

**TOWN OF COLONIE IDA
COVID-19 GRANT PROGRAM (ROUND 2)**

OVERVIEW

The Town of Colonie Industrial Development Agency (IDA) has made \$100,000 available through its new COVID-19 grant program. The COVID-19 program supports small businesses with grants to help defray the unanticipated expenses associated with acquiring personal protective equipment (PPE) and/or installing fixtures necessary to prevent the spread of COVID-19.

This program provides small businesses and small not-for-profits with up to \$10,000 in grant funding to respond to COVID-19. The Town of Colonie Industrial Development Agency offers this grant to support Town of Colonie businesses with the costs associated with protecting public health during the COVID-19 pandemic.

Please take note of the following general conditions and refer to Page 2 for complete information.

1. Eligible expenses must occur after March 7, 2020. The IDA cannot consider assistance for expenses incurred prior to this date.
2. This is an application, not a contract. This information is needed to help the IDA evaluate your project for possible COVID-19 grant funds. If the IDA provides a COVID-19 grant, an agreement regarding use of grant funds will be entered into along with other documents and receipts required as conditions of the grant.
3. IDA staff or counsel may request additional information or clarification, including financial projections.
4. Applicants must provide to the IDA a payroll certification that employment does not exceed 50 employees, documentation showing they are physically located in the Town of Colonie and evidence that they are a business or non-profit organization (e.g., Department of State filing).
5. Applicants must certify that they have not received or otherwise used public funds or other grants with respect to the eligible expenses.
6. Eligible expenses are limited to the amount approved by the IDA.

To qualify for this grant, the applicant shall be:

1. (a) A small business (not more than 50 employees) or (b) a small not-for-profit corporation (not more than 50 employees) formed pursuant to the not-for-profit corporation law; and
2. In operation and financially viable prior to March 7, 2020; and
3. Negatively impacted by the State disaster emergency; and
4. Physically located within the Town of Colonie (which includes the Village of Colonie and Village of Menands).

Eligible expenses include:

1. Acquisition of personal protective equipment, or
2. Installation of fixtures necessary to prevent the spread of COVID-19.

The Agency reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess submitted applications.

All awards of COVID-19 grant funds are subject to the IDA's review and approval of all applications received by the deadline above based on the criteria outlined above and subject to the availability of funds based on the

number of applicants and amount of funds requested. Applications are anticipated to be reviewed by the IDA at a special meeting of the IDA to be held on October 19, 2020. The IDA reserves the right to change the date of its review. Applicants will be notified following the IDA's meeting as to the status of approval.

Please note that Article 6 of the Public Officers Law declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of its completed application that are in the nature of trade secrets or competitive issues that if disclosed to the public or otherwise widely disseminated would cause substantial injury to the Applicant's competitive position, the Applicant may identify such elements in writing and request that such elements be kept confidential in accordance with Article 6 of the Public Officers Law.

All approved applications will be posted on the Agency's website.

Questions may be submitted to IDA@colonie.org or by calling (518) 783-2741.

To be considered for a COVID-19 grant, please complete and submit the attached Application by 4:00 p.m. October 5, 2020 to the Town of Colonie IDA. Please submit one original and one copy to:

Town of Colonie IDA
347 Old Niskayuna Road
Latham, NY 12110

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INSTRUCTIONS

To apply for this program, complete the attached application form. You must respond to all questions and enter “n/a” where a question is not applicable.

- Q1. Provide the legal name of the applicant.
- Q2. Provide the address of the applicant’s location in the Town of Colonie.
- Q3. If the Applicant is doing business under an assumed name (DBA), provide the name of the DBA.
- Q4. Provide the name of the primary contact for the applicant. This must be a principal or employee of the applicant.
- Q5. Provide the contract address for the primary contact for the applicant.
- Q6. Provide the contact’s phone number – direct or mobile phone is preferred.
- Q7. Describe the type of business. E.g. manufacturer of steel ball bearings, software developer, restaurant, etc.
- Q8. Is the applicant a non-profit organization and formed pursuant to the New York State not-for-profit corporation law?
- Q9. Is the applicant a privately held entity? If so, please refer to the note on the application for additional information.
- Q10. Is the applicant a start-up company, with less than one year in business, with no operating history? If so, please refer to the note on the application for additional information.
- Q11. Attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 5% or more of the company. Indicate if the company is a parent, subsidiary and /or affiliate of another company.
- Q12. Provide at least the three-digit code; the six-digit code is preferable. <https://www.census.gov/eos/www/naics/>
- Q13. Provide at least the three-digit code; the six-digit code is preferable. <https://www.census.gov/eos/www/naics/>
- Q14. Provide the applicant ID type that you normally use to identify your organization on applicant forms:
- Q15. Provide your annual sales.
- Q16. Identify what share of your product or services are sold within New York State.
- Q17. Explain how your business has been negatively impacted by COVID-19.
- Q18. Explain how your request will immediately benefit your business or organization, your workforce and the Town of Colonie community in the short-term and long-term.
- Q19. List any and all other funding the business is currently seeking or has recently been awarded in response to COVID-19.
- Q20. Summarize the need for the project including all PPE materials and equipment the business or non-profit entity purchased/installed or will be purchasing/installing and how they will be used.
- Q21. Please provide information about the number of jobs/employees impacted.
- Q22. Explain any changes in employment.
- Q23. Please provide a budget of the PPE to be purchased / fixtures to be installed.
- Q24. Please sign the application.

SPECIAL NOTES:

Personal protective equipment is defined by the Centers for Diseases Control (CDC) but are not necessarily limited to: masks (N95), hand sanitizers, sneeze guards, face guards and face shields, gloves and eye protection, safety footwear, other respiratory devices (air purifiers), cleaning materials and disinfectants, specialized packaging for shipping, signage, and COVID testing kits.

