

Item #3.2 Approval of COVID-19 Disaster Emergency Grant Applications

COVID 19 Disaster Emergency Grants Approved Sept – Dec 2020

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	Retail	1,742.10
10/28/2020	Explore & More Children's Museum	Buffalo	Not for Profit	9,846.00
10/28/2020	Martin House Restoration Corp.	Buffalo	Not for Profit	8,660.13
10/28/2020	Safe Mobility Service Rides, LLC	West Seneca	Service	2,192.51
10/28/2020	Trace Assets Protection Service LLC	Buffalo	Service	1,232.37
10/28/2020	USA Occupational Services	Buffalo	Service	1,000.00
10/28/2020	West Side Community Services, Inc.	Buffalo	Not for Profit	1,776.97
10/28/2020	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

**COVID 19 Disaster Emergency Grants
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11/18/2020	Great Expectations Child Care Center, Inc.	West Seneca	Service	3,610.56
11/18/2020	La Casa De Nacho Inc.	Buffalo	Retail	9,764.00
11/18/2020	Little Spanish Garden LLC	Cheektowaga	Service	10,000.00
11/18/2020	Nurse Practitioner Adult Health P.C.	Buffalo	Health Care	10,000.00
11/18/2020	Schutte-Buffalo Hammermill	Buffalo	Manufacturing	10,000.00
11/18/2020	Weaver Metal & Roofing, Inc.	Buffalo	Construction	8,584.77
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

372,218.82

January 2021 Grant Applicants

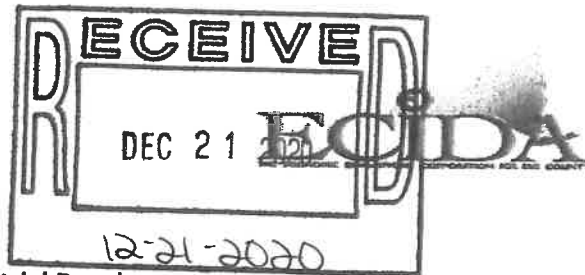
				Grant Amount					
Name	Address	City	Business Type	Requested	Dist	MBE	VET	WBE	Use of grant funds
A&B Heritage Inc. dba ASI Signage Innovations	2957 Alt Boulevard	Grand Island	Advanced Manufacturing	2,285.58	No	No	No	Yes	Purchase of PPE and Installation of Fixtures
A-Kleen Windows Inc.	2995 Grand Island Blvd.	Grand Island	Service	3,456.70	No	No	No	Yes	Purchase of PPE only
Cold Narly Generation	15 Girard Place Upper	Buffalo	Service	4,426.00	Yes	Yes	No	No	Purchase of PPE and Installation of Fixtures
Le Nails	6811 Erie Road	Derby	Service	5,912.00	No	Yes	No	Yes	Purchase of PPE and Installation of Fixtures
Local Honey Beauty Hive	1255 Niagara Street	Buffalo	Service	6,041.00	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Mental Health Association of Erie County	1021 Broadway Street	Buffalo	Not for Profit	2,560.24	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Parent Network of NYS 1	1021 Broadway Street	Buffalo	Not for Profit	2,428.93	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Thin Man Brewery	166 Chandler St	Buffalo	Advanced Manufacturing	10,000.00	Yes	No	No	Yes	Installation of Fixtures only
				37,110.45					

Grant Application Overview

January 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
A & B Heritage Inc., DBA ASI Signage Innovations	\$2,285.58	WBE	Recommended for Funding
<p>Synopsis:</p> <p>A & B Heritage Inc., DBA ASI Signage Innovations (hereafter ASI Signage), a women-owned business located in Grand Island, produces beautifully designed and executed custom signage for both interior and exterior needs. ASI's team of engineers, graphic designers, and manufacturing experts covers the entire process of signage creation and development, from initial concept through manufacturing, installation and maintenance.</p> <p>ASI Signage has been negatively impacted by the NYS emergency declaration and the impacts of the coronavirus. The business was closed for several weeks in March and sales for 2020 have been drastically reduced. The reduction in business has resulted in layoffs and other cost-cutting measures. ASI Signage is requesting funding assistance from the ECIDA to offset the costs of PPE/fixture (masks, gloves, disinfectant, cleaning supplies, desk shields) expenditures that are necessary to prevent the spread of coronavirus among employees and customers.</p>			

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant Program to assist small businesses and not-for-profits with purchasing Personal Protective Equipment (PPE) and fixtures necessary to prevent the spread of Novel coronavirus, COVID-19. We 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: A+B HERITAGE INC dba ASI SIGNAGE INNOVATIONS
2.	Applicant Address: 2957 ALT BOULEVARD, GRAND ISLAND, NY 14072
3.	Legal Structure: <input checked="" type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4.	Applicant Contact Name: BETHANY BERNATOVICZ
5.	Contact Phone Number: 716-775-0104 Contact Email Address: bethany.bernatovicz@asi.signage.com
6.	Type of Business: Please Describe MANUFACTURE AND INSTALL SIGNAGE
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 <u>31</u>
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <input checked="" type="checkbox"/> ATTACHED
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable 326100
12.	What share of the company's product or service is sold within Erie County: 32% %
13.	Miscellaneous Questions:
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

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



	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant in compliance with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").</p>	
14.	<p>Qualifying Questions:</p>	
	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Minority-Owned, <u>Women-Owned</u> or Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business prior to March 7, 2020?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the Applicant been negatively impacted by the COVID-19 Pandemic?</p>	
15.	<p>Narrative:</p> <p>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</p> <p>B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).</p>	

15A

Summary of PPE Equipment and Supplies Previously Purchased:

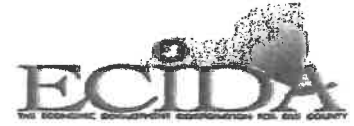
	Quantity	Price	Amount	Reason for Purchase
Ulline-99% Isopropyl Alcohol 55 Gal Drum	1.00	\$865.00	\$865.00	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Bl's-Lysol, Gain, Pick-N-Pack	1.00	\$22.86	\$22.86	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Dollar Tree-Gloves, Brooms, Mops, Toiletries	1.00	\$29.41	\$29.41	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Amazon-Proteam Paper bags	1.00	\$16.29	\$16.29	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Ebay-Kenmore Vacuum Cleaner Bags	1.00	\$23.00	\$23.00	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Ebay-3M Industrial Degreaser	1.00	\$66.95	\$66.95	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Ebay-Gloves	1.00	\$75.64	\$75.64	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Amazon-Glass Spray Bottle	1.00	\$28.26	\$28.26	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Amazon-Glass Spray Bottle	1.00	\$28.26	\$28.26	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Amazon Disposable Face Masks	5.00	\$17.00	\$85.00	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Ebay-N95 Face Masks	1.00	\$79.99	\$79.99	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Ebay-Gloves	1.00	\$109.00	\$109.00	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Amazon-Single Use Disposable Face Masks	1.00	\$54.36	\$54.36	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Ebay-3M 41L Disinfectant-Concentrated	1.00	\$166.63	\$166.63	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Bl's-Pine Sol	1.00	\$9.99	\$9.99	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Bl's-Hand Sanitizer	3.00	\$35.00	\$105.00	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Bl's-Mop	1.00	\$34.99	\$34.99	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Bl's-Gloves	6.00	\$3.99	\$23.94	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Bl's-Clorox Bleach	3.00	\$11.99	\$35.97	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Bl's-Sligns	20.00	\$5.00	\$100.00	Clean and Sanitize Office, Lunch Room, Rest Rooms and Mfg Areas
Past Purchases			\$2,035.53	

