$5,322.25	\$
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$4,790.03	\$
18.	<p><b>CERTIFICATION</b></p> <p>I, <u>Dennis Wilson</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:	Date Completed:
Dennis Wilson		Owner	2/3/21
Signature:			



## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Flax's Barber Shop Inc.	\$6,492.60	Highly Distressed Area MBE	Recommended for Funding

**Synopsis:**

**Flax's Barber Shop Inc.**, located on Grant Street in the City of Buffalo, has been providing barbering services in the community for ten (10) years. The business serves the Buffalo State College community and student population, which is near the Barber Shop.

Flax's Barber Shop has been adversely impacted by the NYS disaster declaration and the conditions resulting from the coronavirus pandemic. The business was closed for several months beginning in March 2020, and again more recently. The reopening restrictions have left one (1) of the three (3) barbers out of work. The loss of income has made it very difficult for the business to purchase the necessary materials/equipment to safely promote social distancing that would allow all the barbers to return to work. Flax's Barber Shop is seeking assistance from the ECIDA to offset the purchase of PPE/fixture (partitions, sanitizer, air purifier, masks, face shields, aprons, razors, digital thermometer, and professional cleaning) expenditures to safely operate and protect against the community spread of COVID-19.

# 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> Flax's Barber Shop
2.	<b>Applicant Address:</b> Please note that businesses and not-for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible. 420 Grant Street Buffalo, NY 14213
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4.	<b>Applicant Contact Name:</b> Martin Flax
5.	<b>Contact Phone Number:</b> (716) 848-0535 <b>Contact Email Address:</b> Martin_Flax@yahoo.com
6.	<b>Type of Business:</b> Please Describe Barber Shop
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 type="checkbox"/> ATTACHED
8.	<b>Number of years in business in Erie County</b> 5 <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. <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 checked="" type="checkbox"/> Minority-Owned <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
11.	<b>Primary North American Industrial Classification System (NAICS) Code of the Company.</b> Please provide at least the three-digit code, but the six-digit code is preferable
12.	<b>What share of the company's product or service is sold within Erie County:</b> 100%
13.	<b>Miscellaneous Questions:</b>

**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 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?</p> <p><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?</p> <p><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?</p> <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 Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").</p> <p>How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? _____</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 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>	

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



15.	<p><b>Narrative:</b></p> <ul style="list-style-type: none"><li>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</li><li>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).</li><li>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.</li></ul>
	<p><i>(attach separate sheet if more room is needed)</i></p> <p>Flax's Barber Shop, located at 420 Grant Street (in a distressed area) as well as close proximity to Buffalo State College (conveniently located for students without transportation) provides barbering services at a reasonable cost for the community. The Covid 19 pandemic has greatly affected my business and caused loss of income to myself, as well as my barbers. Receiving this grant will help me provide the necessary equipment needed to re-open safely and properly protect against the spread of Covid-19.</p>

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



**EMPLOYMENT INFORMATION**


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

16. Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ as of the date of application. 2 <sup>as per email 2/19</sup>


**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
	Standing hand Sanitizer dispenser @\$139.95	\$ 280.00	
	6 portable clear partition dividers @\$299 each	\$ 1,495.00	
	HEPA Air Purifier	\$ 399.00	
	Masks and Face Shields, disposable aprons + razors	\$ 1,000.00	
	Professional Weekly Cleaning Service @\$250 per week x 4 months	\$ 4,000.00	
	Digital Thermometer for temp. checks	\$ 40.00	
	<b>Total Vendor Expense</b>	<b>\$ 7,214 \$</b>	
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$ 7,214 \$</b>	

**CERTIFICATION**

18.  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>
Martin Flax	Owner	1/29/2021
<b>Signature:</b> 		

## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Flax's Gold Buyer	\$6,116.94	Highly Distressed Area MBE	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Flax's Gold Buyer</b> (hereafter Flax's Gold) has been purchasing and selling gold pieces, necklace, gold watches, gold rings, gold bracelets, platinum, gold coin, diamonds, and anything of value at the Genesee Street location in the City of Buffalo for 15 years.</p> <p>Flax's Gold has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. As a non-essential business, Flax's Gold has suffered from the prolonged closure that drastically reduced sales/revenue necessary to cover the cost of business overhead (rent, utilities, insurance). Many of Flax' neighborhood customers have yet to return since the business has reopened, which is likely to impact operations into the future. Flax's Gold is seeking funding assistance from the ECIDA to purchase PPE and fixtures (partitions, air purifier, touchless hand sanitizer, touchless credit card machine, masks, and professional cleaning services) to prevent the 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.	Applicant Legal Name:	Flax's Gold Buyer	
2.	Applicant Address:	2290 Genesee St. Buffalo 14225	
3.	Legal Structure:	<input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit	
4.	Applicant Contact Name:	Martin Flax	
5.	Contact Phone Number:	(716) 848-0535	Contact Email Address: Martin_Flax@yahoo.com
6.	Type of Business:	Please Describe	Retail
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020.		
			<input type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County		15
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 checked="" type="checkbox"/> Minority-Owned <input 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:		98 %
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?		

Flax's Gold Buyer

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



- Yes  No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
- Yes  No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
- Yes  No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
- Yes  No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
- Yes  No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
- Yes  No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?
- Yes  No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business?  
Amount: \$
- Yes  No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.
- Yes  No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").

How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? \_\_\_\_\_

**14. Qualifying Questions:**

- 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?



**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)*

My business, Flax's Gold Buyer has suffered greatly as a result of the Covid-19 Pandemic and the shut downs it has caused. Though my business is not categorized as an essential business, it is a business the community and neighbors in the distressed area surrounding my store, depend on me to purchase new and used items from them providing them with immediate cash assistance. I then offer the sale of those items at a reasonable markdown discounted as compared to manufacturer retail cost. This Grant will allow me to provide the supplies and equipment needed in my store to continue to do business<sup>safely</sup> and prevent the spread of Covid-19.

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



Flax's Gold Buyer

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).
- 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)*

The Covid 19 Pandemic has greatly affected my business on so many levels. Being forced to shut down my small business meant I had no sales and no income yet still all of the monthly financial responsibilities of owning a small business. (mortgage, insurance, taxes, user fees) Additionally, it takes years to build clientele and loyal customers. I have lost many as they are now apprehensive for fear of their health and safety. I now have that added expense to provide and facilitate safe operations and procedures.