Employees are calculated based on full-time equivalent. For the purpose of this application, a full-time equivalent employee is one that has worked at the subject location for a minimum of 35 hours per week for no fewer than four consecutive weeks and is entitled to receive the usual and customary fringe benefits extended by Applicant to other employees with comparable rank and duties. Employees must receive a W2 from either the recipient or an employment agency in the case of a contract employee. Independent contractors shall not count as employees.

Negatively impacted by the State disaster emergency shall mean that businesses must document a demonstrated decline in sales or revenue versus a prior year or similar period where the negative impact occurs near to or after the declared State disaster emergency.

In operation and financially viable prior to the State disaster emergency shall mean that the business was incorporated prior to March 7, 2020 and was in sound condition. Financial viability will be assessed and determined by the IDA as part of its approval. Applicant should have net income after accounting for all expenses and debt service to sustain current and future operations, including Fiscal Year 2019 and Fiscal Year 2020 through March 7, 2020. Applicants who cannot document such net income may provide an explanation on why it was otherwise viable. It is strongly recommended that applicants submit basic profit and loss statements and other information that may be necessary to assess financial viability. Provide copy of Articles of Organization, Certificate of Incorporation or filed DBA.

Physically located within the Town of Colonie (including the Village of Colonie and Village of Menands) shall mean that the business have a physical location within the Town of Colonie where employees report to work. Remote workers shall count towards total employment if based out the Town of Colonie location.

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COMPANY INFORMATION

1.	Legal Name of Applicant:		
2.	Applicant Address:		
	Locations in the Town of Colonie (if different from address above)		
	Other locations in New York State, if any		
3.	If a DBA, what is DBA name?		
4.	Applicant Contact Name:		
5.	Applicant Contact Address:		
6.	Contact Phone Number:		Contact Email Address:
7.	Type of Business:	Please describe principal activities, including description of business activities in the Town of Colonie and in New York State (other than Town of Colonie):.	
8.	Non-Profit Organization	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Privately Held:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If Privately Held, please provide information for the company and any person or entity owning 50% or more or which otherwise controls the applicant, including CPA-audited financial statements for the past three years (balance sheet, income statement and cash flow statement). If audited statements are more than six months old, please provide internally prepared year-to-date financials certified by the signature of a company officer. If audited statements are not available, please submit a review or compilation, together with signed federal and state tax returns, for the past three years. Additional information may be requested.		
10.	Is this a start-up company with no operating history?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If a start-up company (less than one year in business), please provide personal financial statements from a personal guarantor Please provide bank references for borrowing entity and personal guarantors.		
11.	Ownership and Management: Please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 5% or more of the company. Indicate if the company is a parent, subsidiary and /or affiliate of another company. Provide a description of senior management employees.	<input type="checkbox"/> ATTACHED	
	(i) Has the applicant or any person listed in this Question 11 ever been convicted of a criminal offense (other than a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	(ii) Has the applicant or any person listed in this Question 11 or any concern with whom such person has been connected ever been in receivership or been adjudicated a bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	(iii) Is the applicant or management of the applicant now a plaintiff or a defendant in any criminal litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes to (i), (ii) or (iii) above, please furnish detail in a separate attachment.		
12.	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	Description	

13.	Primary North American Industrial Classification System (NAICS) Code associated with the activity of the business at the project location. Please provide at least the three-digit code, but the six-digit code is preferable.	Description		
14.	Select the applicant ID type that you normally use to identify your organization on applicant forms:			
	Charity Registration Number	<input type="checkbox"/>	Social Security Number	<input type="checkbox"/>
	Duns Number	<input type="checkbox"/>	Federal Tax ID Number	<input type="checkbox"/>
15.	Company's Annual Sales:	\$		
16.	What share of the company's product or service is sold within NYS:			%

STATEMENT OF NEED

17.	Please describe, in detail, how your business or organization has been negatively impacted by COVID-19: 400 characters
18.	Please explain how your request will immediately benefit your business or organization, your workforce and the Town of Colonie community in the short-term and long-term. 400 characters
19.	List any and all other funding the business is currently seeking or has recently been awarded in response to COVID-19, including but not limited to bank loans, SBA loans, public or private loans, grant funding, etc. 400 characters
20.	Provide a summary of the need for the project including all PPE materials and equipment the business or non-profit entity will be purchasing and how they will be used: 400 characters

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.

Average Annual Gross Salary – Compensation paid to an employee that excludes payroll taxes, benefits, overtime, and bonuses.

21.	Indicate how many existing full-time equivalent jobs the applicant and its related entities employ in in the following categories and the average annual gross salary for these employees as of the date this application is signed. Attached Forms NY-45 for 2019 and first two quarters of 2020.	Total # of Jobs by Applicant	
		Average annual gross salary (total)	
		# Jobs in NYS	
		Average annual gross salary (NYS location jobs)	
		# Jobs in Town of Colonie	
		Average annual gross salary (Town of Colonie location jobs)	\$

22. Discuss any employment changes between March 7, 2020 and date of application:

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BUDGET and INVOICE

23.	Type of Purchase	Total Amount of Funding Requested	Est. Cost
	EX: Machinery & Equipment		\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Total Projected Investments		\$0

CERTIFICATION

24.	<p>The applicant's representative signing the application below certifies that he/she is the CEO or a person authorized to bind the applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant.</p>		
	Applicant Representative Completing Application:	Title:	Date Completed:
	Name		
	Signature (typed name if completed online/mailed)		