15B

Summary of Future PPE Equipment and Supplies Purchases:

	Quantity	Price	Amount	Reason for Purchase
Cubicle Desk Shields	6.00	\$84.00	\$504.00	To Properly Separate Desks that are in Close Proximity in Office
Future Purchases			\$504.00	

**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

**A&B Heritage Inc dba ASI Signage Innovations
Erie County Covid-19 Disaster Emergency Grant Application**

15C

Narrative-Negatively Affected, Need and Ties to Community

Negatively Affected:

**Our business was shut down for several weeks due to stay at home order.
We were unable to keep shop and installation staff employed.
We were unable to make or install any signs.
Sales for March/April/May 2020 were down \$532,855 from the previous year.
The number of orders received are down over 40% in 2020 since the shut down.
Covid-19 has put a financial strain on the company.
We have had to cut back on several employee benefits.**

Why Funds are Necessary:

The funds are necessary to help pay for the added expenses for meeting Covid-19 protocols during an already strained financial situation. The monies will be used to help keep our staff safe, allow us to send installers out into the field safely, keep our facility clean and allow us to continue to offer our clients the products and services that they have come to expect from our company.

Ties to Community and Impact on Our Work in Erie County:

**Our signs promote safety and requirements needed to keep people safe.
Our signs help hospitals care for the sick and guide patients to their various destinations safely and quickly.
We have strong ties with local schools, universities, hospitals and other local businesses.
Our signs promote strength, stability and security for all who use them.
We work with local architects to provide the best sign guidance on future development.
We volunteer and donate to the local Grand Island Little League and Soccer League.**

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



EMPLOYMENT INFORMATION		
<i>Existing Jobs</i> – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.		
16.	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ	26

Grant Request Budget			
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	SEE ATTACHED		
	Total Vendor Expense	\$ 2055.53	\$ 504.00
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$ 1831.98	\$ 453.60

18.	<p>CERTIFICATION</p> <p>I, <u>BETHANY BERNATOVICZ</u>, being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true and correct. I further understand that false statements or intentional omissions made in this Application or in connection with the verification process may have an adverse consequence to my application/submission to the Erie County Industrial Development Agency.</p> <p>In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL). I understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.</p>
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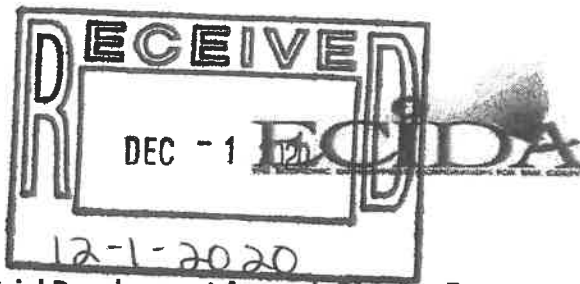
Name of Company Official Completing Worksheet:	Title: <u>PRESIDENT</u>	Date Completed:
<u>BETHANY BERNATOVICZ</u>		<u>12/15/2020</u>
Signature:		

Grant Application Overview

January 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
A-Kleen Windows Inc.	\$3,456.70	WBE	Recommended for Funding
<p>Synopsis:</p> <p>A-Kleen Windows Inc. (hereafter Kleen Windows) is a woman-owned and operated window cleaning service, located in Grand Island, that has been in business for over 40 years. Kleen Windows fully insured staff of experienced professionals serves residential, commercial and industrial clients.</p> <p>Kleen Windows has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus. The business was forced to close from March thru May, which is typically when they sell the bulk of their accounts. Kleen Windows lost 40% of their sales as commercial office buildings, schools, medical facilities, and hospitality businesses cancelled previously scheduled services. The severe reduction in business resulted in the temporary layoff of employees in the spring. Kleen Windows is requesting assistance from the ECIDA to reimburse the business for PPE expenditures (sanitizer, disinfectant, masks, respirators, gloves, thermometer) necessary to protect the health of staff and clients during the pandemic.</p>			

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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

COMPANY INFORMATION	
1.	Applicant Legal Name: A-Kleen Windows Inc 14072
2.	Applicant Address: 2995 Grand Island Blvd., Grand Island
3.	Legal Structure: <input type="checkbox"/> C-Corp. <input checked="" type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4.	Applicant Contact Name: Anna Gardner
5.	Contact Phone Number: (716) 773-7580 Contact Email Address: agardner@kleenwindows.com
6.	Type of Business: Please Describe Window Cleaning Contractor
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020. <input type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County 34
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <input checked="" type="checkbox"/> ATTACHED
10.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable 561720
11.	Company's Annual Revenue:
12.	What share of the company's product or service is sold within Erie County: 89 %
13.	Miscellaneous Questions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant in compliance with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").</p>	
14.	Qualifying Questions:	
	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant's primary place of business located in a highly distressed area? (see map at https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Certified Minority or Certified Women-Owned Business?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Service-Disabled Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business at least one year prior to March 7, 2020?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the Applicant been negatively impacted by the COVID-19 Pandemic?</p>	
15.	<p>Narrative:</p> <p>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</p> <p>B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).</p> <p>C. Briefly discuss Applicants ties to the community and the impact of your work/service in Erie County.</p>	

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



EMPLOYMENT INFORMATION			
<i>Existing Jobs</i> – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.			
16.	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ in all ERIE COUNTY LOCATIONS	# Jobs in Erie County	20

Grant Request Budget			
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	Est. Cost of PPE/Fixtures (attach copy of proposal)	Actual Expenditure on PPE/Fixtures (attach paid receipts)
	Corr - Sanitizer, Cleaning Products		\$ 862.94
	Dival Safety - masks, respirators, eye protection, gloves		\$ 1,647.13
	Hanes Supply - masks		\$ 956.00
	Amazon - masks, thermometers		\$ 374.71 ✓
	Total Vendor Expense	\$	\$ 3,840.78
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$	\$ 3,456.70

18. CERTIFICATION

I, Anna Gardner, 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:
Anna M. Gardner	President	11-30-2020
Signature:		

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



(attach separate sheet if more room is needed)

- 9 A-kleen Windows, Inc. is 100% owned by Anna M. Gardner
- 15 A) The PPE expenditures are for sanitizing products, thermometers, masks, cleaning products. These are all used in daily operation due to COVID 19
- B) N/A
- C) A-kleen Windows, Inc. has been a locally owned and operated woman owned business serving Erie county since 1986. We donate regularly to many charities including the YMCA and Catholic Health Foundation. In addition to monetary donations, we donate gift certificates.
- 16) A-kleen Windows, Inc. is a professional window, surface and gutter cleaning company. Specializing in exterior and interior cleaning.