**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. 2


**Grant Request Budget**

17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Freestanding Shields for retail counter \$169.95 x 8	\$1359.60	
	Professional Weekly Cleaning Service \$250 week x 4 month	\$4000.00	
	1 Freestanding Hand Sanitizer Station	\$ 139.00	
	HEPA Air Purifier	\$ 399.00	
	Masks: Face Shields	\$ 300.00	
	Touchless Credit Card Payment machine	\$ 399.00	
	Covid 19 - SIGNAGE	\$ 200.00	
	<b>Total Vendor Expense</b>	\$6,796.00	\$
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	\$6,796.00	\$

**18. CERTIFICATION**

 being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true and correct. I further understand that false statements or intentional omissions made in this Application or in connection with the verification process may have an adverse consequence to my application/submission to the 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.

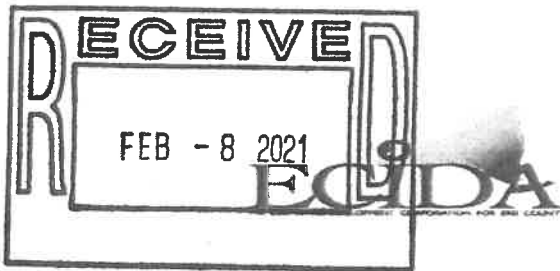
<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
Martin Flax	Owner	1/29/2021
<b>Signature:</b> 		

## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Heidi I. Jones Attorney & Consultant	\$5,687.12	Highly Distressed Area WBE	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Heidi I. Jones Attorney and Consultant</b> (hereafter Jones Esq.), a sole proprietor, provides advice, consulting and legal services to small businesses, nonprofits and individuals to grow and change their futures. Ms. Jones has been a consultant since 2003 and attorney (licensed in Pennsylvania and New York) since 2012. Jones Esq. is active in the Buffalo community helping low-income residents with their legal needs.</p> <p>Jones Esq. has been negatively impacted by the NYS emergency declaration and the conditions created by the pandemic. The business had to transition from face-to-face meetings with clients to remote services, which has created technological and security challenges. The inability to network and market legal/consulting services has reduced client intake and revenue. Jones Esq. is requesting funding assistance from the ECIDA to support PPE expenditures and upgrades in technology (software, hardware, video conferencing and cloud content tools, masks, etc.) that will allow staff to safely and securely engage with clients and maintain business activity.</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> Heidi I. Jones
2.	<b>Applicant Address:</b> 115 Elmwood Avenue, Buffalo NY 14201
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> Heidi I. Jones
5.	<b>Contact Phone Number:</b> (716) 400-0677 <b>Contact Email Address:</b> heidi@hijlaw.com
6.	<b>Type of Business:</b> Please Describe Law firm
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> <span style="float: right;">12</span>
9.	<b>Ownership:</b> Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span>
10.	<b>Ownership Type:</b> Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
11.	<b>Primary North American Industrial Classification System (NAICS) Code of the Company.</b> Please provide at least the three-digit code, but the six-digit code is preferable <span style="float: right;">541110</span>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">90%</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 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><i>Linda S. Jones</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 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>) Census tract 68</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 attached

9. 100% owned by Heidi I. Jones

**15A.** Previously purchased: Clio case management software, Google Workspace, and Zoom subscription. This allowed me to increase my remote management and file storage capabilities, and comply with covid regulations.

**15B.** To be purchased: second clio case management software license, new computer and peripherals for 2nd full remote workstation. It has become necessary to acquire a full additional remote workstation for part-time staff. Additional cleaning supplies and PPE to continue compliance with covid-regulations

**15C.a.**

The law firm was negatively impacted by covid in several ways:

1. Transitioning to remote work when I have had in-person, face-to-face relationships with nearly all my clients for years has been a technological, financial, and interpersonal challenge. In addition to establishing new systems for case management and remote meetings, I've also had to substantially increase security and reliability for each component of my remote work environment: communications, billing, document storage, etc. I am much more tied to my computer(s) and need to be able to improve the ergonomic situation.
2. My ability to market and network in my usual face-to-face ways has been seriously disrupted, reducing client intake.
3. My responsibilities elsewhere have increased - I unexpectedly had to take on management of a small cafe while trying to understand the constantly changing regulatory environment in a field that I have no experience in. Covid restrictions even impacted my ability to make bank deposits in a timely manner because the city branch of the bank closed.

The funds are necessary for me to complete these security and cloud improvements and create a new marketing system.

**15C.b.** My work impacts Erie County in the following ways:

1. I have offered over 100 hours of pro-bono services to low-income clients impacted by covid restrictions since March 2020. I have helped new and existing clients with unemployment insurance, SNAP, and medicaid applications, bankruptcy evaluations, Paycheck Protection Program and EIDL issues.
2. I am board vice president for People United for Sustainable Housing, Inc. (PUSH Buffalo), and an active member of the finance and audit committees.
3. I operate an essential community cafe, The Intersection, at Allen & Elmwood in Buffalo. This cafe brings together a cross-section of the diverse Allentown neighborhood and needed substantial time and support throughout covid, including multiple grant applications, improved marketing, and my own time to keep it running. It contributes community and art to the community.
4. I have been an active participant in the Buffalo Infringement Festival.



**Business plan/description.**

I have been licensed in New York and Pennsylvania since 2012. I practiced part time from 2012 to 2017 and have been full time since 2018. My practice focuses on tax and entity lifecycle management for small businesses and nonprofit organizations.