Hendrix, Laurie

To: Szewczyk, Lori
Subject: RE: ECIDA PPE Grant Application

From: agardner@kleenwindows.com <agardner@kleenwindows.com>
Sent: Friday, December 11, 2020 11:19 AM
To: Szewczyk, Lori <lszewczyk@ecidany.com>
Subject: RE: ECIDA PPE Grant Application

[Message is from an external source]

Dear Ms. Szewczyk,

Thank you for processing our application to the Emergency Grant Program. I am certain that the information provided will be quite familiar to many other companies seeking assistance in this unprecedented time. One of the factors in our situation is our seasonality or time frame in which we provide services from a profitability standpoint. We are residential and commercial window cleaners. When the shutdown occurred in Mid-March we were just coming off our slowest time of the year....winter. This is when we not only service but sell the bulk of our accounts to carry us thru the late fall. We were not operational for ten weeks between March and May. When we were able to return we suffered the cancellation of many of our existing accounts. For example, commercial office buildings, schools, medical facilities, hotels etc... Minimal occupancy at these facilities, therefore cancellations and indefinite postponements. With our residential clients of course, those laid off could not commit to services and those who remained working did not continue with the financial uncertainty. None of which we could fault.

As a result our staff has been laid off both in Spring and again earlier than normal due to the lack of work. Additional expenses occurred due to purchase of protective items such as masks, gloves and sanitizers just to mention a few. Additional training and meetings to protect our staff as well as our customers and safety monitoring. We all took this very seriously.

We have lost 40% of our business. Supply and insurance costs have already increased with more to come.

Thank you for your consideration.

Respectfully,

Anna M. Gardner
President
agardner@kleenwindows.com
www.kleenwindows.com



**Kleen
Windows, Inc.**

Ph. (716) 773-7580
Fax (716) 773-1786
www.kleenwindows.com

Grant Application Overview

January 2020

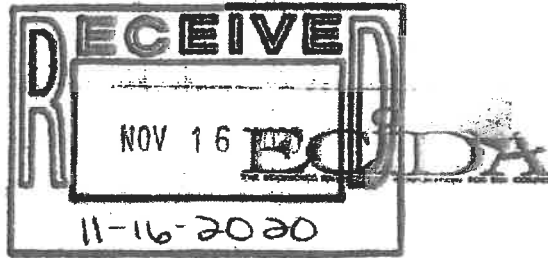
APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Cold Narly Generation LLC	\$4,426	Highly Distressed Area ✓ MBE ✓	Recommended for Funding

Synopsis:

Cold Narly Generation LLC (hereafter CNG), a Minority Business Enterprise located in the City of Buffalo, was founded in 2010 to help local recording artists in the neighborhood. The momentum and the quality of work being produced quickly spread throughout the community helping CNG to become the operating audio production company it is today. CNG's mission is to add value and confidence to the local music industry by facilitating the highest-quality music production and studio experience for its customers. CNG's business goals are to reach all artists and students and make it possible for them to perform in the music business at the highest level of professionalism. CNG serves area youth through music education workshops and participates in the Buffalo summer youth program.

CNG has been negatively impacted by the NYS emergency declaration and the effects of the pandemic. The studio was closed for several months and was unable to offer its music education and summer youth programming, which provides employment opportunities for local artists. CNG is requesting assistance from the ECIDA to support the purchase of an air purification system that will allow the business to operate safely.

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



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

COMPANY INFORMATION			
1.	Applicant Legal Name:	Shawn Bankston	Cold Naryly Generation
2.	Applicant Address:	15 Girard Pl. Buffalo	Buffalo, NY 14211
3.	Legal Structure:	<input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit	
4.	Applicant Contact Name:	Shawn Bankston	
5.	Contact Phone Number:	716-507-6152	Contact Email Address: shawnbankston@coldnarylygeneration.com
6.	Type of Business:	Please Describe Music Production Company	
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020.		
8.	Number of years in business in Erie County		<input checked="" type="checkbox"/> ATTACHED 6
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.		<input checked="" type="checkbox"/> ATTACHED
10.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable		52240
11.	Company's Annual Revenue:		
12.	What share of the company's product or service is sold within Erie County:		100 % SB
13.	Miscellaneous Questions:		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?		

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



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

14. Qualifying Questions:

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

Narrative:

- 15.**
- A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.
 - B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).
 - C. Briefly discuss Applicants ties to the community and the impact of your work/service in Erie County.



Cold Narly Generation LLC
Music Company

15 Girard Pl. Up Buffalo, NY14211
Date: 10/17/20

Narrative

A:

List of PPE Equipment and fixture purchased

- Hand Santiver
- Air Purifier
- Disposable Face Mask
- CDC Signage

B:

List of PPE Equipment and fixture purchases that will be made.

- Hand Santiver
- Air Purification
- Disposable and Reusable Facemask
- Safety Signage

C:

Cold Narly Generation LLC(CNG) was founded in 2011 on a mission to serve Buffalo, NY talents artists with a quality, professional and fun music production experience. Our impact on the inner city of Buffalo has been tremendous and inspiring to many.

Since our company began operations we've employed many locals to help further our mission, many of them were in high school or college. Due to the Covid-19 shut down we have been unable to operate many of our programs and services which has affected employment opportunities we typically offer. Our goal is to grow and provide employment opportunities to locals in the music industry.

**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 0

Grant Request Budget

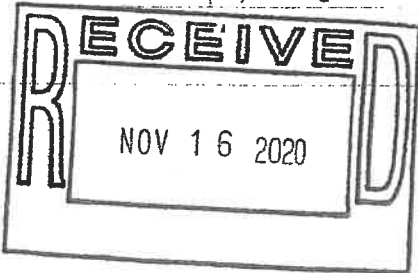
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	G + H Advanced hand sanitizer 150	\$1,000.00	\$500.00
	pursue Disinfectant Spray x 100 100	\$1,000.00	
	Masks x 250	\$500.00	
	Atmosphere Sily Air treatment x 3	\$4,426.00	
	CDC Signage / prints	\$30.00	
	G + H Hand soap x 30	\$240.00	
	Pursue Disinfect Solution x 200	\$2,150.00	
	Total Vendor Expense	\$8,046.00	\$500.00
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$8,000.00	\$8,000.00

CERTIFICATION

18. I, Shawn Bankster, 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:

Shawn Bankster Owner 11-02-20
Signature: [Handwritten Signature]

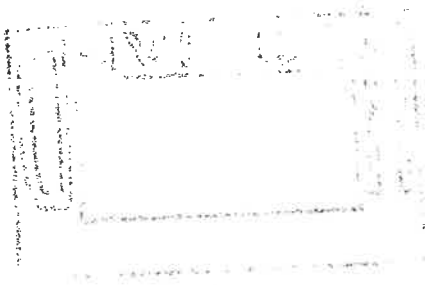


**ERIE COUNTY COVID-19 DISASTER
EMERGENCY GRANT APPLICATION**



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

(attach separate sheet if more room is needed)