17. PPP and/or Fixture Installation Description

Date	Vendor	Items or vendor contract	Estimated Cost (inc. tax & shipping)	Future Expenditure	Actual Expenditure
1/29/2021	<a href="http://Acrobat.Adobe.com">Acrobat.Adobe.com</a>	Adobe Acrobat Pro DC-License (2x)	385.84	385.84	
1/29/2021	<a href="http://Clio.com">Clio.com</a>	Practice management software license - additional v	1,192.57	1,192.57	
1/29/2021	<a href="http://Zoom.us">Zoom.us</a>	Zoom Pro subscription 1 year	160.77	160.77	
1/29/2021	<a href="http://Workspace.Google.com">Workspace.Google.com</a>	Business Pro Subscription (2x)	447.76	447.76	
1/29/2021	<a href="http://LastPass.com">LastPass.com</a>	"Teams" subscription/Password management	51.00	51.00	
1/29/2021	<a href="http://ProtonVPN.com">ProtonVPN.com</a>	"Plus" subscription	96.00	96.00	
1/29/2021	<a href="http://BestBuy.com">BestBuy.com</a>	Asus Chromebook	446.16	446.16	
	<a href="http://Samsung.com">Samsung.com</a>	Laptop	1,304.99	1,304.99	
2/1/2021	<a href="http://Amazon.com">Amazon.com</a>	Webcam: Microsoft LifeCam Q2F-00013	77.40	77.40	
2/1/2021	<a href="http://Amazon.com">Amazon.com</a>	Monitor: Acer SB230 Bbix 23" Full HD	122.69	122.69	
2/1/2021	<a href="http://Amazon.com">Amazon.com</a>	Docking Station	107.66	107.66	
2/1/2021	<a href="http://Amazon.com">Amazon.com</a>	Headset: Jabra Evolve 65	183.79	183.79	
2/1/2021	<a href="http://Amazon.com">Amazon.com</a>	Masks Disposable	28.99	28.99	
2/1/2021	<a href="http://Maura Price">Maura Price</a>	Masks Reusable	90.00	90.00	
	<b>Already paid for</b>				
4/1/2020-					
2/1/2021	<a href="http://Workplace.Google.com">Workplace.Google.com</a>	11 months	146.06	146.06	
9/16/2020	<a href="http://Dropbox.com">Dropbox.com</a>	1 Annual Subscription	119.88	119.88	
2/20/2020 -					
1/20/2021	<a href="http://Zoom.com">Zoom.com</a>	11 months	164.89	164.89	
10/28/2020 &					
11/13/2020	<a href="http://Clio.com">Clio.com</a>	Clio Suite 1 user (Clio Manage & Clio Grow)	1,192.57	1,192.57	<i>need proceed per 1/4 8/4/5</i>
<b>TOTAL</b>			<b>6,319.03</b>	<b>4,695.63</b>	<b>1,623.4</b>
<b>90 percent grant award</b>			<b>5,687.12</b>	<b>4,226.06</b>	<b>1,461.06</b>

**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	1.5
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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
	See attached		
	<b>Total Vendor Expense</b>	\$ 4695.63	\$ 1623.40
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$ 4226.03	\$ 1461.06

**CERTIFICATION**

18. I, Heidi I. Jones, being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true and correct. I further understand that false statements or intentional omissions made in this Application or in connection with the verification process may have an adverse consequence to my application/submission to the Erie County Industrial Development Agency.

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

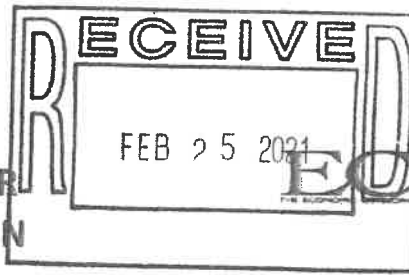
<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
Heidi I. Jones	Attorney	1/29/21

Signature:

## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Kiddy Skateland, LLC	\$10,000	Highly Distressed Area MWBE	Recommended for Funding
<b>Synopsis:</b>  <p><b>Kiddy Skateland LLC</b> (hereafter Skateland), a skating/entertainment center, has been serving the neighborhoods surrounding E. Ferry Street in the City of Buffalo for 40 years. The entertainment center hosts birthday parties, school events, fundraisers, and special events for customers of all ages.</p> <p>Skateland has been negatively impacted by the NYS disaster emergency declaration and the conditions created by the coronavirus pandemic. The business has been closed since March 14, 2020. Without any revenue, it has been very difficult to keep up with the expenses (rent, insurance, utilities) that the business has accumulated. The NYS Reopening guidelines for sports &amp; recreation businesses is onerous and not easily achieved for a skating venue. Skateland is seeking funding assistance from the ECIDA to prepare the site for reopening in accordance with NYS guidelines (touchless dispensers, plexiglass partitions, air purifiers, and signage).</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> Kiddy Skateland, LLC <b>Applicant Address:</b> 33 E Ferry Street Please note that businesses and not-for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible. Buffalo, NY 14209
2.	<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
3.	<b>Applicant Contact Name:</b> Susan Goggins
4.	<b>Contact Phone Number:</b> (716) 256-8565
5.	<b>Contact Email Address:</b> goggins.sue@gmail.com
6.	<b>Type of Business:</b> Please Describe Roller Skating Rink
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. <div style="text-align: right;"><input type="checkbox"/> ATTACHED</div>
8.	<b>Number of years in business in Erie County:</b> 40 years, changed name in 2015 new tax ID number
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. <div style="text-align: right;"><input type="checkbox"/> ATTACHED</div>
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 checked="" 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. <div style="float: right;">713940 Sports &amp; Recreation</div>
12.	<b>What share of the company's product or service is sold within Erie County:</b> 100%
13.	<b>Miscellaneous Questions:</b>

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



- Yes  No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
  - Yes  No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
  - Yes  No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
  - Yes  No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
  - Yes  No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
  - Yes  No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?
  - Yes  No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$
  - Yes  No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.
  - Yes  No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").
- How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?

**14. Qualifying Questions:**

- 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?

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



**Narrative:**

**15.**

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

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

Company Information:

**9. Ownership.**

Kiddy Skateland, LLC is 100% privately owned and operated by Susan Goggins. Goggins serves as the Owner, Manager, Secretary and Treasurer.