Grant Application Overview

January 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Le Nails	\$5,912	MWBE	Recommended for Funding
Synopsis: <p>Le Nails is a minority – and woman-owned nail salon located in the hamlet of Derby within the Town of Evans. Services include manicures, nail polishing and painting, acrylic nails and fill, nail designs, regular and spa pedicures, and waxing services for eyebrows. The salon has been in business for 9 years.</p> <p>Le Nails has been negatively impacted by the NYS emergency declaration and the conditions resulting from the coronavirus. The salon was forced to close from March to June and again for a few weeks in November. The business reopened at reduced capacity after making costly modifications (patricians/PPE) to the facility. Le Nails estimates that it has lost 50% of its business in 2020 and faces continued uncertainty as 2021 approaches. Le Nails is requesting funding assistance from the ECIDA to offset the PPE/fixture (barriers, gloves, masks, disinfectant, signage) expenditures that were necessary to reopen the business and protect the health and safety of the sole proprietor and her clients.</p>			



ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION

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

COMPANY INFORMATION	
1.	Applicant Legal Name: <u>Le Nails</u>
2.	Applicant Address: <u>6811 Erie Rd, Derby, NY 14047</u>
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 type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4.	Applicant Contact Name: <u>Trang Bui</u>
5.	Contact Phone Number: <u>(716) 536-9322</u> Contact Email Address: <u>Jennyle8983@gmail.com</u>
6.	Type of Business: Please Describe
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020. <input type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County <u>9 yrs.</u>
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <input checked="" type="checkbox"/> ATTACHED
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable <u>812113</u>
12.	What share of the company's product or service is sold within Erie County: <u>100 %</u>
13.	Miscellaneous Questions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

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



	<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>Qualifying Questions:</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 https://www.ecidanyc.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business prior to March 7, 2020?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the Applicant been negatively impacted by the COVID-19 Pandemic?</p>	
15.	<p>Narrative:</p> <p>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</p> <p>B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).</p>	

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



EMPLOYMENT INFORMATION

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

16. Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ

Grant Request Budget

17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE	For PAST
		PPE/Fixtures you plan to purchase – list and attach proposal copies	PPE/Fixture actual expenditures - list and attach paid receipts
	Masks, sanitizer, sneeze guards	1008	729
	Gloves/eye protection	288	90
	Air purifier	899	0
	Cleaning supplies	702	20
	Partitions	2800	5730
	Signage	1325	0
	Covid testing kit	98	0
	Total Vendor Expense	\$7120	\$6569
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$6408	\$5912
	Please see attached for a mo. projections		

CERTIFICATION

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

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

Name of Company Official Completing Worksheet:	Title:	Date Completed:
Trang Bai		12/8/2020
Signature:		

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



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

(attach separate sheet if more room is needed)

Large empty rectangular box for providing a narrative response to section C.

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



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

(attach separate sheet if more room is needed)

- A. The previously Purchased for PPE are the sanitizer dispenser electronic Gun check temperature and build the section for distancing :
- B. In the future will replace all the Manicure tables and pedicure chairs and also replace the carpet on the floor to hardwood floor for easy cleaning
- C. During the Covid-19 my business was closed for 3 months by the order of New York State of Senator and my business have been very negatively, That why the fund are very necessary due to the impact of work and service in ERIE COUNTY.

DESCRIPTION & OWNERSHIP OF BUSINESS

Le Nails is owned and operated solely (100%) by Trang Bui. It is located at 6811 Erie Rd., Derby, New York 14047. Services offered include nails and spa. This includes manicures, polishing and painting nails, acrylic nail full set and fill, nail designs, regular pedicures and spa pedicures and waxing services for eyebrows.

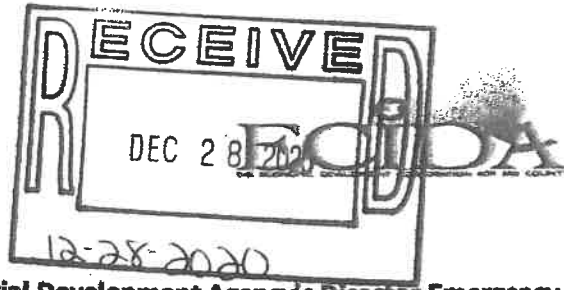
Hours of operation are Monday through Saturday, 10 AM-& 7 PM.

Grant Application Overview

January 2021

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Local Honey Beauty Hive	\$6,041.00	Highly Distressed Area WBE	Recommended for Funding
<p>Synopsis:</p> <p>The Local Honey Beauty Hive (hereafter Local Honey) is a woman-owned business located on Niagara Street in the City of Buffalo. Local Honey use the highest quality hair care products and tools to meet every client's hair goals while keeping the strands in the best condition possible. The passionate and creative staff stay current on upcoming trends by participating in continuous education. The staff at Local Honey love what they do and care about making their customers feel good about themselves.</p> <p>Local Honey has been negatively impacted by the New York State emergency declaration and the conditions resulting from the coronavirus. The salon was closed for business for 3 months and opened to reduced capacity in June. Many clients have yet to return to Local Honey, including the usual seasonal uptick in business from special events (holiday parties, weddings, proms, etc.). The severe loss of business and increased operational costs necessary to comply with the NYS reopening guidelines has put a strain on this young business. Local Honey is seeking assistance from the ECIDA to offset the cost of past and future PPE/fixture (face masks, gloves, sanitizer/disinfectant, air purifier, dividers, etc.) expenditures that are necessary to protect the health of customers and staff.</p>			

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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

COMPANY INFORMATION	
1.	Applicant Legal Name:
2.	Applicant Address: <i>Business Legal Address</i> <u>121 Hampton Kenmore NY 14217</u> <i>Physical Address</i> <u>1255 Niagara St. Buffalo 14211</u>
3.	Legal Structure: <input type="checkbox"/> C-Corp. <input checked="" type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit
4.	Applicant Contact Name: <u>Jennifer Bowen</u>
5.	Contact Phone Number: <u>7164005080</u> Contact Email Address: <u>Localhoneybeautyhive@gmail.com</u>
6.	Type of Business: <u>S-corp</u> Please Describe <u>Hair Salon</u>
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020. <input checked="" type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County <u>1.5</u>
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <input checked="" type="checkbox"/> ATTACHED
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable <u>7231</u>
12.	What share of the company's product or service is sold within Erie County: <u>100%</u>
13.	Miscellaneous Questions:
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

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



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

Per email received 4-21

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? *Erie county back to business grant*
- Yes No Has the Applicant been negatively impacted by the COVID-19 Pandemic?

Narrative:

15.