**15 B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used.**

As part of the reopening plan to provide a safe environment for employees, customers and vendors Kiddy Skateland will be purchasing and installing/providing the following:

- Face Shields and Masks for all employees,
- Acrylic Counter Shields will be installed at the entrance of Kiddy Skateland, Skate Room Counter and Concession Stand and Tables,
- Signs/Postings at the entrance of Kiddy Skateland and throughout the interior of mask requirements:
  - o No Entry Without Mask
  - o No Service Without Mask
  - o Must Wear A Mask While Inside Skateland or within 6 feet of another person
- Thermometers to screen employees and patrons prior to entry to Kiddy Skateland
- Signs/Postings to maintain social distance while inside Kiddy Skateland
- Floor signs for social distancing
- Floor markers
- Sanitizer stations placed throughout Kiddy Skateland
- 4 Medical Grade Air Purification Units

**15 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.**

Skateland has been a fixture in the community for over 40 years. It has served many generations during that time and would like to continue to do so. We have provided a safe and positive environment for people from all over the City of Buffalo, families, community organizations, not-for-profits, and other community-oriented activities. Due to Covid-19, we have been temporarily closed since March 14, 2020.



Skateland has accumulated thousands of dollars in back bills due to New York State and Erie County mandatory closure. When it becomes safe to reopen it will be impossible to pay current bills while trying to pay off back bills in addition of properly equipping the building under the standards of the State of New York to prevent the spread of Covid-19.

The employees of Skateland have suffered a financial loss of income as a result of the mandatory closing. Our employees live and work in the community, their income helps support their families and other businesses in the community.

We are seeking any assistance rendered by this program and respectfully request your consideration.

# 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. 1 full time employee & 3 part time 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
	<b>Total Vendor Expense</b>	\$	\$
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$	\$

## CERTIFICATION

18. I, Susan Groggins, 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:

Owner Susan Groggins  
Signature: Susan Groggins

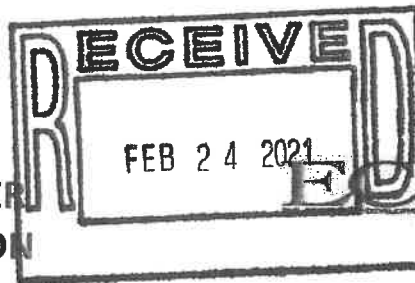
Owner

02/15/2021

## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Limousine Acquisition Company LLC dba Buffalo Limousine	\$4,589.37	Highly Distressed Area WBE	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Limousine Acquisition Company LLC dba Buffalo Limousine</b> (hereafter Buffalo Limousine) has a fleet of luxury vehicles to accommodate transportation needs for any occasion including corporate travel, a formal occasion, an evening out with friends, or a day in Niagara Falls. Buffalo Limousine will tailor a package that suits their client's specific transportation needs. Their mission is to provide customers with the highest quality service, the most professional chauffeurs, and the newest fleet of vehicles available.</p> <p>Buffalo Limousine has been negatively impacted by the NYS disaster declaration and the conditions resulting from the coronavirus pandemic. Social and leisure activities all but stopped beginning in March 2020, which resulted in the drastic loss of business/revenue. Buffalo Limousine has gone from 35 employees to approximately 7 due to the downturn in business. The applicant is seeking assistance from the ECIDA to offset the cost of PPE/fixture (shields, disinfectant, gloves, masks, etc.) expenditures that are necessary to resume business activity safely and prevent the 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> <i>LIMOUSINE Acquisition Company, LLC</i>
2.	<b>Applicant Address:</b> Please note that businesses and not-for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible. <i>62 Clyde Ave. Buffalo, New York 14215</i>
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> <i>Carla Boccio</i>
5.	<b>Contact Phone Number:</b> <i>716-835-4997</i> <b>Contact Email Address:</b> <i>carlab@buffalolimousine.com</i>
6.	<b>Type of Business:</b> Please Describe <i>Chauffeur Ground Transportation</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 2020 year-to-date Profit & Loss Statement and Balance Sheet. <input checked="" type="checkbox"/> ATTACHED
8.	<b>Number of years in business in Erie County</b> <i>6</i>
9.	<b>Ownership:</b> Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <input checked="" type="checkbox"/> ATTACHED
10.	<b>Ownership Type:</b> Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
11.	<b>Primary North American Industrial Classification System (NAICS) Code of the Company.</b> Please provide at least the three-digit code, but the six-digit code is preferable
12.	<b>What share of the company's product or service is sold within Erie County:</b> <i>100%</i>
13.	<b>Miscellaneous Questions:</b>

**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 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?</p> <p><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?</p> <p><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?</p> <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 Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").</p> <p>How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? <u>Canisius Womens Council</u></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.ecidanyc.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidanyc.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>	

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



<p>15.</p>	<p><b>Narrative:</b></p> <ul style="list-style-type: none"><li>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</li><li>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).</li><li>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.</li></ul>
	<p><i>(attach separate sheet if more room is needed)</i></p> <p><i>See separate sheet - next page</i></p>

1. Summary of PPE equipment and fixture purchased and the reason
  - a. The PPE equipment and fixtures Buffalo Limousine has purchased since the onset of the pandemic are as follows. Face masks, hand sanitizer, disinfectant wipes, disposable gloves, ozone machines, thermometers, dividers for vehicles. Each item serves a specific purpose of course. Face masks are provided to our employees and are packaged in our vehicles for customers who need them or do not have their own. Masks are required by the state in for-hire vehicles. Hand sanitizer is a staple item to disinfect hands, and it is available for use in our office space, and travel sized containers are in our vehicles as well. Disinfectant wipes are also stationed throughout the office space and in the vehicles to wipe down surfaces- especially for the drivers when passengers get out of the vehicle. Disposable gloves are used by the office staff and used when cleaning vehicles to avoid direct contact with surfaces and cleaning products. Ozone machines, also referred to as ionizers, are air purification devices that kill all particles in the air of a confined space by filtering ozone particles into the space via the machine. Thermometers are used to test temperatures, and anyone with ~ 99.5 degrees or higher is not permitted to work. Dividers for vehicles have become a minimum requirement for transportation companies to help combat COVID-19. These are aftermarket custom made vinyl shields that we installed in our vehicles to create a barrier between the driver and the passengers in the back seat. The purpose is to reduce flow of particles from breathing/sneezing/coughing between the driver and passenger(s).
2. Summary for all future ppe and fixture purchases and explanation of how it will be used
  - a. The future PPE purchases are mostly the same as above - what we have purchased is what we will continue to purchase as needed. In the future we would like to purchase equipment called electrostatic sprayers that disinfect surfaces and air by spraying a mist through a hand held device. However, these devices are upwards of \$1,500 just for the device without the solution refills. All things considered we are abiding by the guidelines from the state, and should those become stricter we will adhere to the guidelines if it requires more costs on our part.
3. Narrative on how your organization has been negatively affected by the state disaster emergency, why the funds are necessary, ties to the community and the impact of your work/service in erie county
  - a. Our business has been severely impacted by the pandemic. The world's business travel as well as leisure travel activities have nearly ceased since the pandemic began. Also, part of our business is transportation for groups of people engaging in social activities, which has also nearly halted due to the limitations on group gatherings as well as capacity limits in New York State and Erie County. The funds for the PPE equipment and fixtures are necessary for us because it is something we have to do at a bare minimum, and from a business standpoint, we certainly cannot charge customers extra for those costs. Our business employed 35 people in erie county prior to the pandemic, and now we are only employing roughly 5-7 people on a week to week basis. We have routinely donated services and gift certificates to charitable causes/foundations, and specifically during the pandemic we were able to transport nurses when there was a need for out of town nurses in the WNY hospitals.

**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. 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
	Eclipse Safety Products - shields		1145.28
	I Health Store - digital thermometers		215.92
	Airtheveal - Ozone machines		269.97
	Gordon Companies (3 invoices) gloves and masks		1404.00
	Casullas Automotiv (5 invoices) \$1 install shields,		264.44
	Casullas - GLOVES		56.64
	Casullas, (2 invoices) 1 purchase + install shield, 1 install shield		243.05
	<b>Total Vendor Expense</b>	\$1500	\$3599.30
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	\$	\$6838.67

**CERTIFICATION**

18. Carla Boccio 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>
<u>Carla Boccio</u>	<u>Member</u>	<u>2/22/2021</u>
<b>Signature:</b>		



## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Prime Care Transportation Inc.	\$5,503.50	Highly Distressed Area MWBE	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Prime Care Transportation Inc.</b> (hereafter Prime Care) is a certified non-emergency medical transportation provider, featuring wheelchair accessible vehicles and superior service. Prime Care offers reliable rides to and from customers doctor's appointment, dialysis treatment or hospital visit.</p> <p>Prime Care has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. Prime Care has experienced a loss of business/revenue over the last year as well as increased costs for supplies to comply with NYS guidelines. Recently, there has been an uptick in the number of employees testing positive for COVID, which has disrupted business operations. Prime Care is requesting assistance from the ECIDA to offset the cost of PPE/Fixture (masks, gloves, gowns, wipes, sanitizer, thermometer, etc.) expenditures that are necessary to protect the health and safety of drivers 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 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> PRIME CARE TRANSPORTATION INC
2.	<b>Applicant Address:</b> 3385 BAILEY AVE, BUFFALO, NY 14215
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> CHRISTINE UWIMBABAZI
5.	<b>Contact Phone Number:</b> 716-986-0137 <b>Contact Email Address:</b> primecaretransportationinc@gmail.com
6.	<b>Type of Business:</b> Please Describe Non-emergency medical transportation
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;">3</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 checked="" 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;">485</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 principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
- Yes  No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
- Yes  No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
- Yes  No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
- Yes  No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
- Yes  No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?
- Yes  No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business?  
Amount: \$
- Yes  No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.
- Yes  No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").

How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? from Rabbit and WED

**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? See explanation
- 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?

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



15.	<p><b>Narrative:</b></p> <ul style="list-style-type: none"><li>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</li><li>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).</li><li>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.</li></ul>
	<p><i>(attach separate sheet if more room is needed)</i></p> <p style="text-align: center;"><i>please see attached</i></p>

Prime Care Transportation is a non-Emergency Medical Transportation. We are involved in transporting clients from or to doctor's offices, nursing homes, dialysis center, hospitals and homes. We have been affected by the pandemic since we are in contact with patients. Our main expenses are masks, hand sanitizers, wipes, spray and vehicles detailing. Our drivers must safely protect themselves as well as the clients. Constantly wiping and cleaning. The use of gown is not every day but in case we need to; we must have some. We recently implemented the use of thermometer each day. Usually since we go to hospitals and they check us every day; we did not require drivers to test themselves but now we require them to do so throughout the day.

Each week, we have different obstacles and challenges. Right now, we are dealing with a lot of quarantines. We were doing good for the last 7 months but recently it just hitting us. This crisis has been going on for a long time. We had to send a driver for covid-19 test and put her in quarantine and it looks like this is something that will happen a lot in the future. Last week we had another employee that has been tested positive from another employer.

So, each week is a challenge. We do not know what will hit us next.

Regarding the purchases of PPE, at the beginning of the pandemic; we bought the wipes through seven eleven and we do not have the receipts, for the paper towels and stuff; they were mixed with other offices supplies. For the detailing, I was paying cash and I had to go back to pinky stover (car wash) and get receipts for the days where we have been going there. You will also see cash app payment since I could not go there to give them cash.

For future expenses, I just projected to June hoping that the months are ahead we will not be able to use too much.

Mostly masks, wipes, paper towels, spray and hand sanitizers.

Thank you,

Christine Uwimbabazi

## Szewczyk, Lori

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**From:** cuwimbabazi@primecarefirst.com  
**Sent:** Monday, March 1, 2021 1:38 PM  
**To:** Szewczyk, Lori  
**Subject:** ECIDA CIVID Disaster Emergency Grant

[Message is from an external source]

Good afternoon Lori,

Thank you for reaching out.

The Gmail email is general, let use this email for future communications.

- Question #14 – Please provide details with regard to other funding received including sources and uses
- Question #16 – How many existing full-time equivalent jobs you currently employ

We received PPP loan of \$175000.00 which was used for most of our payroll well as rent.

We also got \$25000 for back to business grant which we used for car payments, gas as well as insurance payment.

We have a large operations cost per month. Our vehicle lease and loan payments is almost \$8000 , repairs around \$3000 sometimes less or higher, gas \$6000, software \$1100, and all other ones. Our insurance premium is \$12000.

Question 16

17-w2 employees 15 employees plus me and my husband  
3 contractors.

Let me know if you have any questions or concerns.