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

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



EMPLOYMENT INFORMATION

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

16. Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ 5

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>Sheet attached</i>		
	Total Vendor Expense	\$	\$
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$ 1000	\$ 9000

18. CERTIFICATION

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

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

Name of Company Official Completing Worksheet: *Jennifer Bonlen* Title: *owner* Date Completed: *12/21/20*

Signature: *[Signature]*

Project Abstract

Local Honey is seeking to receive the Erie County Industrial Agency funding for our salon located at 1255 Niagara Street. We are a woman owned business that strives to promote a positive self image in Buffalo, NY. We pride ourselves in being an inclusive salon in this up and coming neighborhood of Buffalo. Our goal is to help rejuvenate and create a sense of community to this part of Niagara street as new businesses emerge. Jen Bolhen, the owner at Local Honey is new to the area but is a key figure to the restoration of the Upper Niagara community. We are looking to unify Niagara Street businesses in order to better serve our neighborhood through cross marketing with Company B, Daddy's plants, Free Street Tavern and many more as our district grows. We also distribute local vendors merchandise through the retail section of our salon.

Local Honey was negatively affected by the state emergency disaster due to having to close down for so many months. In that time we accumulated a lot of lost revenue that would have been used towards paying off debts from the construction of Local Honey.

This funding will play a major role in helping us to keep stock of all PPE supplies that we will be constantly using throughout the next year. The Erie County Industrial Agency will give us the ability to be able to afford to pay all our bills on time as well as staff without the burden of paying out of pocket for PPE supplies. We are going to focus a large portion of the funding to purchase partitions/sneeze guards for the salon. We will have all partitions installed in between each of our workstations to ensure the safety of all clients when social distancing is limited due to space. By adding these partitions this will give us the opportunity in the future to employ two more stylists or assistants in the salon while following all guidelines placed on us by New York State. Funding in the amount of \$10,000 is requested for all personal protective equipment.

COVID-19 Reopening Safety Plan

- Everyone in the salon follows proper social distancing remaining 6ft apart when services are not being performed.
- All employees must wear a face covering that completely covers the nose and mouth when providing service directly to/on customers. Employees also must wear face coverings any time they interact with customers, even if they are 6ft. apart.
- Ensure 6ft. Distance between personnel, unless safety of function of the work activity requires shorter distance. Anytime personnel are less than 6ft. apart from each other they are wearing face coverings.
- Greetings are touchless (no hand shaking, hugging etc.)
- Distance workstations are kept 6ft apart to maintain a 6ft distance. We have kept the salon at 25% capacity.
- Employees always wear face covering at appointment desks and checkout registers.
- Masks are to be worn by client and stylist while service is being performed with no exceptions.

- Limit in-person gatherings as much as possible and use tele- or video conferencing whenever possible. Essential in-person gatherings (meetings) are held in open, well ventilated spaces with appropriate social distancing.
- Services will be provided to clients by appointment only. No walk-in clients will be permitted.
- The flow of traffic will be monitored to ensure adherence to maximum capacity requirements.
- Employees will sanitize hands before and after transferring a load (e.g. from delivery driver) or when handling merchandise.
- Equipment will be cleaned and disinfected between uses.
- Coverings provided to a client (apron for haircut etc.), will be cleaned, freshly laundered, or disinfected between each use, or disposal products will be used.
- Employees will wear clean smocks and gowns.
- Employees will use gloves when providing service to a customer, or must sanitize or wash their hands before and after contact. If gloves are used, they must be replaced after each appointment.
- All customers must wear masks or cloth face coverings that completely covers the nose and mouth, unless the customer is under the age of two or unable to medically tolerate such a covering.
- Clients are required to use hand sanitizer provided by the salon upon entering.
- Regular cleaning and disinfection will be conducted within the hair salon and more frequent cleaning and disinfection for high risk areas used by many individuals and for frequently touched surfaces.
- Regular cleaning and disinfecting of restrooms will occur. Distancing rules will be adhered to by using signage, occupied markers, or other methods to reduce restroom capacity where feasible.
- Water fountain is closed off to employees and clients.
- Activities involving the handling of shared objects, areas, and surfaces are cleaned daily.
- Work stations, and tools are cleaned and disinfected between customers.

Statement of Need

We are in need of funding to help our business supplement the cost of required and suggested PPE equipment. Under the New York State hair salon and barber shop guidelines it is recommended for the best safety practices to “install physical barriers to divide employee workstations” within the salon. We have followed all New York State guidelines to keep all our workstations 6 feet apart. By buying these suggested partitions, as an added safety precaution, we will be using a significant portion of funding for partitions; the rest of the funding will be used towards the purchase of other PPE items listed in the budget section.

Goals and Objectives

Our main goal is to keep a safe and clean working environment by following all guidelines given to us by New York State. Ultimately we hope to have enough PPE supplies to last us throughout the next year so we can focus on staying open and keeping everyone healthy that comes to our salon. Our hope is that by receiving this grant we can focus on helping to rebuild the Upper Niagara community during this difficult time.

What we have bought:	Qty.
Duracell AAA 8pk	1 - \$11.05 ✓
Avalon A5 Self Cleaning Bottleless Water Cooler Dispenser, UL/ INSF/ Energy star, Stainless Steel, full size	1 - \$259.99 - <i>Hand Receipt</i>
Cleansing Alcohol	3 - \$20.14 (total \$60.42) ✓
Energizer Max AA batteries	1 - \$16.48 ✓
Scott Paper Towel	1 - \$13.79 ✓
Face Mask	1 - \$9.98 ✓
Energy Max Battery	1 - \$8.99 ✓
Disposable Safety Masks 50/box	1 - \$19.98 ✓
Partext Legacy Black Towels -9ct	1 - \$56.97 ✓
Face Mask	1 - \$4.00 ✓
Up&Up toilet paper	1 - \$12.99 ✓
Bounty Paper Towel	1 - \$24.99 ✓

Mr. Clean Mult-purpose spray

2 - \$5.98 ✓

Glove Vinyl large

1 - \$139.99 ✓

Glove Vinyl extra large

1 - \$139.99 ✓

Glove Vinyl medium

1 - \$139.99 ✓

Register Roll

1 - \$9.58 ✓

Face Mask Fabric from Joann's total

1 - \$27.39 ✓

Total: \$962.55 *ok*

What we are planning on buying with Grant Money:

Cubical Partitions
Freight Expense

1 - \$675 x 6 - \$4,050.00
estimated shipping - \$650.00

TAO Tronics Air Purifier

1- \$169.99

Charmin Ultra Strong

8 - \$190.56

Bounty Select -a- size paper towels

6 - \$59.88

Mr. Clean liquid all purpose cleaner

6 - \$17.64

Scotch Brite Heavy Duty Scrub

6 - \$43.38

Palmer's Hand Sanitizer spray w/aloe

11 - \$225.39

Dawn Ultra dish soap

2 - \$17.88

Tide Original He

10 - \$199.40

Mrs. Meyer's liquid hand soap

2 cases - \$125.54

Total: \$5,749.66

Estimated total :