Thank you

Christine Uwimbabazi

President

**Prime Care Transportation Inc**

3385 Bailey Ave,

Buffalo, NY 14215

P 716 986 2539 ext 101

C 716 986 0137

F 7162493811

E cuwimbabazi@primecarefirst.com

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

## Szewczyk, Lori

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**From:** cuwimbabazi@primecarefirst.com  
**Sent:** Tuesday, March 2, 2021 9:31 AM  
**To:** Szewczyk, Lori  
**Subject:** RE: ECIDA CIVID Disaster Emergency Grant

[Message is from an external source]  
No.

-----Original Message-----

**From:** "Szewczyk, Lori" <lszewczyk@ecidany.com>  
**Sent:** Tuesday, March 2, 2021 8:18am  
**To:** "cuwimbabazi@primecarefirst.com" <cuwimbabazi@primecarefirst.com>  
**Subject:** RE: ECIDA CIVID Disaster Emergency Grant

Thank you. Just to be clear, are any of the funds you have received thus far being utilized to support the purchases of PPE/fixtures listed in your COVID Disaster Emergency Grant application budget?

Respectfully,

*Lori A. Szewczyk*  
Director of Grants  
Direct Line (716) 362-8363  
[lszewczyk@ecidany.com](mailto:lszewczyk@ecidany.com)

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

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**From:** cuwimbabazi@primecarefirst.com <cuwimbabazi@primecarefirst.com>  
**Sent:** Monday, March 1, 2021 5:34 PM  
**To:** Szewczyk, Lori <lszewczyk@ecidany.com>  
**Subject:** RE: ECIDA CIVID Disaster Emergency Grant

[Message is from an external source]

Good evening,

We also received Grant from HHS 25800.30 last year and this year we received 124896.76 that is helping me paying lease and loans of vehicle plus insurance. We just had \$22000 of insurance deposit.

Thank you

-----Original Message-----

**From:** "Szewczyk, Lori" <lszewczyk@ecidany.com>  
**Sent:** Monday, March 1, 2021 3:05pm

# 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. Per Applicant  
17

**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) I included the receipts.		
	Foremasks, shields, gowns and gloves	1000	1500
	Vehicles, clean up	1200	960.00?
	Covid tests	225	65.00*
	Wipes, sanitizers and sprays	600	465.00*
	<b>Total Vendor Expense</b>	<b>\$ 3125</b>	<b>\$ 2990</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$ 2812.5</b>	<b>\$ 2691</b>

**18. CERTIFICATION**

Christine Uwumbabazi, 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.

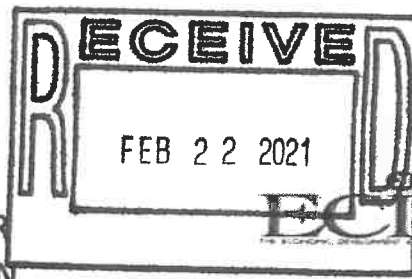
<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
Christine Uwumbabazi	President	02/02/2021
<b>Signature:</b>		



## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Print2Web, LLC	\$1,455.24	Highly Distressed Area	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Print2Web, LLC</b>, located in the City of Buffalo, has flourished and grown since its inception in 2011. Their commitment to customers, quality, hard work and honest business practices has allowed them to build relationships with clients such as colleges, universities, and domestic and international corporations. Print2Web has a wide range of offerings including printing, foil printing, promotional items, single-use menus, graphic design, posters, print on demand, and wide format printing.</p> <p>Print2Web has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. Although only closed for a few weeks, the business has experienced a loss of revenue as sales have declined significantly. The loss of revenue coupled with the increase costs to comply with NYS reopening guidelines has put a strain on the business. Print2Web is seeking assistance from the ECIDA to off-set PPE (masks, sanitizer, deep cleaning/disinfectant) expenditures necessary to prevent community spread of COVID-19.</p>			

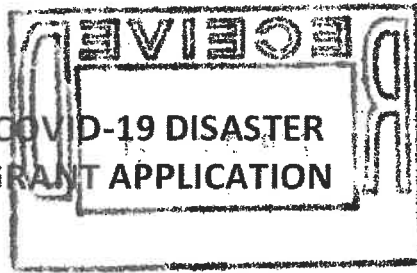


**ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION**

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> Print2Web, LLC <b>Applicant Address:</b> 712 Main St. <small>Please note that businesses and not-for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.</small> Buffalo, NY 14202
2.	
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> Eugene C. Szerbiak
5.	<b>Contact Phone Number:</b> 716-697-0858 <b>Contact Email Address:</b> Gene@Print2Webny.com
6.	<b>Type of Business:</b> Printing Please Describe Design & Printing Services
7.	Please submit a completed <u>W-9</u> , 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. <div style="text-align: right;"><input type="checkbox"/> ATTACHED</div>
8.	<b>Number of years in business in Erie County</b> 10
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. Eugene C. Szerbiak 100%. See Form K-1 <div style="text-align: right;"><input checked="" type="checkbox"/> ATTACHED</div>
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 323111
12.	<b>What share of the company's product or service is sold within Erie County:</b> 100 %
13.	<b>Miscellaneous Questions:</b>

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



- Yes  No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
  - Yes  No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
  - Yes  No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
  - Yes  No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
  - Yes  No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
  - Yes  No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?
  - Yes  No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business?  
Amount: \$
  - Yes  No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.
  - Yes  No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").
- How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? E-News, 2020 election

**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?

ERIE COUNTY COVID-19 DISASTER  
EMERGENCY GRANT APPLICATION



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).  
 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 copies of PPE's

Sanitizer & Soap dispenser	\$233.65
Face Mask	11.79
dust Mask	15.99
WIPES	<u>14.88</u>
	\$276.31

\* Cleaning - disinfected office \$380.62  
 Spring 2020

\* Clean, sanitize carpets \$600.00

\* Not sure if cleaning counts, added these receipts for reference only.

## Szewczyk, Lori

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**From:** Gene Szerbiak <gene@print2webny.com>  
**Sent:** Monday, February 22, 2021 3:59 PM  
**To:** Szewczyk, Lori  
**Subject:** Re: ECIDA Disaster Emergency Grant

[Message is from an external source]  
Hi Lori

All the above due to the pandemic we suffered some loss of revenue (40% 3rd quarter) and almost 20% for the year 2020. The layoff and cutting of 3 full time positions and closure for 2 weeks during the Spring of 2020.