\$6,712.21

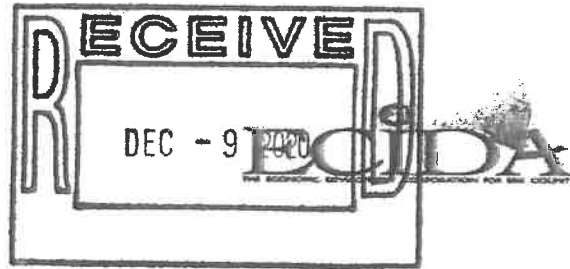
6,712.21

Grant Application Overview

January 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Mental Health Association of Erie County	\$2,560.24	Highly Distressed Area	Recommended for Funding
<p>Synopsis:</p> <p>Mental Health Association of Erie County (hereafter MHA), a not-for-profit human service organization located in the City of Buffalo, has provided essential programs and services to seniors, adults, families and children in Erie County since 1962. Services include: support, comfort and direction to individuals and families living with mental illness; advocacy and intervention in schools, workplaces, treatment agencies, courts and homes; prevention and education programs to address the needs of students from Pre-K through 12th grade; leadership in matters of behavioral health education, awareness and promotion; and, collaborate with other agencies and organizations to provide innovative, creative and artistic programs to reach new audiences to promote mental health.</p> <p>MHI has been negatively impacted by the NYS emergency declaration and the conditions resulting from the coronavirus pandemic. In March, MHA transitioned to 100% remote to service their vulnerable clientele. The pandemic resulted in the loss of business from several sectors (schools, courts, hospitals) and MHA was forced to furlough 5 employees. The loss of services has resulted in a budget shortfall of \$225,000, which will impact future finances for some time. MHA is seeking funding assistance from the ECIDA to support PPE/fixtures (masks, disinfectant, sneeze guards, room dividers, air filter, gloves, etc.) necessary for providing safe in-person services and the return of staff to the office.</p>			

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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

COMPANY INFORMATION	
1.	Applicant Legal Name: Mental Health Association of Erie County
2.	Applicant Address: 1021 Broadway Street Buffalo NY 14212 <u>5th Floor</u>
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 type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Not-for-Profit
4.	Applicant Contact Name: Melinda DuBois
5.	Contact Phone Number: 716-886-1242 Contact Email Address: mdubois@mhawny.org
6.	Type of Business: Please Describe Non-profit
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"/>
8.	Number of years in business in Erie County <u>58</u>
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <input type="checkbox"/>
10.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable
11.	Company's Annual Revenue:
12.	What share of the company's product or service is sold within Erie County: 90%
13.	Miscellaneous Questions:
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?

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



	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant in compliance with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").</p>
14.	<p>Qualifying Questions:</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 https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Minority or Certified Women-Owned Business?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Service-Disabled Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business at least one year prior to March 7, 2020?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the Applicant been negatively impacted by the COVID-19 Pandemic?</p>
15.	<p>Narrative:</p> <p>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</p> <p>B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).</p> <p>C. Briefly discuss Applicants ties to the community and the impact of your work/service in Erie County.</p>

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



(attach separate sheet if more room is needed)

A. The MHA has recently moved to a new location at 1021 Broadway Street in the heart of the Broadway Fillmore district. After the sale of our building at 999 Delaware, most of our staff were remotely. We purchased PPE supplies including masks, cleaner, and hand sanitizer in anticipation of our move to 1021, and now that we are in the space, we have discovered we need more supplies.

B. We are moving into a new space and need additional supplies, i.e. sneeze guards for our interview rooms, and legal staff offices, room dividers to help to separate our cubicle space, and MERV filters for our HVAC system.

C. MHA has been promoting the mental health of the community through education, public information, prevention programs and training, and pro bono legal services while supporting individuals and families living with mental illness through advocacy, treatment linkage and outreach services. We are in the courts, schools, and hospitals. We provide support through our family and youth peer support programs. Unfortunately, due to COVID 19, our ability to provide these necessary services has been significantly impacted. While we quickly transitioned to remote work, the true nature of our work is programming and direct contact with the children and families we work with. We continue to do home visits and work in the schools and need PPE for that work. We are also starting to move staff back into the office and need the PPE to support their work.

EMPLOYMENT INFORMATION

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

16.	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ in all ERIE COUNTY LOCATIONS	# Jobs in Erie County	28
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Grant Request Budget


	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	Est. Cost of PPE/Fixtures (attach copy of proposal)	Actual Expenditure on PPE/Fixtures (attach paid receipts)
17.	See attached spreadsheet		
	Total Vendor Expense	\$ 2,210.71	\$ 634.40
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$ 1,989.64	\$ 570.60

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION

CERTIFICATION

18. I Melinda C. DuBois, 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:
Melinda DuBois	Executive Director	12/1/2020
Signature: 		

Hendrix, Laurie

From: Melinda DuBois <mdubois@mhawny.org>
Sent: Monday, December 14, 2020 11:29 AM
To: Hendrix, Laurie
Subject: RE: ECIDA COVID-19 Disaster Emergency Grant Application
Attachments: IRS Tax Exempt Letter.pdf; PEO Relationship Letter - MHA.docx

[Message is from an external source]

Thanks Laurie,

I'm glad you received our application. I'm attaching 2 documents, and our PEO is looking up the NYS-45 report you are requesting.

??

In answer to question number 1, I included this in the application.

C. MHA has been promoting the mental health of the community through education, public information, prevention programs and training, and pro bono legal services while supporting individuals and families living with mental illness through advocacy, treatment linkage and outreach services. We are in the courts, schools, and hospitals. We provide support through our family and youth peer support programs. Unfortunately, due to COVID 19, our ability to provide these necessary services has been significantly impacted. While we quickly transitioned to remote work, the true nature of our work is programming and direct contact with the children and families we work with. We continue to do home visits and work in the schools and need PPE for that work. We are also starting to move staff back into the office and need the PPE to support their work.

??
In clarification, the NYS emergency declaration caused a significant impact on our agency. A large amount of our work is conducted face to face with clients in schools and hospitals and courts. We were able to adjust to remote work, but for many of our staff, they were not able to conduct their regular work. We furloughed 5 staff, and needed to pull together laptops and remote work stations for others. As a result of the pandemic, our revenue is approximately \$225,000 below our budget. As a result, we are facing 2021 with a significant budget gap, and have not been able to return furloughed staff back to work.

??

????????????????????????????????

Laurie, please let me know if this is sufficient or if you are looking for more detail.?? As soon as I receive the NYS-45 report, I will forward it to you.

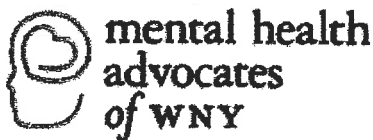
Thanks so much for your assistance with this important grant.

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Melinda

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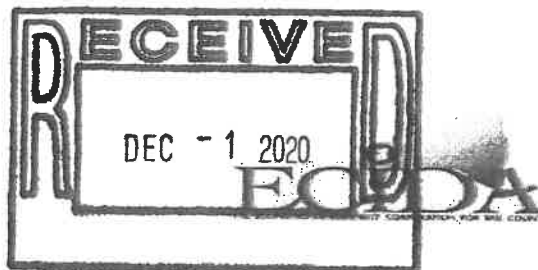
?????????? Melinda C. DuBois
??????????EXECUTIVE DIRECTOR
?? ?????mdubois@mhawny.org
?? ?? (716) 886-1242 x314

Grant Application Overview

January 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Parent Network of NYS 1 dba Parent Network of WNY	\$2,428.93	Highly Distressed Area	Recommended for Funding
<p>Synopsis:</p> <p>Parent Network of WNY (hereafter Parent Network) is a not-for-profit agency that provides education and resources for families of individuals with special needs (birth through adulthood) and for professionals. Parent Network provides 1-on-1 Support and education through resources, workshops and support groups to assist families of individuals with disabilities to understand their disability and navigate the support service system. The majority of Parent Network of WNY's staff and board members are parents of children with disabilities, which provides a unique perspective, personal experience and empathy to the families they reach. Since the reorganization in 2001, Parent Network of WNY has served approximately 10,000 people a year in the 8 counties of Western New York.</p> <p>Parent Network has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus. In March, the organization was forced to pivot from in-person to remote client services, which resulted in unbudgeted expenses for enhanced technology to allow staff to work from home. In addition to the increased costs for technology and PPE, Parent Network has lost significant revenue from service fees, including a reduction in state contract fees. Parent Network is requesting funding assistance from the ECIDA to offset PPE/fixture (partitions, disinfectant, touchless hand sanitizer dispenser, masks, gloves, etc.) expenditures to allow staff to return to the office and resume some in-person services.</p>			

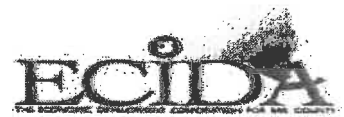
ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



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

COMPANY INFORMATION	
1.	Applicant Legal Name: Parent Network of NYS 1
2.	Applicant Address: 1021 Broadway Street, Buffalo NY 14212
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 type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Not-for-Profit
4.	Applicant Contact Name: Susan R. Barlow
5.	Contact Phone Number: 716.578.6366 Contact Email Address: srb@parentnetworkwny.org
6.	Type of Business: Please Describe Parent Center serving families with individuals with disabilities
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020. <input checked="" type="checkbox"/> ATTACHED
8.	Number of years in business in Erie County 34
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors. <input checked="" type="checkbox"/> ATTACHED
10.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable N/A
11.	Company's Annual Revenue:
12.	What share of the company's product or service is sold within Erie County: 70 %
13.	Miscellaneous Questions: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?

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



	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount: \$</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant in compliance with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").</p>	
14.	Qualifying Questions:	
	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?</p> <p><input 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 https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Minority or Certified Women-Owned Business?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Applicant a Certified Service-Disabled Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business at least one year prior to March 7, 2020?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the Applicant been negatively impacted by the COVID-19 Pandemic?</p>	
15.	<p>Narrative:</p> <p>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</p> <p>B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).</p> <p>C. Briefly discuss Applicants ties to the community and the impact of your work/service in Erie County.</p>	

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



(attach separate sheet if more room is needed)

Who We Are

Parent Network of WNY is a not-for-profit agency that provides education and resources for families of individuals with special needs (birth through adulthood) and for professionals.

Parent Network of WNY provides 1-on-1 Support and education through resources, workshops and support groups to assist families of individuals with disabilities to understand their disability and navigate the support service system.

The majority of Parent Network of WNY's staff and board members are parents of children with disabilities, which provides a unique perspective, personal experience and empathy to the families we reach. Since the reorganization in 2001, Parent Network of WNY has served around 10,000 people a year.

Who We Serve

Knowing that professionals, parents and caregivers play a critical role in helping children with special needs achieve success in their lives, Parent Network of WNY's staff specializes in empowering parents and family members to communicate effectively with professionals and to successfully advocate for their children. Working with parents, family members and caregivers, we also provide direct support to children, adolescents and young adults. Parent Network also works with professionals by providing continuing education opportunities, resources and referral services.

More About Parent Network of WNY

Parent Network is designated as a Technical Assistance Parent Center by New York State Department of Education and receives funding from several sources.

Parent Network is a National Community Parent Resource Center (CPRC) funded by the U.S. Department on Education under the Individuals with Disabilities Education Act (IDEA). For more info, please visit Parent Network of WNY funding.

Parent Network of WNY is a not for profit, charitable organization (formed under Section 501(c)3 of the U.S. Internal Revenue Code). Donations to Parent Network are tax-deductible as charitable contributions for US federal income tax purposes. There are no donation limits or restrictions on contributions to Parent Network.

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



EMPLOYMENT INFORMATION			
<i>Existing Jobs</i> – A full-time equivalent job equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week.			
16.	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ in all ERIE COUNTY LOCATIONS	# Jobs in Erie County	15

Grant Request Budget			
17.	PPE and/or Fixture Installation Description Items or Vendor Contract (attach additional sheet as necessary)	Est. Cost of PPE/Fixtures (attach copy of proposal)	Actual Expenditure on PPE/Fixtures (attach paid receipts)
	Please refer to the attached breakdown		
	Total Vendor Expense	\$ 407.57	\$ 2,291.24
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$ 366.81	\$ 2,062.12

CERTIFICATION

I, Susan R. Barlow 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:
Susan R. Barlow	Executive Director	November 24, 2020
Signature: <i>Susan Barlow</i>		

Szewczyk, Lori

From: Susan Barlow <srb@parentnetworkwny.org>
Sent: Wednesday, December 9, 2020 2:54 PM
To: Szewczyk, Lori
Subject: RE: ECIDA PPE Grant Application

[Message is from an external source]
Lori, Thank you for the email

Parent Network of WNY (PNWNY) experienced negative impact when NYS issued the Emergency Declaration in a number of ways.?? First and foremost, staff had to work from home and were unable to meet with families??? face to face necessitating increased technology expenses and the lost revenue through fee for service contracts.?? PNWNY also experienced a 20% reduction in funds for quarters 3 and 4 via a contract with Office for Persons with Developmental Disabilities (OPWDD).??

Some of the increased costs incurred were due to the purchase of PPE (i.e. masks, hand sanitizers, surface cleaners) ??in order to be in compliance with a safety-plan for staff returning to work.

During this time we moved to a new building and construction for new office space was significantly delayed due to the pandemic.?? Once moved to a new office space, it was evident that the cubicle environment did not meet ??the safety requirements in the safety plan resulting in the purchase of mobile dividers.

I could go on and on but I will save you??? lol

Do not hesitate to contact me with any additional questions.

Susan R. Barlow
Executive Director
Parent Network of WNY
1021 Broadway Ave
Buffalo, NY 14212
716-578-6366
??



??????????



??????????????



We offer free family & caregiver groups that provide a welcoming environment for parents and other caregivers of individuals with disabilities to share experiences, ask questions, learn about available resources and receive support.
??

Parent Network provides information of a general nature and is designed for information and educational purposes only and does not constitute medical or legal advice.

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From: Szewczyk, Lori [mailto:lszewczyk@ecidany.com]
Sent: Wednesday, December 9, 2020 1:24 PM
To: srb@parentnetworkwny.org
Subject: ECIDA PPE Grant Application
??
Ms. Barlow:
??

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 the following:

- Narrative (one-two paragraphs) describing the negative impact that the NYS emergency declaration has had on your business (ex. Closed for months, layoff staff, loss of revenue, increased costs, etc.)

Please send the requested information via email at your earliest convenience.

Respectfully,

Lori A. Szewczyk
Director of Grants
Direct Line (716) 362-8363
lszewczyk@ecidany.com

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

Grant Application Overview

January 2020

APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Thin Man Brewery of Buffalo, LLC	\$10,000	Highly Distressed Area WBE	Recommended for Funding

Synopsis:

Thin Man Brewery of Buffalo, LLC (hereafter Thin Man), formed in 2016, is a woman-owned enterprise with three (3) Brewery/Tap Room locations in Erie County, including its most recent expansion on Chandler Street in the City of Buffalo. The Chandler Street facility houses additional Brite Tanks, an expanded cooler, loading area, packaging, bottling, and an employee office/break area on a small mezzanine. The growth and success of Thin Man Brewery adds to the vibrant local craft brewery business in WNY.

Thin Man has been negatively impacted by the NYS emergency declaration and the conditions created by the coronavirus. The Tasting Room was closed for several months due to NYS Pause restrictions and reopened to reduced capacity. With bars and restaurants closed for much of 2020, Thin Man lost all its Keg business, which represented 80% of its sales. To respond to market conditions, Thin Man has increased its canning business to offset the loss of bar/restaurant sales. Thin Man is seeking ECIDA assistance for purchasing specialized equipment for producing and packaging canned beer for sale throughout the country - packing was previously done manually. The equipment allows for a touchless, sanitary manufacturing process to prevent the spread of COVID-19 among employees and customers.



ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION

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

COMPANY INFORMATION			
1.	Applicant Legal Name:	TWIN MAN BREWERY OF BUFFALO, LLC	
2.	Applicant Address:	391 WASHINGTON ST, #800 BUFFALO, NY 14203	
3.	Legal Structure:	<input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp <input checked="" type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not-for-Profit	
4.	Applicant Contact Name:	GARY NASCA	
5.	Contact Phone Number:	716-842-1938	Contact Email Address: GNASCA@TWINMANS.COM
6.	Type of Business:	Please Describe BREWERY	
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and an Interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020.		
8.	Number of years in business in Erie County	<input type="checkbox"/> ATTACHED <u>4</u>	
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.		<input type="checkbox"/> ATTACHED
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): <input type="checkbox"/> Minority-Owned <input checked="" type="checkbox"/> Woman-Owned <input 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		312120
12.	What share of the company's product or service is sold within Erie County:		60%
13.	Miscellaneous Questions:		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?		

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



	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant in compliance with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").</p>	
14.	<p>Qualifying Questions:</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 https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the Applicant in business prior to March 7, 2020?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the Applicant been negatively impacted by the COVID-19 Pandemic?</p>	
15.	<p>Narrative:</p> <p>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</p> <p>B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an explanation of how it will be used (if applicable).</p>	

ERIE COUNTY COVID-19 DISASTER EMERGENCY GRANT APPLICATION



EXISTING JOBS

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

16.	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ	8
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Grant Request Budget

	PPE and/or Fixture Installation Description	For FUTURE PPE/Fixtures you plan to purchase -- list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
17.	Items or Vendor Contract (attach additional sheet as necessary)		
	COOL MANUFACTURING - COOLING INSTALLATION		23733.06
	Total Vendor Expense	\$	\$23733.06
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$	\$21359.75

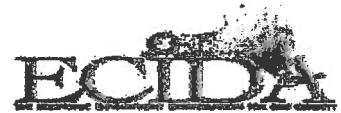
18. CERTIFICATION

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

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

Name of Company Official Completing Worksheet:	Title:	Date Completed:
GARY M NESCA	ACCOUNTANT	11/25/20
Signature:		

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



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

(attach separate sheet if more room is needed)

THIN MAN BREWERY OPENED FOUR YEARS AGO,
FOCUSING ON CREATING HIGH QUALITY INNOVATIVE
BEERS. SALES HAVE INCREASED CONSISTENTLY
SINCE INCEPTION. PRIOR TO COVID-19, THE
MAIN FOCUS WAS ON KEG BEER. DUE TO
MANDATED SHUTDOWNS OF BARS AND RESTAURANTS,
FOCUS HAD TO BE SHIFTED TO INCREASING
PRODUCTION OF CANNED BEER AND
EXPANDING EXISTING SALES TERRITORIES

9. Ownership: Bridget A. Termini 70%
 Suzanne Shatzel 30%

15. Equipment Purchased: CODI Pak Tech Applicator – PTA-303

This machine was purchased to package individual cans of beer into 4 packs for sales to individuals and shipment to distributors.

Hendrix, Laurie

From: Szewczyk, Lori
Sent: Thursday, December 17, 2020 12:41 PM
To: Hendrix, Laurie
Subject: FW: ECIDA Disaster Emergency Grant Application
Attachments: Codi proof of payment.pdf

Can you please print this response and attach to the file. Thank you.

From: Gary Nasca <gnasca@wnylofts.com>
Sent: Thursday, December 17, 2020 11:55 AM
To: Szewczyk, Lori <lszewczyk@ecidany.com>
Subject: RE: ECIDA Disaster Emergency Grant Application

[Message is from an external source]

Lori,

Before the pandemic, Thin Man sales were 80% Kegs and 20% Cans. During the pandemic all bars and restaurants were closed which eliminated 100% of our keg sales. The company had to pivot into 100% Can sales which are sold mostly to super markets. We also extended our market to sell our cans, we are now known in ten states selling beer mostly to super markets.

Due to the increase in demand for the Cans and increased production of cans, it was necessary to purchase the Codi Pak to facilitate the packing of the cases of cans, which prior to this was done manually.

The Codi Pak is located 166 Chandler. Proof of payment is attached.

From: Szewczyk, Lori <lszewczyk@ecidany.com>
Sent: Monday, December 14, 2020 10:28 AM
To: Gary Nasca <gnasca@wnylofts.com>
Subject: ECIDA Disaster Emergency Grant Application

Mr. Nasca,

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 the following via email:

- Narrative (1-2 paragraph) regarding the negative impact of the NYS emergency declaration on your business operation
- Brief explanation regarding how the purchase of the CODI PAK is necessitated by COVID-19
- Verify where the improvement (CODI PAK) is located? Chandler Street location?
- Provide proof of payment for Codi Manufacturing Invoice #762602

Thank you. Please feel free to contact me with any questions or concerns.

Respectfully,