The funds are helpful to compensate for loss of business and added expenses incurred to keep remaining staff members and any visitors safe.

On Mon, Feb 22, 2021 at 3:55 PM Szewczyk, Lori <lszewczyk@ecidany.com> wrote:

Dear Mr. Szerbiak:

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

- **Question 15 C:** Provide a brief narrative (1 paragraph) to describe how your organization has been negatively impacted (ex. temporary closure, layoffs, loss of business/revenue, etc.) by the State disaster emergency and why funds are necessary.

Thank you for your attention in this matter.

Respectfully,

*Lori A. Szewczyk*

Director of Grants

Direct Line (716) 362-8363

1,616.93

**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. 3

**Grant Request Budget**

17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures – list and attach paid receipts
	2nd Sanitizer station	250.00	276.31
	Face Masks	50.00	
	Jan Pro of Upstate (disinfect & Sanitize)		380.62
	Car & Care Inc (Clean, Sanitize & protect assets)		660.00
	<b>Total Vendor Expense</b>	<b>\$ 300.</b>	<b>\$ 276.31</b>
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	<b>\$ 570.00</b>	<b>\$ 430.00</b>
		270.00	1,185.24

net of pri

1,316.5

**CERTIFICATION**

18. I, Eugene C. Szerdiak, 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.

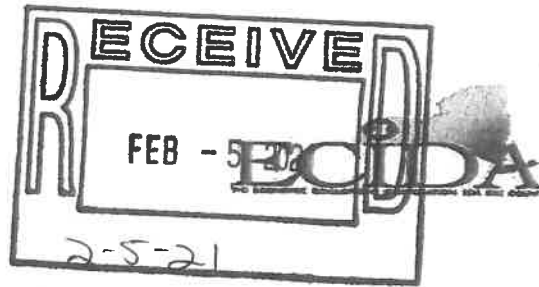
Name of Company Official Completing Worksheet: Eugene C. Szerdiak Title: OWNER Date Completed: 2-24-21

Signature: Eugene C. Szerdiak

**Grant Application Overview**  
**MONTH 2021**

<b>APPLICANT</b>	<b>GRANT AMOUNT</b>	<b>PROGRAM PRIORITIES</b>	<b>STAFF RECOMMENDATION</b>
Tappo of Buffalo, LLC	\$10,000	Highly Distressed Area	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Tappo of Buffalo, LLC</b> (hereafter Tappo) is an Italian Restaurant located in the City of Buffalo's downtown business district. The restaurant, which has been in operation for six (6) years, occupies a restored industrial space and offers diverse wines, rooftop dining &amp; weekend DJs.</p> <p>Tappo has been negatively impacted by the NYS disaster emergency and the conditions created by the coronavirus pandemic. The restaurant was closed to indoor dining for several months and reopened to severe capacity restrictions that have drastically reduced sales. The restaurant industry has been especially hard hit by the COVID-19 pandemic, which has forced restaurants to adapt and continue to evolve their operations. Even as cities and counties reopen, local restaurants continue to face unprecedented challenges. Tappo is seeking funding assistance from the ECIDA to offset the purchase of ten (10) 12' x 8' greenhouse structures in the business parking lot to safely increase capacity and provide seating for 80 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 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

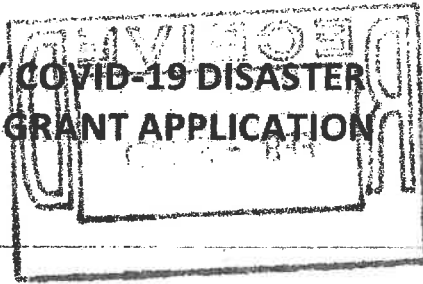
COMPANY INFORMATION	
1.	<b>Applicant Legal Name:</b> TAPPD OF BUFFALO, LLC 338 ELLICOTT STREET BUFFALO, NY 14203
2.	<b>Applicant Address:</b> 341 WASHINGTON ST, #100, BUFFALO, NY 14203
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> 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> GARY NASCA
5.	<b>Contact Phone Number:</b> 716-842-1938 <b>Contact Email Address:</b> GNASCA@WNYLUFTS.COM
6.	<b>Type of Business:</b> Please Describe RESTAURANT
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an Interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020.
8.	<b>Number of years in business in Erie County</b> <span style="float: right;"><input checked="" type="checkbox"/> ATTACHED</span> 6
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;">722511</span>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">100%</span>
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?



Tappo of Buffalo, LLC

9. Ownership : Rocco Termini 81% Owner  
Phil Limina 19% Owner

**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 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)

TAPPO OF BUFFALO HAS HAD A DRAMATIC DROP IN SALES DUE TO NEW YORK STATE, UNANNOUNCED CLOSURES AND CAPACITY RESTRICTIONS. IN AN EFFORT TO MITIGATE THE EFFECTS OF THE CAPACITY RESTRICTIONS, THE COMPANY PURCHASED & ERECTED GREENHOUSES ON THEIR PROPERTY TO MAINTAIN OUTDOOR GROWING IN THE WINTER MONTHS. THIS EFFORT WAS MADE BEFORE WHEN NEW YORK DECLARED TAPPO IS PART OF THE DAMAGE ZONE.

Seating for 80 people

## Szewczyk, Lori

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**From:** Gary Nasca <gnasca@wnylofts.com>  
**Sent:** Friday, February 12, 2021 11:10 AM  
**To:** Szewczyk, Lori  
**Subject:** RE: Tappo of Buffalo

[Message is from an external source]

They are still in use and will be for the remainder of the cold weather. The greenhouses at Tappo were designed to increase our seating capacity in the winter due to the Covid restrictions. They will be taken down in the summer.

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**From:** Szewczyk, Lori <lszewczyk@ecidany.com>  
**Sent:** Thursday, February 11, 2021 10:15 AM  
**To:** Gary Nasca <gnasca@wnylofts.com>  
**Subject:** RE: Tappo of Buffalo

Gary,

Can you tell me if the greenhouses are still in use at Tappo of Buffalo. If not, what is the plan for utilizing the structures moving forward?

Respectfully,

*Lori A. Szewczyk*  
Director of Grants  
Direct Line (716) 362-8363  
[lszewczyk@ecidany.com](mailto:lszewczyk@ecidany.com)

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

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**From:** Gary Nasca <gnasca@wnylofts.com>  
**Sent:** Friday, February 5, 2021 12:13 PM  
**To:** Szewczyk, Lori <lszewczyk@ecidany.com>  
**Cc:** Manhard, Gerald <gmanhard@ecidany.com>  
**Subject:** Tappo of Buffalo

[Message is from an external source]

Last one, I promise.

Gary M. Nasca, CPA  
Chief Financial Officer  
Signature Development  
391 Washington Street  
Suite 800  
Buffalo, New York 14203  
(716) 842-1938 Office

# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



EMPLOYMENT INFORMATION		
<p><b>Existing Jobs</b> – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.</p>		
16.	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ	46

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
	GARAGE ORGANIZATION - GREEN HOUSES		16,976.57
	<b>Total Vendor Expense</b>	\$	\$ 16,976.57
	<b>GRANT REQUESTED</b> (grant will be calculated by multiplying eligible costs x 90%)	\$	\$ 15,278.91

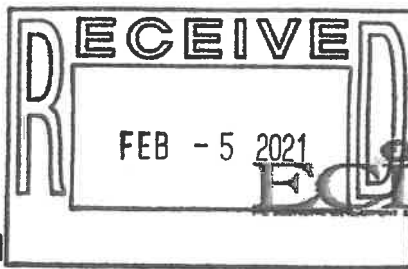
18.	<p><b>CERTIFICATION</b></p> <p>I, <u>Rocco Termani</u>, being duly sworn, state that I have read and understand all the questions and answers contained in the foregoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each 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.</p> <p>In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL, subject to limited statutory exclusions.</p>
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<b>Name of Company Official Completing Worksheet:</b>	<b>Title:</b>	<b>Date Completed:</b>
Rocco Termani	MANAGING MEMBER	2-2-21
<b>Signature:</b>		

## Grant Application Overview

March 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Tappo Pizza, LLC	\$6,597.80	Highly Distressed Area	Recommended for Funding
<p><b>Synopsis:</b></p> <p><b>Tappo Pizza, LLC</b> and Thin Man Brewery occupy the first floor of 166 Chandler Street—part of the Chandler Street Revitalization Project. The 6,500 sq ft taproom and dining area is spacious and great for accommodating customers. Tappo’s signature wood-fired pizzas stand out from the competition by utilizing a 3-day fermentation process. The high-temp of the brick ovens nicely blisters the crust and gives it that smokey flavor and crispy edges while keeping the center of the dough light and fluffy.</p> <p>Tappo Pizza has been negatively impacted by the NYS disaster declaration and the conditions created by the pandemic. Tappo was closed for several months and reopened to restrictions that drastically limited their capacity, which has resulted in reduced revenue for 2020. The business is requesting funding support from the ECIDA to offset the purchase of chairs to create an outdoor dining area to safely accommodate customers in accordance with New York Forward Safety Guidelines.</p>			



# ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION

Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We 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> TAPPO PIZZA, LLC 166 Chandler Street, Buffalo
2.	<b>Applicant Address:</b> <del>391 Washington Street</del> #800 Buffalo, NY 14203-14207
3.	<b>Legal Structure:</b> <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4.	<b>Applicant Contact Name:</b> ROLLO TERMINI
5.	<b>Contact Phone Number:</b> 716-861-5385 <b>Contact Email Address:</b> RTERMINI@unylcoits.com
6.	<b>Type of Business:</b> Please Describe RESTAURANT
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020. <span style="float: right;"><input type="checkbox"/> ATTACHED</span>
8.	<b>Number of years in business in Erie County</b> <span style="float: right;">1 1/2</span>
9.	<b>Ownership:</b> Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <span style="float: right;"><input 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 ROLLO TERMINI 100% OWNER
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;">722513</span>
12.	<b>What share of the company's product or service is sold within Erie County:</b> <span style="float: right;">100%</span>
13.	<b>Miscellaneous Questions:</b>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

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



- Yes  No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
- Yes  No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
- Yes  No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?
- Yes  No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business?  
Amount: \$
- Yes  No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.
- Yes  No Is the Applicant in compliance with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").

**14. Qualifying Questions:**

- Yes  No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?
- Yes  No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?
- Yes  No Is the Applicant's primary place of business located in a highly distressed area? (see map at <https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf>)
- Yes  No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?
- Yes  No Was the Applicant in business prior to March 7, 2020?
- Yes  No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?
- Yes  No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?
- Yes  No Has the Applicant been negatively impacted by the COVID-19 Pandemic?

**Narrative:**

- 15.**
- A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.
  - B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).



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



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

(attach separate sheet if more room is needed)

TAPPO PIZZA ORIGINALLY OPENED  
18 MONTHS AGO. TAPPO PIZZA WAS  
FORCED TO CLOSE DUE TO STATE ORDERED  
MANDATE AT THE END OF MARCH. ONCE  
REOPENING WAS ALLOWED, IT WAS AT REDUCED  
CAPACITY AND THE EVENT PART OF THE  
BUSINESS WAS VIRTUALLY ELIMINATED. ALSO,  
THERE WAS THE ADDED EXPENSE OF DISPOSABLE  
FACE MASKS, GLOVES, PLATES, CUPS & CUTLERY.  
WE PURCHASED ADDITIONAL TABLES + CHAIRS FOR OUTDOOR  
DINING, BUT SINCE WNY REACHED ORANGE ZONE  
STATUS & ONLY TAKE OUT IS ALLOWED, WE WERE  
FORCED TO CLOSE A SECOND TIME ALSO,  
WHEN WE RECEIVED THE YELLOW ZONE DESIGNATION,  
WE PURCHASED SMALLER TABLES TO COMPLY WITH  
THE 4 PERSON TO A TABLE RULE.

# 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 20

## 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
	CHAIRS FOR OUTDOOR DINING		
	Brechaire.com		7330.89
	<b>Total Vendor Expense</b>	\$	\$ 7330.89
	<b>GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)</b>	\$	\$ 6597.80

## CERTIFICATION

18. I, ROCO TEJAS, 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: ROCO TEJAS Title: MANAGING MEMBER Date Completed: 2/4/21  
Signature: