## Item# 3.4 Approval of COVID-19 Disaster Emergency Grant Applications

## **April 2021 Grant Applicants**

MILES CANDIDA				Grant Amount	17-1				
Business Name	Address	City	Type	Requested	Distress	MBE	VET	WBE	Use of grant funds
Buffalo City Swim Racers	651 Delaware Avenue	Buffalo	Not for Profit	\$8,980.37	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Buffalo Collegiate Charter School	45 Jewett Avenue	Buffalo	Not for Profit	\$10,000.00	Yes	No	No	No	Purchase of PPE only
Buffalo Film Works	370 Babcock Street	Buffalo	Service	\$10,000.00	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Center for Exploratory and Perceptual Arts, Inc.	617 Main Street, Suite 201	Buffalo	Not for Profit	\$4,431.76	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Country Club Catering of WNY Inc.	6917 Potter Road	Derby	Retail	\$2,250.00	No	No	No	Yes	Purchase of PPE only
ECMC Foundation, Inc.	462 Grider Street	Buffalo	Not for Profit	\$2,421.43	Yes	No	No	No	Purchase of PPE only
Fostering Greatness Inc.	1200 William St	Buffalo	Not for Profit	\$9,090.08	Yes	No	No	No	Purchase of PPE only
Kleinhan's Music Hall	3 Symphony Circle	Buffalo	Not for Profit	\$10,000.00	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Pappy Martin Legacy Jazz Collective	136 Mercer Avenue	Buffalo	Not for Profit	\$9,794.44	Yes	No	No	No	Purchase of PPE and Installation of Fixtures
Trend Setters Beauty Salon	2094 Grand Island Blvd.	Grand Island	Service	\$3,870.96	Yes	No	No	Yes	Purchase of PPE and Installation of Fixtures
Young Audiences of Western New York	1 Lafayette Square	Buffalo	Not for Profit	\$3,953.61	Yes	No	No	No	Purchase of PPE only
				\$74,792.65					

# **COVID 19 Disaster Emergency Grants Approved Sept 2020 – March 2021**

Board Approved Date	Business Name	City	Туре	Grant Amount
9/23/2020	A1 Express Inc.	Buffalo	Service	\$4,619.35
9/23/2020	ABC Learn and Play 2, Inc.	Buffalo	Service	\$9,087.92
9/23/2020	Arts Services Initiative of WNY, Inc.	Buffalo	Not for Profit	\$1,582.52
9/23/2020	Black Rock Historical Society	Buffalo	Not for Profit	\$1,264.50
9/23/2020	Explore Buffalo Inc.	Buffalo	Not for Profit	\$9,626.00
9/23/2020	Kirchmyer & Goode Physical Therapists, P.C.	West Seneca	Health Care	\$4,791.83
9/23/2020	MidCity Office	Buffalo	Service	\$6,168.49
9/23/2020	Peaceprints of WNY	Buffalo	Not for Profit	\$7,046.86
9/23/2020	Theodore Roosevelt Inaugural Site Foundation	Buffalo	Not for Profit	\$4,498.00
10/28/2020	Amy Lynn's Dance Studio	Orchard Park	Retail	\$5,331.87
10/28/2020	Beyond Boundaries Therapy For Kids	Hamburg	Service	\$1,328.28
10/28/2020	Buffalo and Erie County Botanical Gardens Society	Buffalo	Not for Profit	\$3,107.70
10/28/2020	Buffalo Center for Arts and Technology, Inc.	Buffalo	Not for Profit	\$5,474.36
10/28/2020	Buffalo String Works, Inc.	Buffalo	Not for Profit	\$1,685.82
10/28/2020	Children First Christian Childcare & Preschool	West Seneca	Service	\$10,000.00
10/28/2020	Computer SOS, Inc.	Buffalo	Service	\$7,195.65
10/28/2020	Eclips Hair Salon, Inc.	West Seneca	Service	\$1,742.10
10/28/2020	Explore & More Children's Museum	Buffalo	Not for Profit	\$9,846.00
10/28/2020	Martin House Restoration Corp.	Buffalo	Not for Profit	\$8,660.13
10/28/2020	Safe Mobility Service Rides, LLC	West Seneca	Service	\$2,192.51
10/28/2020	Trace Assets Protection Service LLC	Buffalo	Service	\$1,232.37
10/28/2020	USA Occupational Services	Buffalo	Service	\$1,000.00
10/28/2020	West Side Community Services, Inc.	Buffalo	Not for Profit	\$1,776.97
10/28/2020	Western New York Book Arts Collaborative, Inc.	Buffalo	Not for Profit	\$2,396.20
11/18/2020	110 Moreland Street, Inc.	Buffalo	Hospitality/Tourism	\$10,000.00
11/18/2020	716 Limousine LLC	Buffalo	Service	\$6,627.63
11/18/2020	Babz BBQ	Akron	Retail	\$5,033.84
11/18/2020	Bikeorbar LLC	Buffalo	Service	\$10,000.00
11/18/2020	Buffalo & Erie County Naval & Military Park	Buffalo	Not for Profit	\$5,481.05
11/18/2020	Buffalo Girlchoir	Buffalo	Not for Profit	\$1,223.06
11/18/2020	Buffalo Pediatric Associates, LLC.	Buffalo	Health Care	\$10,000.00
11/18/2020	C&R Housing	Buffalo	Construction	\$6,904.12
11/18/2020	Computers for Children (aka Mission Ignite)	Buffalo	Not for Profit	\$8,999.82
11/18/2020	Dasa Properties LLC	Buffalo	Real Estate	\$10,000.00
11/18/2020	Gerard Place Housing Development Fund Company	Buffalo	Not for Profit	\$10,000.00
11/18/2020	Great Expectations Child Care Center, Inc.	West Seneca	Service	\$3,610.56
11/18/2020	La Casa De Nacho Inc.	Buffalo	Retail	\$9,764.00

# **COVID 19 Disaster Emergency Grants Approved Sept 2020 – March 2021**

11/18/2020	Little Spanish Garden LLC	Cheektowaga	Service	\$10,000.00
11/18/2020	Nurse Practitioner Adult Health P.C.	Buffalo	Health Care	\$10,000.00
11/18/2020	Schutte-Buffalo Hammermill	Buffalo	Manufacturing	\$10,000.00
11/18/2020	Weaver Metal & Roofing, Inc.	Buffalo	Construction	\$8,584.77
12/16/2020	Burden, Hafner & Hansen, LLC	Buffalo	Legal	\$10,000.00
12/16/2020	EPIC - Every Person Influences Children, Inc.	Buffalo	Not for Profit	\$4,166.48
12/16/2020	Erin L. Reukauf dba Lyfe Beauty & Mind	Orchard Park	Service	\$7,805.22
12/16/2020	Gordon A. Kent, D.M.D., PC (Smile Center)	Cheektowaga	Health Care	\$10,000.00
12/16/2020	Manna Culinary Group	Buffalo	Retail	\$7,850.00
12/16/2020	Neill & Strong	Alden	Legal	\$2,029.60
12/16/2020	Rappold Family Dentistry, PC	Cheektowaga	Health Care	\$10,000.00
12/16/2020	Rec Room Holdings, LLC	Buffalo	Retail	\$8,642.51
12/16/2020	Salon 716 NY, LLC	Kenmore	Service	\$9,975.79
12/16/2020	Sheridan Medical Group	Tonawanda	Health Care	\$10,000.00
12/16/2020	SowFit Buffalo dba PBnJ Enterprises	Buffalo	Service	\$10,000.00
12/16/2020	Susan E. Bennett PT PC	Kenmore	Health Care	\$10,000.00
12/16/2020	Tammy Perison, DDS Family & Cosmetic Dental Care	West Seneca	Health Care	\$10,000.00
12/16/2020	The Igloo WNY LLC dba The Black Sheep Restaurant & Bar	Buffalo	Retail	\$4,098.41
12/16/2020	The Intersection Cafe, Inc. dba The Intersection	Buffalo	Retail	\$4,462.31
12/16/2020	Tremetris Nance dba Nance Nelson's Enterprise	Buffalo	Service	\$5,304.22
1/27/2021	A&B Heritage Inc. dba ASI Signage Innovations	Grand Island	Advanced Manufacturing	\$2,285.58
1/27/2021	A-Kleen Windows Inc.	Grand Island	Service	\$3,456.70
1/27/2021	Cold Narly Generation	Buffalo	Service	\$4,426.00
1/27/2021	Le Nails	Derby	Service	\$5,912.00
1/27/2021	Local Honey Beauty Hive	Buffalo	Service	\$6,041.00
1/27/2021	Mental Health Association of Erie County	Buffalo	Not for Profit	\$2,560.24
1/27/2021	Parent Network of NYS 1	Buffalo	Not for Profit	\$2,428.93
1/27/2021	Thin Man Brewery	Buffalo	Advanced Manufacturing	\$10,000.00
2/24/2021	Be Fit Fitness, Inc.	Lackawanna	Service	\$7,883.57
2/24/2021	Buffalo Glass Block Company	Buffalo	Whse Dist	\$4,034.13
2/24/2021	Buffalo River Fest Park, LLC / Valley Community Association Inc. Sole Member	Buffalo	Not for Profit	\$8,938.71
2/24/2021	Fika Midwifery PLLC	Buffalo	Health Care	\$9,786.67
2/24/2021	Greco Trapp, PLLC	Buffalo	Service	\$7,182.19
2/24/2021	Sherri's Little Angels Inc.	Buffalo	Service	\$4,743.70
3/24/2021	Buffalo Society of Natural Sciences	Buffalo	Not for Profit	\$10,000.00
3/24/2021	DawJ, LLC dba The Oakk Room	Buffalo	Retail	\$4,790.03
3/24/2021	Flax's Barber Shop	Buffalo	Service	\$6,492.60
3/24/2021	Flax's Gold Buyer	Buffalo	Retail	\$6,116.94

# **COVID 19 Disaster Emergency Grants Approved Sept 2020 – March 2021**

3/24/2021	Heidi I. Jones Attorney & Consultant	Buffalo	Legal	\$5,687.12
3/24/2021	Kiddy Skateland, LLC	Buffalo	Service	\$10,000.00
3/24/2021	Limousine Acquisition Company, LLC dba Buffalo Limousine	Buffalo	Service	\$4,589.37
3/24/2021	Prime Care Transportation Inc.	Buffalo	Service	\$5,503.50
3/24/2021	Print2Web	Buffalo	Service	\$1,455.24
3/24/2021	Tappo of Buffalo, LLC	Buffalo	Retail	\$10,000.00
3/24/2021	Tappo Pizza, LLC	Buffalo	Retail	\$6,597.80

\$523,130.84

### **Grant Application Overview**

#### **April 2021**

APPLICANT	(CIRANITA ANYTO) UNITE	PROGRAM PRIORITIES	STAFF RECOMMENDATION
		Highly Distressed	
Buffalo City Swim Racers	\$8,980.37	Area	Recommended for Funding
Cymoneice		·	

#### Synopsis:

**Buffalo City Swim Racers** (hereafter BCSR), a not-for-profit organization, is a member of USA Swimming, the National Governing Body for the sport of swimming in the United States. The USA Swimming model promotes the culture of swimming by creating safe and healthy opportunities for athletes and coaches of all backgrounds to participate and advance in the sport through clubs, events and education. BCSR serves at-risk youth ages 13-18, from low-income families living in distressed neighborhoods in the City of Buffalo.

BCSR has been negatively impacted by the NYS disaster emergency and the conditions created by the coronavirus pandemic. NYS regulations for sports and recreation are onerous and have limited the number of participants and increased the cost of the program as swimmers are not allowed to share equipment. BCSR is seeking funding assistance from the ECIDA to support the purchase of PPE/Fixture (masks, gloves, face shields, thermometer, swim equipment, etc.) expenditures to protect swimmers, coaches and staff from contracting COVID through community spread.



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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a>
Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

1.	Applicant Legal Name:	Buffaco City Swim RACERS	
2.	Applicant Address:  Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	651 DELAWARE AVE, SUITE 144 BUFFALO, NY 14202	
3.	Legal Structure:	□ C-Corp. □S-Corp □ELC □ General Par □ Limited Partnership □ Sole Proprietorship ★ Not-fo	•
4.	Applicant Contact Name:	MICHAEL SWITALSKI	
5.	Contact Phone Number:	716 359 - 4729 Contact Email Address: CONCHMIKE & BUHA	LOPACES.OF
6.	Type of Business:	Please Describe LEARN TO Swin & YOUTH COMPETITIVE S	Nim Ponce
8.	1	——————————————————————————————————————	_
9.	structure, including the % of ow company. Not for Profit orga directors.  Ownership Type: Definitions of	panies, please attach a description of the company's ownership vnership for each individual and entity owning 20% or more of the anizations, please attach a list of the organization's officers and the following ownership types can be found in Appendix A of this dix A before answering this question. Is your business (check all	ATTACHED
10.	that apply):   Minority-Owned		***************************************
10.	Primary North American Indust	trial Classification System (NAICS) Code of the Company. Please code, but the six-digit code is preferable	713990
	Primary North American Indust provide at least the three-digit of		713990



160-00-00-00-00-00-00-00-00-00-00-00-00-0	
	☐ Yes No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
	☐ Yes No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
	☐ Yes M No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
	Yes No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
	☐ Yes No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
	☐ Yes ■ No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?
	☐ Yes ♠No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$
	☐ Yes ■ No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.
	□ Yes No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").
	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? FMAIL FROM ECIDA
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 <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )
-	□ 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?
	¥ Yeş □ No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?
	☐ Yes ■ No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?
	▲ Yes □ No Has the Applicant been negatively impacted by the COVID-19 Pandemic?



	Narrative:						
	A. Provide a summary of all PPE equipment and fixture purchases previously purchase	ed and the					
	reason for their purchase.  B. Provide a summary for all future PPE and fixture purchases the entity will be making.	a including on					
15.	explanation of how it will be used (if applicable).	ig, including an					
	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 comm	unity and the					
	impact of your work/service in Erie County.  (attach separate sheet if more room is needed)						
	(and on separate sheet if more room is needed)						
	PLESE SEE ATTACHMENTS						
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#### PROGRAM NARRATIVE

Buffalo City Swim Racers (BCSR) programming is a fun, physical activity for school aged youth that brings teammates together through afterschool activities designed to improve personal development. By attracting students from distressed, underdeveloped neighborhoods who rarely attend afterschool programs, our programming plays an important role in strengthening these communities by blending swimming and academic enrichment as a strategy for improving schools and building neighborhoods. Neighborhoods see a direct positive result through family development, open practices and community events that benefit the whole community. In 2019, we served more than 350 students and their families.

Buffalo City Swim Racers (BCSR) also aims to improve public safety in two ways.

First, we provide lifesaving swimming skills to a population at a high risk for drowning. For children and young adults, drowning is one of the top three causes of unintentional injury or death. Fatal unintentional drowning rates of African American children are over three times that of white children. In fact, 70% of children from low-income families or under-represented populations have minimal or no swimming skills.

Second, BCSR programming is conducted during at-risk times (3:00–8:00 p.m.) when violent juvenile crimes triple. Research shows that students who participate in afterschool programs demonstrate improved school attendance, grades, and test scores. Swim environments have been shown to offer considerable potential in enhancing the physical and cognitive development of young learners. BSCR seeks to capitalize on the benefits of swimming while providing water safety skills that will last a lifetime.

BCSR is the only program registered with USA Swimming – the sport's national governing body – to offer no-cost swimming instruction with academic incentives to an underserved population that do not have the discretionary funds to spend on formal swim lessons. In fact, USA Swimming has expressed interest in replicating our model in other urban communities across the country. The program has started to mentor organizations in other cities that share our mission. The Rochester Rapids in Rochester, NY used the BCSR model to start an inner-city extension of its learn to swim program. The City of Boston (MA), Deerfield Beach (FL), Pike Township (IN), Ohio State Swim Club and Coppin State University have also contacted Buffalo City Swim Racers about replicating the model in their areas.

Buffalo City Swim Racers has created mutually beneficial partnerships within our community, specifically with, Westside Community Services, Westside Promised Neighborhoods, Build Academy, Frank A Sedita School #30, D'Youville Collage, City of Buffalo, Cazenovia Community Center, and the William Emslie YMCA. These organizations utilize our programming for their students/youth. We have also collaborated with a number of local businesses, government organizations, and educational institutions to facilitate our success, including: Student Transport of America, Plaza Group, Telesco Creative Group, the University at Buffalo, Nike, the Buffalo Fire Department, and USA Swimming Make A Splash Foundation. These groups have provided us with funding, services, equipment, facility use, and transportation at reduced or no cost — allowing us to minimize our operating expenses and devote funds to resources that directly benefit our student-athletes.

NYS regulations as a result of the COVID-19 epidemic, has caused us to severely limit the number of participants for our programming. The regulations that do not allow the ability for swimmers to share equipment (i.e. kickboards, paddles, fins, etc.). This grant would provide the resources to purchase the additional PPE equipment needed for our swimmers, coaches, and staff.



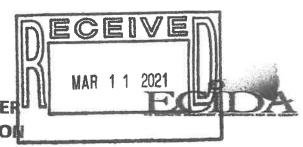
	<b>ng Jobs –</b> A full-time equivalent job equals any of itute the equivalent of a job of at least 35 hours		jobs that, whe	en combined
16.	Indicate how many existing full-time equivalently employ as of the date of application.	elent jobs the Applicant and its relate	d entities	6
Grant	Request Budget			
l7.	PPE and/or Fixture Installation Description  Items or Vendor Contract (attach additional	sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase – list and attach proposal	For PAST PPE/Fixture actual expenditures list and attact paid receipts
	FALE MASKS (250)		copies	# 185.00
	FACE SHIELDS			\$ 103.70
	DISPOSABLE GLOVES			\$ 169.56
	INFRARED THEMOMETER	(3)		# 214.93
	KICKBOARDS, PADDLES, SNORKEL	S, FINS, MESH BAGS (50 EA.)	\$5,000.00	M - [.]-
	WATER BOTTLES (200)	1 1 2 1 2 6 6 7	\$1,000.00	
		LL	1200.00	
	Total Vendor Expense		9,100.00	\$778.1
and the second second second second	GRANT REQUESTED (grant will be calculated	by multiplying eligible costs x 90%)	\$	\$
8.	all the questions and answers contained in the pressions and answers contained in the hereto; that I have supplied full and complete of my knowledge, information and belief; and understand that false statements or intention verification process may have an adverse continustrial Development Agency. In addition, I acknowledge that the Agency is understand that all grant information and reconstructions are disclosure under FOIL subject to limited status	re forgoing application and the docume information in the answer to each of that all information I have supplied half omissions made in this Application is equence to my application/submiss subject to New York State's Freedom cords related to this application are p	nents that I have uestion herein is true and cor i or insconnection to the Erie of Information	ve attached to the best rect. I further to with the County
lame	of Company Official Completing Worksheet:	Title:	Date Comple	eted:
	CHAEL SWITALSKI	EXECUTIVE DIRECTOR		

# Grant Application Overview April 2021

	GRANT AMOUNT:	· · · · · · · · · · · · · · · · · · ·	STAFF RECOMMENDATION
		Highly Distressed	
Buffalo Collegiate Charter School	\$10,000	Area	Recommended for Funding
Synopsis:			

**Buffalo Collegiate Charter School** (hereafter BCCS), a not-for-profit organization, is a tuition free, open enrollment school that currently serves 235 students from underserved communities in grades 4 through 7. BCCS will grow by one grade each year until they are a fully enrolled 4 through 12 school in 2025. BCCS is committed to providing an opportunity for all and preparing their students for success in college and beyond.

BCCS has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. The school was forced to transition to full remote learning for most of their second full academic year and much of the third. To accommodate remote and hybrid learning, it was necessary for BCCS to make a significant investment in technology and staffing. BCCS is anticipating a reduction in NYS funding for the 2020/21 academic year, which will negatively impact BCCS budget into the future. BCCS is seeking funding assistance from the ECIDA to offset PPE (masks, sanitizer, thermometer) expenditures that were necessary to allow for the safe return of students and staff for in person instruction.



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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a> Please complete and return this Application along with the required documentation. Questions — contact us at 716.856.6525 x. 126

COMPA	NY INFORMATION	A CONTRACT OF THE CONTRACT OF					
1.	Applicant Legal Name:	Buffalo Collegiate Charter School					
2.	Applicant Address:	45 Jewett Avenue, Buffalo, NY, 14214	to enterior to a communication				
3.	Legal Structure:	☐ C-Corp. ☐ S-Corp ☐ LLC ☐ General Par☐ Limited Partnership ☐ Sole Proprietorship ☒ Not-fo					
4.	Applicant Contact Name:	Brian Pawloski, Founder and Head of School	THE RESERVED OF THE PARTY OF TH				
5.	Contact Phone Number:	716-713-2162 Contact Email Address: bpawloski@buffaloco	llegiate.org				
6.	Type of Business:	Please Describe - Charter School					
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	4				
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.						
10.		the following ownership types can be found in Appendix A of this dix A before answering this question. Is your business (check all   Woman-Owned  Veteran-Owned	N/A				
11.		rial Classification System (NAICS) Code of the Company. Please code, but the six-digit code is preferable	611110				
12.	What share of the company's p	roduct or service is sold within Erie County:	100%				
13.	Miscellaneous Questions:						
	litigation, or is any	any of its principals or Board Members presently the subject of any litigation threatened, which would have a material adverse effect financial condition?					
	☐ Yes ☑ No Has the Company of for less than the fu	or any of its principals ever settled a debt with a lending institution ll amount outstanding?					
	□ Yes 图 No Has the company, i creditor's rights or	ts affiliates or any of its principals ever filed bankruptcy, a receivership proceeding, or sought protection from creditors?	5 5				



	□ Yes 🖔 No	o 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 丞 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.	
	žYes □ No	Is the Applicant in compliance with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
14.	Qualifying	Questions:	
	XYes □ No	ls the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
	ՃYes □ No	Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
	žYes □ No	Is the Applicant's primary place of business located in a highly distressed area? (see map at <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a>	
	; □ Yes ox No	Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	Xo Yes □ No	Was the Applicant in business prior to March 7, 2020?	
	iX Yes □ No	Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
	□ Yes 🛣 No	Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?	
	≱Yes □ No	Has the Applicant been negatively impacted by the COVID-19 Pandemic?	
	Narrative:		
15.		Provide a summary of all PPE equipment and fixture purchases previously purchased an reason for their purchase.	d the
	<b>B.</b>		cluding an



disaster emergency, why the fu impact of your work/service in	
(attach separate sheet if more room is need	ded)
Please see attached Narrative	



EMPL	OYMENT INFORMATION			
	<b>ng Jobs</b> — A full-time equivalent job equals any co itute the equivalent of a job of at least 35 hours p		e jobs that, whe	en combined,
16.	Indicate how many existing full-time equival employ	lent jobs the Applicant and its relate	ed entities	31
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
	Surgical Masks and Hand Sanitizer, through A		\$8,100.00	
	Foaming Hand Sanitizer, through CORR Distri	butors		\$2,515.97
	Infrared Noncontact Thermometer			\$1,300.00
	Total Vendor Expense  GRANT REQUESTED (grant will be calculated)	hu multiplying aligible costs x 2000)	\$	\$11,915.97
	GRANT REGULATED (grant will be calculated	by manipying engine costs x 30%)	\$	\$10,000.00
	CERTIFICATION  Brian Pawloski all the questions and answers contained in the	being duly sworn, state that e forgoing application and the docu		
18.	heretor that I have supplied full and complete of my knowledge; information and belief; and understand that false statements or intention verification process may have an adverse con industrial Development Agency.	information in the answer to each I that all information I have supplied all omissions made in this Application	question herein d is true and cor on or in connect	to the best ; rect. (further lon with the
	in addition, I acknowledge that the Agency is understand that all grant information and fed disclosure under FOIL subject to limited statu	ords related to this application are		
Name	of Company Official Completing Worksheet:	Title:	Date Comple	eted:
	n Pawloski	Founder & Head of School	1/27/21	
Signa	ture: Bi vi Rhi			right of Early and the second

## ECIDA COVID-19 Disaster Relief PPE Cost-Reimbursement Program Grant Narrative:

#### **Buffalo Collegiate Charter School**

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

Our response to the pandemic has required significant investments into PPE and sanitation to prevent the spread of COVID-19. Costs have included masks, gloves, hand sanitizer, thermometers, air purifiers, increased janitorial services, and more.

Reimbursement is requested for PPE equipment purchased as a result of the pandemic and its effects on our charter school. Purchases included in our request are:

1,500 Surgical Masks24 gallons of Hand Sanitizer24 Bottles of Foam Hand Sanitizer1 Infrared Noncontact Thermometer

Masks and hand sanitizer were purchased in bulk as a part of our efforts to increase sanitary measures and precautions for our staff, Spring 2020 and Fall 2020. The thermometer was purchased for use with incoming staff, students, and guests, as a part of health screening precautions for anyone entering the building. We continue to invest in keeping these essentials stocked in accordance with all federal and state mandates in order to safely maintain school operations.

- 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) N/A
- C. 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.

This pandemic hit during our second full academic year, 2019/2020, and now has carried into our third academic year, 2020/2021. In our mission, we begin with the simple clause: "With unrelenting determination and commitment to excellence." That clause has never been truer than right now as we navigate the impact of the current COVID-19 health crisis and ensure that our students thrive. Our team has done a terrific job being nimble and solutions-oriented as we support our students and families through these challenges. In mid-March, we transitioned fully to distance learning, for the remainder of the 2019/2020 academic year. We then offered a new summer learning academy for a subset of our students (in partnership the National Summer School Initiative), in response to many parent concerns about learning loss. In Fall 2020, we operated under a responsive return-to-school plan, returning remotely at first, with a hybrid model to welcome some of our students back in-person two days a week, as public health

guidelines allowed, while continuing to offer a fully remote option. After a brief hiatus, we will soon be welcoming a greater number of our students back to in-person learning, while continuing to provide a fully remote education to the rest of our student body.

Our commitment during this time is first, to keep every member of our community safe and second, to ensure that learning never stops. Our operating funding has been impacted in five primary ways:

SUNY Charter Schools Institute notified us that there are projected New York State funding cuts for charter schools of 5.5% (which will equate to approximately ~\$170,000 for this 2020/2021 academic year). This comes in the wake of COVID-19 and the residual impact on the state budget.

We had 5 students transfer into Buffalo Collegiate Charter School early 2020, right as the implications of this pandemic were beginning to be realized. We transitioned to 100% virtual learning for all current students, including these 5 new enrollees, despite prolonged uncertainty from Buffalo Public Schools that we will be reimbursed for the time these new students are with us. We committed to educating them within Google Classroom as full BCCS students regardless, and to date, have only received reimbursement for 3 of 5 students.

Our faculty transitioned fully to remote learning as of mid-March 2020. This swift and unexpected transition has required significant investments into our technology infrastructure. While we utilize technology in myriad ways throughout our classrooms, we did not have a full 1:1 Chromebook to student ratio. Thus, we have had to purchase many additional Chromebooks, as well as hotspots, to ensure that every student has the technology infrastructure and internet access they need to fully participate in online learning from home. We have also had to subscribe to Zoom for Education to ensure secure, disruption-free virtual classes. We will need to continue adding new devices and technological capacity as we add a new grade level each year, approximately 72 students per year.

This academic year (2020/2021), we are operating under a responsive return-to-school plan, returning remotely at first, with a hybrid model in place to welcome some of our students back in-person two days a week, as public health guidelines allow. We were able to have some students back in-person in the Fall, and after a brief hiatus, are soon welcoming a greater number of our students back into the building. This has required significant investments into PPE and sanitation to prevent the spread of COVID-19. Costs have included masks, gloves, hand sanitizer, thermometers, air purifiers, increased janitorial services, and more.

We have increased our investments into professional development as well, to support and equip our faculty in these transitions to remote and hybrid teaching.

Additionally, we have incurred increased staffing investments, into a part-time school nurse and into our social work and behavioral health student supports (now 2 full-time social workers on staff). We were already seeing an upward trend in students presenting with social, emotional, and behavioral challenges pre-COVID-19, and have expanded behavioral health care supports for our growing student body in anticipation of an even greater need for integrated behavioral health supports in the years ahead.

Buffalo Collegiate is an unrelenting partner for our students, committed to empowering and uplifting them in a community where more than 50% of residents live in poverty, only half of adults have a HS diploma, and fewer than 10 out of every 100 students are performing at grade level. Located on the East Side, our student body is 87.9% African American and 5.4% Hispanic, a higher minority enrollment than BPS's 80%. Our mission is, "With unrelenting determination and a commitment to excellence, Buffalo Collegiate Charter School educates students in grades 4 through 12 to graduate from the college of their choice and serve as our next generation of leaders." Buffalo Collegiate exists to serve families who lack options for a high-impact education for their child. We intentionally begin in fourth grade, as that is the year many begin to fall behind in reading and math, losing traction in foundational areas that are critical to academic success. BCCS offers a transformational alternative for youth whom traditional public schools have often failed: a life-changing education to improve achievement, ensure high school graduation, and prepare each student as a college-bound, next generation leader. BCCS currently serves 4th, 5th, 6th and 7th grades, and will grow to include 8th grade in the 2021-22 school year.

Funds through the ECIDA COVID-19 Disaster Relief PPE Cost-Reimbursement program will aid BCCS in continuing to navigate current COVID uncertainties and provide excellent education.

# Grant Application Overview April 2021

APPLICANT	GRANT	1000年後の100日日本年間は100日の日本日本	STAFF
	SAIVIO UNE C	PRIORITIES Highly Distressed	RECOMMENDATION
Buffalo Film Works, Inc.	\$10,000	Area	Recommended for Funding
Symoneic:	ř		

### Synopsis:

**Buffalo Film Works, Inc.** (hereafter Film Works) Is the largest major motion picture film studio in upstate New York. Over 120,000 sq. ft. of stage space and 60,000 sq. ft. of flex space for production support. The stages at Buffalo Film Works are geared for blockbuster scale movies and television series productions. Productions include: Quiet Place II, Crown Vic, and the Adventures of Wolfboy.

Film Works has been negatively impacted by the NYS disaster emergency and the conditions created by the coronavirus pandemic. The studio was closed for most of 2020 as the film industry came to a standstill, which has resulted in the loss of approximately \$295,000. Film Works is seeking funding assistance from the ECIDA to offset the purchase of PPE/fixture (temperature scanner, masks, HVAC air circulation upgrades & filters, germicidal light fixture) expenditures necessary to safely reopen and prevent the community spread of COVID.



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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a> Please complete and return this Application along with the required documentation. Questions — contact us at 716.856.6525 x. 126

COMP	ANY INFORMATION					
1.	Applicant Legal Name:	Buffalo	Film W	orker I	7.	
2.	Applicant Address:  Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	370 Babas Butfalo,,	ock St			
3.	Legal Structure:	☐ C-Corp. ☐ Limited Partne	√S-Corp ership	□LLC □ Sole Propri	□ General Par etorship □ Not-fo	
4.	Applicant Contact Name:	Jennifer				
5.	Contact Phone Number:				jennifer@ Buffan	lo Film World
6.	Type of Business: Movi c Shali	Please Describe	Studio 1	where main	es are filmed	
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including all schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss Statement and Balance Sheet.					tement and
8.	Number of years in business in	Erie County	Nort beld til	154 15 17 17 17 17 17 17 17 17 17 17 17 17 17		3
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.				ATTACHED	
10.	Ownership Type: Definitions of application. Please read Appending that apply):   Minority-Owned	dix A before answe	ering this qu		business (check all	To prove the second seco
11.	Primary North American Indust provide at least the three-digit of			-	ne Company. Please	512110
12.	What share of the company's p	roduct or service is	s sold withi	n Erie County:		100%
13.	Miscellaneous Questions:				4	



	□ Yes No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?				
	☐ Yes No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?				
	☐ Yes No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?				
	□ Yes No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?				
	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: \$				
	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.				
	Pyes No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").				
	24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").  How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?				
14.	Qualifying Questions:				
	Yes Do 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 <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )				
	☐ Yes 16 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 Do Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?				
	Yes No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?				
	Yes  No Has the Applicant been negatively impacted by the COVID-19 Pandemic?				



#### Narrative:

15.

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

Due to Covid 19 and the guenars executive order Butfalo Film works has been short down for the year 2020. We hope to be able to boking our employees back to work by bringing productions back to town by making our facility Covid compliant. We went from being a throwing business to struggling financially to be able to pay bills. This grant will aid us with additional expenditives we have had to make due to covid.



	Indicate how many existing full time equipples tiple at a transfer to		** Sandandar Campana and C. C. Company
16.	Indicate how many existing full-time equivalent jobs the Applicant and its relate employ as of the date of application.	d entities	0
Srant	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 attac paid receipts
	Sale Space Scan-Facial Sunner/ temperature		2,480.14
	alston ink masks		416.29
	Mas Lu		518.1
	MEAN 13 AW FITCH		374.14
	New HVAC for circulation regularians		346.80
	Addt MERV 13 Filters	10171	8,520.00
	Total Vendor Expense	693.72	414 90
		\$ 693.72	\$12,649.0
A of our vibration	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$	\$ 10,000.0
	CERTIFICATION		
8.	being duly sworn, state that I all the questions and answers contained in the forgoing application and the documentereto; that I have supplied full and complete information in the answer to each configuration of the answer to each configuration in the answer to each configuration in the answer to each configuration with the formation and belief; and that all information I have supplied understand that false statements or intentional omissions made in this application verification process may have an adverse consequence to my application/submiss industrial Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freedom understand that all grant information and records related to this application are p	ients that I has uestion herein is true and con i or in connect ion to the Erie	e attached to the best rect. I further ion with the County
8.	being duly sworn, state that I all the questions and answers contained in the forgoing application and the docum hereto; that I have supplied full and complete information in the answer to each cof my knowledge, information and belief; and that all information I have supplied understand that false statements or intentional omissions made in this application verification process may have an adverse consequence to my application/submiss industrial Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freedom understand that all grant information and records related to this application are publiclosure under FOIL subject to limited statutory exclusions.	ients that I has uestion herein is true and con t or in connect ion to the Erie of Information orentially subje	ve attached to the best rect. I further lon with the County i Law (FOIL): act to
	being duly sworn, state that I all the questions and answers contained in the forgoing application and the docum hereto; that I have supplied full and complete information in the answer to each cof my knowledge, information and belief; and that all information I have supplied understand that false statements or intentional omissions made in this application verification process may have an adverse consequence to my application/submiss industrial Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freedom understand that all grant information and records related to this application are publiclosure under FOIL subject to limited statutory exclusions.	ients that I has uestion herein is true and con t or in connect ion to the Erie of Information orentially subje	ve attached to the best rect. I further ion with the County i Law (FOIL); act to

## **Grant Application Overview April 2021**

ARREIGANT	Fig. 12 Control of the Section Section 1	・ で表現機・利益を設定している。	START RECOMMENDATION
Center for Exploratory and Perceptual Arts, Inc.  Synopsis:	\$4,431.76	Highly Distressed Area	Recommended for Funding

Center for Exploratory and Perceptual Arts, Inc., aka CEPA Gallery (hereafter CEPA) is a contemporary photography and visual arts center with impact in both local and national communities. With three galleries of changing exhibits and events, multimedia public art installations, arts education programs, and an open-access darkroom and digital photo lab, CEPA creates a vibrant presence in the heart of downtown Buffalo. Throughout its history, CEPA has strived to reflect the creative priorities for working artists, while growing to accommodate the educational and social needs of Western New York's diverse community. Over the years, CEPA has evolved into a nationally recognized arts center that is truly international in scope, but regional in spirit. It is now one of the oldest and largest not-forprofit photography-based arts centers in the United States.

CEPA has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. CEPA was closed from March-August 2020 and reopened to limited capacity, which has reduced the organization's operating income derived from memberships and workshops. CEPA has also seen a reduction in income from grants and fundraising throughout 2020 as compared to the previous year. CEPA is anxious to open more of its space to the public and is seeking funding assistance from the ECIDA to support PPE/fixture (air purifiers, partitions, sanitizer, masks, and signage) expenditures necessary to prevent the community spread of COVID.



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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a> Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COMP/	NY INFORMATION					
1.	Applicant Legal Name:	Center for E	xplorator	y and Percep	tual Arts Inc	A San Ki A say da ayaran b
2.	Applicant Address:  Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.			201, Buffalo		
3.	<u>Legal</u> Structure:	☐ C-Corp. ☐ Limited Partne	□S-Corp ership	□LLC □ Sole Proprie	□ General Par torship Ø Not-fo	
4.	Applicant Contact Name:	Véronique Côté	)	AA 700 18 - 10 - 10 - 10 - 10 - 10 - 10 - 10		The species of the sp
5.	Contact Phone Number:	716-856-2717	Contact	Email Address:	veronique@cepaga	illery.org
6.	Type of Business:	Please Describe C	EPA is a	nonprofit arts	I manufacture and a second sec	
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss Statement a Balance Sheet.					ncluding all ement and
8.	Number of years in business in	Erie County	and I did not a didn't a consequence of the consequ		Amount of the second	47
9.	Ownership: Privately held com structure, including the % of ow company. Not for Profit organizations.	nership for each in	dividual a	nd entity owning	ompany's ownership g 20% or more of the zation's officers and	☑ ATTACHED
10.	Ownership Type: Definitions of application. Please read Append that apply):   Minority-Owned	lix A before answe	ring this q	s can be found in uestion. Is your 'eteran-Owned	n Appendix A of this business (check all	·
11.	Primary North American Indust provide at least the three-digit of	rial Classification S code, but the six-dig	ystem (NA sit code is	NICS) Code of the preferable	Company. Please	711
12.	What share of the company's p	roduct or service is	sold with	in Erie County:		180
13.	Miscellaneous Questions:					



	□ Voc ¬t N =   □ Voc ¬t N =  □ Voc ¬	The Commence of the second confidence of the s	
	□ 162 <b>K</b> :M(	o Is the Company or any of its principals of Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	
	□ Yes Ø No	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	□ Yes Ø 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?	
		Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	□ Yes Ø 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 Ø 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 Ø 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 Ø No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	2.1
	The state of the s	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? Mariely Ortiz	
14.	Qualifying	Questions:	
	ø Yes □ No	Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
	ø Yes □ No	Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
		Is the Applicant's primary place of business located in a highly distressed area? (see map at <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )	
	□ Yes ☑ No	Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	ø Yes □ No	Was the Applicant in business prior to March 7, 2020?	
	Ø 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?	
	Ø Yes □ No	Has the Applicant been negatively impacted by the COVID-19 Pandemic?	



	litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?			
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	☐ Yes   No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?			
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	Yes No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?			
	□ Yes ✓No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?			
	□ Yes   No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$			
	□ Yes No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.			
	□ Yes No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").			
	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?  Mariely Ortiz			
14.	Qualifying Questions:			
14.	Qualifying Questions:   Yes  No is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?			
14.	✓Yes □ No Is the Applicant a small business or small not-for-profit corporation with not more			
14.	Yes No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?			
14.	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?			
14.	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 <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )			
14.	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 <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> ) □ Yes ☑ No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?			
14.	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 <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> ) □ 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			



	Narrative:				
	<ul> <li>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</li> </ul>				
15.	B. Provide a summary for all future PPE and fixture purchases the entity will be making, including an				
	explanation of how it will be used (if applicable).  C. Provide a narrative to include: how your organization has been negatively affected by the State				
	disaster emergency, why the funds are necessary, the applicant's ties to the community and the				
	Impact of your work/service in Erie County.				
	(attach separate sheet if more room is needed)				
	Please see attached.				
n					



- a		San Carlotte Control of the Control		
<i>Existi</i> const	ng Jobs — A full-time equivalent job equals any control itute the equivalent of a job of at least 35 hours	ombination of two or more part-time per week.	jobs that, wh	en combined,
16.	Indicate how many existing full-time equiva employ as of the date of application.	lent jobs the Applicant and its related	l entities	3
dan	Regres Chape			
17.	PPE and/or Fixture Installation Description  Items or Vendor Contract (attach additional		For FUTURE PPE/Fixtures you plan to purchase — list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Surgical Masks & Hand Santizer Spray (Nonprofit (	Coalition)	239.48	239.48 mud pot
	Santizer Refills (Amazon-3 orders)		511.68	127.92 🗸 ,
	Air Purifiers (Amazon)		1049.93	89.00
	Social Distance Stickers (ZoomCopy)		112.00 399.80	56.00
	Touchless Santizer (wall and freestanding)			25.55
	Plexiglass Barriers			
	Filters for Air Purifiers, Thermometer, Gloves & UV sanitizing wand			
and the second s	Total Vendor Expense			\$ <del>5</del> 12.40
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%) \$			\$461.16
18.	CERTIFICATION  1. Véronique Côté! , being duly all the questions and answers contained in the bereto; that I have supplied full and complete of my knowledge, information and belief; and understand that false statements or intention verification process may have an adverse con industrial Development Atlency.	information in the answer to each q I that all information I have supplied hall omissions made in this Application	nents that I ha uestion herei is true and con or in connec	to the best rect. I further tion with the
	In addition, Lacknowledge that the Agency is understand that all grant information and recidisclosure under FOIL subject to limited statue of Company Official Completing Worksheet:	ords related to this application are protony exclusions  Title:	Date Comple	ect to
Véron Signa	ture:	Executive Director	2/25/21	

## **Grant Application Overview**

#### **April 2021**

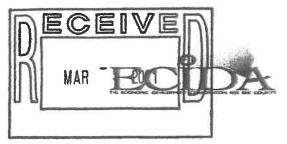
APPLICANT	GRANT AMIOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Country Club Catering of WNY			
Inc.	\$2,250	WBE	Recommended for Funding

#### Synopsis:

Country Club Catering of WNY Inc. (hereafter Country Club) is a family-owned business located in the southtowns of Eric County. Tracey (51% ownership) and Steven Ceccarelli combine talents to bring their customers visions to life. At the core of their success is an obsessive commitment to perfection. With so many catering companies to choose from, the Ceccarelli's believe it is important to consistently deliver the quality of food, extraordinary guest experiences and passion.

Country Club has been negatively impacted by the NYS disaster emergency and the conditions created by the coronavirus pandemic. After coming off their best year in 2019, Country Club catered only one small event in 2020 due to COVID restrictions, resulting in an estimated \$100,000 loss in business. With restrictions easing, Country Club is preparing for the return of business in 2021 season. The business is requesting funding assistance from the ECIDA for PPE/fixture (gloves, masks, aprons, disinfectant, hand sanitizer, disposable supplies, signage, and partitions) to allow for safe interaction between customers and staff.



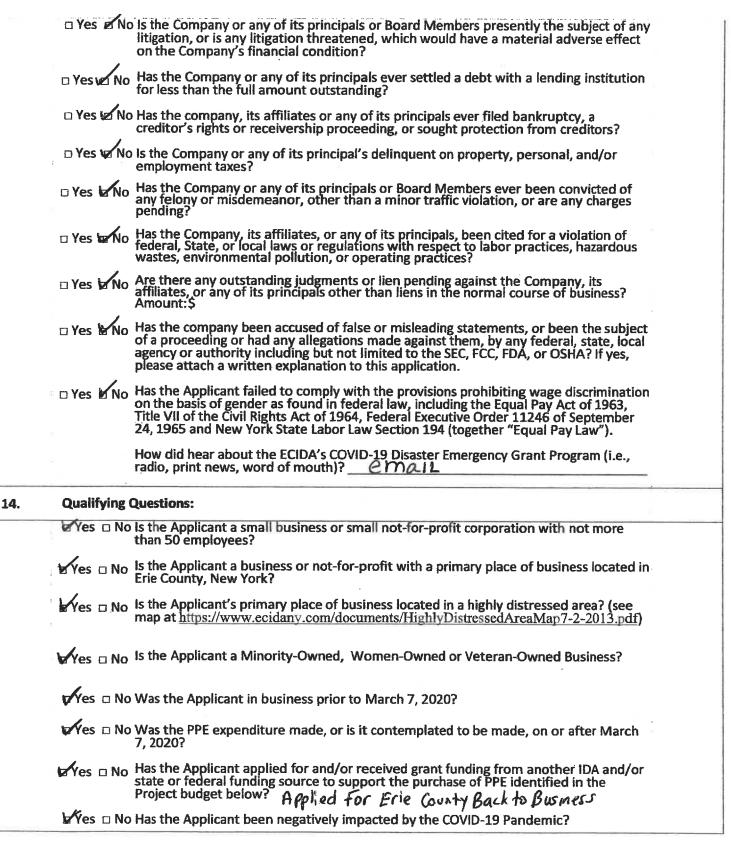


Thank you for your interest in the Erie County Industrial Development Agency's Disaster Emergency Grant

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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a>
Please complete and return this Application along with the required documentation. Questions — contact
us at 716.856.6525 x. 126

COMPA	NY INFORMATION		
1.	Applicant Legal Name:	COUNTRY CLUB CATERING OF WNY INC.	
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	6917 POTTER ROAD DERBY, NY 14047	
3.	Legal Structure:    C-Corp. S-Corp DLLC General Partnership Sole Proprietorship Not-for-		
4.	Applicant Contact Name:	Steven Ceccarelli	
5.	Contact Phone Number:	716-713-6495 Contact Email Address: Country Gub Caterir Please Describe CATERING Croadoun	9
6.	Type of Business:	Please Describe CATERING Croadon	ner. com
7.		9, a signed copy of the organization's 2019 Federal Tax Return in ted Financial Statement and 2020 year-to-date Profit & Loss Stat	ncluding all ement and TTACHED
8.	Number of years in business in	Erie County	15
9.	Ownership: Privately held companies, please attach a description of the company's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the company. Not for Profit organizations, please attach a list of the organization's officers and directors.		
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply):   Minority-Owned Woman-Owned Uveran-Owned		
11.	<del>-</del>	trial Classification System (NAICS) Code of the Company. Please code, but the six-digit code is preferable	722320
12.	What share of the company's product or service is sold within Erie County:		99 %
13.	Miscellaneous Questions:		







#### Narrative:

**15**.

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

(attach separate sheet if more room is needed)

- A.) We have not had any business as of yet due to state guidelines with regards to weddings. We have masks t gloves from past purchases and donations.
- B.) We want to be able to start working again when customers feel safe again. We would use the funds to get proper face coverings, gloves, barriers for food presentation and social distancing
- C.) Our business in 2019 had its best year in catering wedding receptions. 2020 We catered only I event for just 50 people. We had \$100,000 loss in business due to Covid. Our sales for 2020 were less than 30,000. Without any help, Our business may not be able to last through the summer.



<b>EMPL</b>	OYME	NT INFO	RMATION

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.

Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ as of the date of application.  $\partial - CO$ - Owners only

It will be for initial opening t 1st catered  Wedding only. If the economy opens up  We word possibly need multiple cases  of gloves along with numerous cases  of masks than a simple purchased  Total Vendor Expense  Total Vendor Expense  Salso \$  GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)  \$2,500 \$  CERTIFICATION.  Being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief, and that all information I have supplied is true and correct. Further understand that false statements or intentional omissions made in this Application or inconnection with the verification process may have an adverse consequence to my application/submission to the Frie County industrial Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL) understand that all grant information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions.	17.	PPE and/or Fixture Installation Description  Items or Vendor Contract (attach additional sheet as necessary)  See attacked Sheet	For FUTURE PPE/Fixtures you plan to purchase — list and attach proposal copies	For PAST PPE/Fixture actual expenditures list and attach paid receipts
We world possibly need multiple cases  of gloves thong with numerous cases  of masks + hand sanings.  We will base it on 3 times purchased  Total Vendor Expense  GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)  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. Further understand that false statements or intentibnal omissions made in this Application or in connection with the verification process may have an adverse consequence to my application/submission to the Frie County. Industrial Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freedom of information Law (FOIL) understand that all grant information and records related to this application are potentially subject to ?			future	
we work passibly need multiple cases  of gloves than with numerous cases  of masks + hand sanitize  We will base it on 3 times purchased  Total Vendor Expense  GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%) \$2,250 \$  CERTIFICATION  being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief, and that all information I have supplied is true and correct. I further understand that false statements or intentional omissions made in this Application or inconnection with the verification process may have an adverse consequence to my application/submission to the frie County. Industrial Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freetlom of information Law (FOIL), understand that all grant information and records related to this application are potentially subject to "."				
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We will base it on 3 times purchased  Total Vendor Expense \$2,500 \$  GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%) \$2,350 \$  CERTIFICATION  being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true and correct. I furthe understand that false statements or intentional omissions made in this Application or inconnection with the verification process may have an adverse consequence to my application/submission to the Eric County industrial Development Agency is subject to New York State's Freetland of Information Law (FOIL) understand that all grant information and records related to this application are potentially subject to 1.			ļ	
Total Vendor Expense \$2,500 \$  GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%) \$2,050 \$  CERTIFICATION  being duly sworn, state that I have read and understand all the questions and answers contained in the forgoing application, and the documents that I have attached hereto; that I have supplied full and complete information in the answer to each question herein to the best of my knowledge, information and belief, and that all information I have supplied is true and correct. Further understand that false statements or intentional omissions made in this Application or inconnection with the verification process may have an adverse consequence to my application/submission to the Eric County industrial Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL) understand that all grant information and records related to this application are potentially subject to !		h c	-	
Total Vendor Expense  GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)  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. Further understand that false statements or intentional omissions made in this Application or inconnection with the verification process may have an adverse consequence to my application/submission to the Eric County industrial Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL) understand that all grant information and records related to this application are potentially subject to Years and Years and Years are potentially subject to Years are potentially subject to Years and Years are potentially subject to Years and Years are potentially subject to Years a			-	
Seing 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 furthe understand that false statements or intentional omissions made in this Application or inconnection with the verification process may have an adverse consequence to my application/submission to the Eric County industrial Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freedom of Information Law (FOIL) understand that all grant information and records related to this application are potentially subject to "		To the first of the second of	\$2500	Ś
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			\$2,250	\$

# Grant Application Overview April 2021

APPLICANT	GRANT	PROGRAM	STAFF
	AMOUNT	PRIORITIES	RECOMMENDATION
ECMC Foundation Inc.	\$2,421.43	Highly Distressed Area	Recommended for Funding

#### Synopsis:

**ECMC Foundation**, a not-for-profit corporation, enhances what ECMC offers to its patients and community, secures the resources that make all the difference, and takes on initiatives to financially support the lifesaving work of ECMC. The ECMC Foundation sponsors the Mobile Mammography Unit to bring preventive and diagnostic care to women across Western New York—from the heart of downtown Buffalo to rural towns and villages.

The ECMC Foundation has been negatively impacted by the NYS disaster declaration and the current economic conditions resulting from the pandemic. Proceeds from fundraising, which is the organization's main source of revenue, was drastically reduced (45% decrease) from 2019. Moving forward, it is uncertain if the annual Springfest and Golf Tournament will return as revenue generators in 2021. The ECMC Foundation is seeking assistance from the ECIDA to offset prior PPE (masks & sanitizer) expenditures necessary to operate the Mobile Mammography Coach to conduct breast cancer screening safely during the pandemic.



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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a> Please complete and return this Application along with the required documentation. Questions — contact us at 716.856.6525 x. 126

COMP	ANY INFORMATION				
1.	Applicant Legal Name:	ECMC Foundate	tion, Inc.		
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	462 Grider Stre Buffalo, New Y 14215			
3.	Legal Structure:	□ C-Corp. □ Limited Partne	□S-Corp □LLC ership □ Sole Proprie	□ General Par etorship ■ Not-fo	
4.	Applicant Contact Name:		Susan M Gon	zalez	of the second control
5.	Contact Phone Number:	716-898-4478	Contact Email Address:	sgonzalez@ecmo	.edu
6.	Type of Business:	Not-for-profit 501 (c)	(3) supporting patient care & I		
7.	Please submit a completed W- schedules or a 2019 CPA Audit Balance Sheet.	9, a signed copy of ed Financial Stater	f the organization's 2019 ment and 2020 year-to-d	ate Profit & Loss Stat	ncluding all ement and TACHED
8.	Number of years in business in	Erie County	Harden data data samura and a s	· ·	28
9.	Ownership: Privately held com structure, including the % of ow company. Not for Profit orga directors.	nership for each in	ch a description of the odividual and entity owning track a list of the organ	g 20% or more of the	✓ ATTACHED
10.	Ownership Type: Definitions of application. Please read Append that apply):   Minority-Owned	the following owne lix A before answer	r <b>ing this question</b> . Is your	n Appendix A of this business (check all	The second secon
11.	Primary North American Industry provide at least the three-digit c	rial Classification Syode, but the six-dig	ystem (NAICS) Code of the it code is preferable	e Company. Please	813219
12.	What share of the company's p	roduct or service is	sold within Erie County:		100 %
13.	Miscellaneous Questions:				



	L res vino	litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	
	□ Yes zi No	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	□ Yes Ø No	o Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
	□ Yes Ø No	ols the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	and a lifeturine with	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 z 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 Ø No	Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	
	□ Yes ☑ No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
	· •	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? Print news - Buffalo Business First	
14.	Qualifying	Questions:	
	Ø Yes □ No	ls the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
	ø Yes □ No	Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
	ø Yes □ No	Is the Applicant's primary place of business located in a highly distressed area? (see map at <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )	
	□ Yes Ø No	is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
	ØYes □ No	Was the Applicant in business prior to March 7, 2020?	
	ø Yes □ No	Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
	Ø 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?	
/	ø Yes □ No	Has the Applicant been negatively impacted by the COVID-19 Pandemic?	

38

as pur applicant, received PPP freending; however, funds were not used to perport Runchasco identified in # 17 Budget request.



#### Narrative:

15.

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

(attach separate sheet if more room is needed)

A. 500 2-ply masks and 250 individual bottles of hand sanitizer were purchased for use aboard the Foundation's Mobile Mammography Coach. Items were used to ensure that all patients receiving mammogram screenings felt as safe as possible from the COVID-19 virus.

B. N/A - no future purchases included

C. As an affiliate organization of the Erie County Medical Center (ECMC), the ECMC Foundation works to assist the hospital by procuring the resources needed to be the medical center of choice through excellence in patient care and customer service. The Foundation was seriously affected by the COVID-19 pandemic and the resulting State disaster emergency, because the organization's main source of revenue, large fundraising events, had to be canceled for a full year. These major events, including the annual Spring Fest Gala, the largest such event in the region, raise vital funds for patient comfort carts, medical equipment, employee continuing education, and community programs. Initiatives within the community include the summer youth internship program, the Farmers Market on Grider, and the Mobile Mammography Coach. The ECMC Foundation is proud of the role it has played in the renaissance transforming the City's historic East Side. The Foundation maintains strong relationships with a wide ecosystem of stakeholders throughout the community and regularly engages them on projects large and small.

By requesting funding for PPE purchases made during the midst of the COVID-19 pandemic, the Foundation can instead utilize its resources on patient services and community initiatives.



<i>Existi</i> const	ing Jobs — A full-time equivalent job equals any c titute the equivalent of a job of at least 35 hours	combination of two or more part-tim per week.	e jobs that, wh	en combined,
16.	Indicate how many existing full-time equivalently employ as of the date of application.	alent jobs the Applicant and its relate	ed entities	6
Gran	t Request Budget			1
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 attacl paid receipts
	QT 250 - Small, individual QT 500 - PPE, ma			790.69
	Total Vendor Expense		\$	\$2,690.48
	GRANT REQUESTED (grant will be calculated	by multiplying eligible costs x 90%)	\$	\$2,421.43
<b>18.</b>	ell the questions and answers contained in the foreto; that I have supplied full and complete of my knowledge, information and belief; and understand that false statements or intention verification process may have an adverse contodustrial Development Agency. In addition, I acknowledge that the Agency is understand that all grant information and recollectors under the transfer of the control o	e information in the answer to each of that all information I have supplied hal omissions made in this Application sequence to my application/submissions to New York State's Freedom bords related to this application are proportional to the supplication and the supplication are proportional to the supplication and the supplication are proportional to the supplication are proportional t	ments that Lhan question herein is thue and con- in or in connect sion to the Erie	re attached to the best rect. I further ton with the County
	of Company Official Completing Worksheet:			
vame	· a. aamhand anneiar comhicmil Motrought:	Title:	Date Comple	tod.
vame	Steven Wu	Accountant		/2020

#### **Grant Application Overview**

#### **April 2021**

APPLICANT	GRANT	PROGRAM	STAFF
	AMOUNT	PRIORITIES	RECOMMENDATION
Fostering Greatness Inc.	\$9,090.08	Highly Distressed Area	Recommended for Funding

#### Synopsis:

Fostering Greatness Inc. is a 501(c)(3) grassroots organization located in Western New York that assists transitioning foster care alumni of color from ages 16 to 35 with life skills, housing stability, education, and career advancement, personal and professional development, leadership development, and full optimal health management.

Youth and young adults who have aged out of the foster care system are among the most vulnerable, underserved, underrepresented, and forgotten populations in the United States. Foster care alumni, especially youth and young adults of color, often do not receive the resources, skills training, mentorship, or other assistance that they need in order to live full, sustainable and successful lives. Fostering Greatness Inc. assists foster care alumni in Western New York with the material support, motivation, and community they need, so that they can switch from focusing on surviving to thriving.

Fostering Greatness has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. The need for services to this vulnerable population increased during the pandemic while funding resources (grants, donations, programmatic funds) decreased. The loss of revenue resulted in the layoff of four (4) staff members, who are being called back on an asneeded basis. Fostering Greatness is seeking assistance from the ECIDA to support PPE (masks, gloves, sanitizer, disinfectant, and cleaning service) expenditures necessary to protect the health and safety of staff, volunteers, clients and partner agencies.



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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a> Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COMI	PANY INFORMATION		7.2				
1. 2.	Applicant Legal Name:  Applicant Address:  Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.  Legal Structure:	Fostering Greatness Inc. 1200 William Street #1844 Buffalo, Ny 14240  C-Corp. DS-Corp DLC DGeneral Pa					
4.	Applicant Contact Name:	Leah Angel Daniel					
5.	Contact Phone Number:	716-228-3824 Contact Email Address: Leah & fosteringgreating					
6.	Type of Business:	Please Describe Nonprofit Organization  9, a signed copy of the organization's 2019 Federal Tax Return i	90				
7.	schedules or a 2019 CPA Audi	ited Financial Statement and 2020 year-to-date Profit & Loss Sta Facked	ncluding all tement and				
8.	Number of years in business in		2				
9.	structure, including the % of ov	npanies, please attach a description of the company's ownership vnership for each individual and entity owning 20% or more of the anizations, please attach a list of the organization's officers and	ATTACHED				
10.	Ownership Type: Definitions of application. Please read Appen that apply):   Wilnority-Ownership Type:	the following ownership types can be found in Appendix A of this dix A before answering this question. Is your business (check all Woman-Owned					
11.	Primary North American Industry provide at least the three-digit	trial Classification System (NAICS) Code of the Company. Please code, but the six-digit code is preferable					
12.	What share of the company's p	product or service is sold within Erie County:	100%				



	□ Yes ⊠'N	o 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	
	□ Yes W No	on the Company's financial condition?  Has the Company or any of its principals ever settled a debt with a lending institution	
		for less than the full amount outstanding?	
	Yes ØN	o Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
	□ Yes 🗗 No	o Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	□ Yes 🗹 No	any relony 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 r No	Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$	
	□ Yes 🗹 No	Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.	
	□ Yes ☑ No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
		, 17 together Lyuai Fay Law ).	
		How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?	
14.	Qualifying	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?	
14.	/	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?	
14.	r Yes □ No	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? The public LASC  Questions:  Is the Applicant a small business or small not-for-profit corporation with not more	
14.	r Yes □ No	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?  Questions:  Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?  Is the Applicant a business or not-for-profit with a primary place of business located in	
14.	res □ No res □ No res □ No	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?  Questions:  Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?  Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?	
14.	✓Yes □ No  ✓Yes □ No  ✓Yes □ No	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?  Questions:  Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?  Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?  Is the Applicant's primary place of business located in a highly distressed area? (see map at <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )	
14.	✓Yes □ No  ✓Yes □ No  ✓Yes □ No  ✓Yes □ No	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?  Questions:  Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?  Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?  Is the Applicant's primary place of business located in a highly distressed area? (see map at <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )  Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
14.	✓ Yes □ No  ✓ Yes □ No  ✓ Yes □ No  ✓ Yes □ No  ✓ Yes □ No	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)?  Questions:  Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?  Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?  Is the Applicant's primary place of business located in a highly distressed area? (see map at <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )  Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?  Was the Applicant in business prior to March 7, 2020?	



	Narrative:
	A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the
	reason for their purchase.
15.	B. Provide a summary for all future PPE and fixture purchases the entity will be making, including ar explanation of how it will be used (if applicable).
	C. Provide a narrative to include: how your organization has been negatively affected by the State
	disaster emergency, why the funds are necessary, the applicant's ties to the community and the
	impact of your work/service in Erie County.
	(attach separate sheet if more room is needed)
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#### **Erie County COVID-19 Disaster Emergency Grant Application**

Fostering Greatness Inc.

Leah Angel Daniel - Founder & Executive Director

Email: leah@fosteringgreatnessinc.org

Phone: 716-228-3824

**PPE Summary Answers** 

- A. Fostering Greatness Inc. assists foster care youth, young adults and alumni who are transitioning out of the foster care system. Many of whom are homeless, unemployed, underemployed and in survival mode. We have purchased face masks, hand sanitizer, disinfectant spray, gloves, face shields, toiletries and cleaning supplies. We have also had to hire a cleaning service to sanitize the office due to our clients coming to the office to utilize the computers to apply for housing, benefits and other resources.
- B. Fostering Greatness plans to continue utilizing the cleaning service Custom Maid Cleaning Services while the office is being utilized. We also plan to continue to purchase the following items to distribute to our clients such as face masks, hand sanitizer, disinfectant spray, gloves, face shields, toiletries and cleaning supplies. These items will be distributed to our clients on a weekly basis so that they have the items available when needed.
- C. Fostering Greatness Inc. has been negatively affected by the State disaster emergency because we are a new organization that assists an already very vulnerable, underserved and forgotten population. Due to not having the appropriate funding, Fostering Greatness Inc. was unable to keep the full-time staff due to not having the appropriate funding available. The needs of the population that we serve escalated but the staff and help declined due to the safety of our staff and not knowing all of the dangers of COVID-19. The funding is necessary for Fostering Greatness Inc. because we have exhausted the funding that we have had in order to assist the population that we serve. The Founder/Executive Director has used her own funds to assist the population also. The Founder/Executive Director is also an alumna of foster care so she knows firsthand about being homeless and being without resources. Her lived experience, education and employment history has been rooted in assisted underserved communities in Western NY and Erie County. Her resume is also attach to show her contribution the community and the extensive amount of work and volunteer work she has invested into the community in Erie County.



EMPL	OYMENT INFORMATION				
<i>Existir</i> consti	ng Jobs — A full-time equivalent job equals any combination of two or more part-time tute the equivalent of a job of at least 35 hours per week.	jobs that, who	en combined,		
Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ as of the date of application.					
Grant	Request Budget		**************************************		
17.	PPE and/or Fixture Installation Description  Items or Vendor Contract (attach additional sheet as necessary)	For FUTURE PPE/Fixtures you plan to purchase — list and attach proposal copies	For PAST PPE/Fixture actual expenditures list and attach paid receipts		
	Face Masks	1/125.00			
	Hand Sanitizer	9 500.00			
	Disinfectant Spray		\$ 53.94		
	Custom Maid Chaning Services		1256.18		
	Gloves	\$150.00			
	Face Shields	\$ 160.00			
	Cleaning Supplies	#800.00	\$ 55.08		
	Total Vendor Expense	\$ 8,635	\$1,465.00		
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$7,771,50			
.8.	being duly sworn, state that I all the questions and answers contained in the forgoing application and the documenter to that I have supplied full and complete information in the answer to each got my knowledge, information and belief, and that all information I have supplied understand that false statements or intentional amissions made in this application verification process may have an adverse consequence to my application/submissional Development Agency.  In addition, I acknowledge that the Agency is subject to New York State's Freedom understand that all grant information and records related to this application are productionary under FOH subject to limited statutory exclusions.	vents that I have used on Service and come on to the End of the En	e attached to the less ect i further on with the county		
lame (	of Company Official Completing Worksheet: Title:	Date Comple	ted:		
Lea	L Angel Daniel Founder + Executive Dire	<u>-</u> -	3/25/202		
ignatu	ire:				

Erie County COVID-19 Disaster Emergency Grant Application - Fostering Greatness Inc.

115.00	650.00	360.00	00.009	160.00	150.00	150.00	700.00	300.00	5200.00	500.00	510.00		Total: 9395.00	demonstration of the second se	The state of the s			
23.00 5 packs	50 packs	2 packs	10 packs	10 packs	10 packs	5 packs	100 cans	20 gallons	12 months	10 packs	450 rolls	The second secon		The state of the s	and description of the contraction of the contracti	With African An Additional Communication Communication Communication (Communication) (Communic	den de folke equifique de la companya de la company	AND A BEST AND
23.00	13.00	180.00	00.09	16.00	15.00	30.00	00.7	15.00	100.00	20.00	17.00					milet and a state of the state	and the control of th	THE THE PARTY AND THE PARTY PA
Face Masks - Disposable (100 pack)	Face Masks - Cloth (5 pack)	Face Masks - KN-95 (250 pack)	Eye Shields (30 pack)	Face Shields (10 pack)	Goggles (12 pack)	Gloves (100 ct)	Disinfectant Spray (1 can)	Antimicrobial Liquid Hand Soap - 1 Gallon	Custom Made Cleaning Service - Weekly	Hand Sanitizer (50 ct)	Paper Towels (15 rolls)							Perior or arteminenterme
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#### **Grant Application Overview**

#### **April 2021**

APPLICANT	CRANT AMOUNT	PROGRAM PRIORINGS	STARF RECOMMENDATION
Kleinhans Music Hall		Highly Distressed Area	
Management, Inc.	\$10,000		Recommended for Funding

#### Synopsis:

Kleinhans Music Hall Management Inc., (Hereafter Kleinhans), a not-for-profit, is a designated National Historic Landmark and internationally renowned performance venue. Orchestra musicians, conductors, and soloists have long admired Kleinhans, which is home to the world class Buffalo Philharmonic. Kleinhans exists for the use, enjoyment, and benefit of area citizens and the regional economy.

Kleinhans has been negatively impacted by the NYS disaster emergency and the conditions created by the coronavirus pandemic. The Hall has been closed for over a year resulting in a significant loss of revenue (ticket sales, concessions, earned income) that is necessary to support operations. As Kleinhans is preparing to reopen at reduced capacity in the next few months, it will be necessary to make the facility safe for the public. Kleinhans is requesting assistance from the ECIDA to help offset the cost of PPE/fixture (masks, gloves, sanitizer, disinfectant air filters) expenditures to allow for safe reopening and prevent the community spread of COVID.



Thank you for your interest in the **Eric 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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a> Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COMP	ANY INFORMATION					
1.	Applicant Legal Name:	Kleinhans Music Hall				
2.	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	Physical address: 3 Symphony Circle Buffalo, NY 14201 Mailing address: 786 Delaware Avenue #2 Buffalo NY 14209				
3.	Legal Structure:	<ul> <li>□ C-Corp.</li> <li>□ S-Corp.</li> <li>□ LLC.</li> <li>□ General Pa</li> <li>□ Limited Partnership.</li> <li>□ Sole Proprietorship.</li> <li>☑ Not-form</li> </ul>				
4.	<b>Applicant Contact Name:</b>	Daniel Hart	***************************************			
5.	Contact Phone Number:	716-242-7807 Contact Email Address: dhart@bpo.org				
6.	Type of Business:					
7.	Please submit a completed W- schedules or a 2019 CPA Audit Balance Sheet.	9, a signed copy of the organization's 2019 Federal Tax Return is ted Financial Statement and 2020 year-to-date Profit & Loss Statement	ement and			
	The second secon	The second secon	TACHED			
8.	Number of years in business in	Erie County	80			
9.	structure, including the % of ow	panies, please attach a description of the company's ownership mership for each individual and entity owning 20% or more of the mizations, please attach a list of the organization's officers and				
10.	Ownership Type: Definitions of application. Please read Append that apply):   Minority-Owned	the following ownership types can be found in Appendix A of this lix A before answering this question. Is your business (check all Woman-Owned Uteran-Owned				
11.	Primary North American Indust provide at least the three-digit of	rial Classification System (NAICS) Code of the Company. Please ode, but the six-digit code is preferable	711310			
12.	What share of the company's p	roduct or service is sold within Erie County:	100%			
13.	Miscellaneous Questions:					



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	☐ Yes ☑ No Is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
	☐ Yes ☑ No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
	□ Yes ☑No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
	□ Yes No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
	☐ Yes ☑ No Has the Company or any of its principals or Board Members ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?
	☐ Yes ☑No Has the Company, its affiliates, or any of its principals, been cited for a violation of federal, State, or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, or operating practices?
	☐ Yes ☑ No Are there any outstanding judgments or lien pending against the Company, its affiliates, or any of its principals other than liens in the normal course of business? Amount:\$
	☐ Yes ☑ No Has the company been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, please attach a written explanation to this application.
	☐ Yes ☑No Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").
	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? <a documents="" highlydistressedareamap7-2-2013.pdf"="" href="mailto:ema&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;th&gt;14.&lt;/th&gt;&lt;th&gt;Qualifying Questions:&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;✓ Yes □ No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;☑Yes □ No Is the Applicant a business or not-for-profit with a primary place of business located in Erie County, New York?&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;&lt;/td&gt;&lt;td&gt;✓ Yes □ No is the Applicant's primary place of business located in a highly distressed area? (see map at &lt;a href=" https:="" www.ecidany.com="">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )
	□ 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?
	En 100 100 Was the Applicant in business prior to Watch 7, 2020:
	✓ Yes □ No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?
	✓ Yes □ No Was the PPE expenditure made, or is it contemplated to be made, on or after March



#### Narrative:

15.

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

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

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

(attach separate sheet if more room is needed)

Kleinhans Music Hall (Kleinhans) is the permanent home of the Buffalo Philharmonic Orchestra (BPO), and host to other civic and cultural events, ranging from Just Buffalo Literary Center's Babel Series, to local high school graduations, that serve almost every community in Erie County. Each year nearly 200,000 patrons visit this incomparable architectural gem to attend ~300 different events.

In addition to serving audiences from across the region, Kleinhans is also an important employer in Erie County. Over 400-500 people are paid wages for events held at Kleinhans in an average year, including Kleinhans and BPO staff and musicians, staff of organizations renting the building, visiting artists and authors, along with catering and building maintenance services. Not only as an arts venue, Kleinhans plays an important role in the success of Erie County's economy.

Kleinhans has been closed since March of 2020 due to the pandemic. As we prepare for reopening with limited audience size, Kleinhans must make a significant investment in PPE and new fixtures to ensure the safety of our patrons, performers, and employees. These include 16 hand sanitizer stands that will be distributed throughout the building at entryways, coat check, outside restrooms, and at other convenient locations as needed. The sanitizers require batteries for operation, as well as refills of gel hand sanitizer. Increased signage in the lobby will remind patrons of basic Covid-19 safety precautions, such as wearing a mask, washing/sanitizing hands, and staying home when feeling sick. They will also direct traffic flow throughout the building to maximize social distancing, by asking patrons to enter and exit through select doors, for example, or use assigned staircases for going up or down floors.

Masks, face shields and gloves will be distributed to Kleinhans staff and volunteers based on assigned job duties and per NYS guidance. BPO patrons will receive complimentary branded face masks to celebrate our return to the hall. In addition to these masks, we will have standard surgical masks on hand to provide to any visitor to the hall that doesn't have one of their own. Kleinhans will also update the building's HVAC system with Merv 13 Filters to help prevent airborne transmission of Covid-19. Enhanced cleaning methods will include the use of a Victory electrostatic sprayer and Virex disinfectant after every event, pending NYS reopening guidelines.

In a typical year, Kleinhans supports its operations through ticket sales, concessions, and other earned income. However, the outbreak of Covid-19 completely eliminated these sources. We anticipate social distancing requirements to limit audience size through 2022, affecting our ability to recover. At the same time, our costs have increased due to the need for PPE and new fixtures. Support from the Erie County Industrial Development Agency COVID-19 Disaster Emergency Grant Program will help Kleinhans offset these shortfalls and sustain safe operations through these challenging times, so that we can continue to serve the WNY community for generations to come.

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EMPL	OYMENT INFORMATION					
	ng Jobs — A full-time equivalent job equals any control itute the equivalent of a job of at least 35 hours		e jobs that, who	en combined,		
16.	Indicate how many existing full-time equivalent jobs the Applicant and its related entities employ as of the date of application.					
Grant	Request Budget	,	A SAME PERSON AND A SAME AND A SA			
17.	PPE and/or Fixture Installation Description  Items or Vendor Contract (attach additional	··	For FUTURE PPE/Fixtures you plan to purchase — list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts		
	16 Hand Sanitizer Floor St			\$1,440		
	16 Hand Sanitizer Dispense		\$776			
	6 12 Packs C Batteries (	<b>\$5.004.00</b>	\$119.94			
	42 Cases of Foam Hand Sanitiz	\$5,004.00	\$834.00			
	1 Case of 100 Disposable	\$392.50				
	12 Cases of 100 Gloves	\$163.00 \$105.72				
	Total Vendor Expense	\$\$21,111.14	\$\$3,169.9			
	GRANT REQUESTED (grant will be calculated in	by multiplying eligible costs x 90%)	\$10,000	\$		
18.	Daniel Hart  all the questions and answers contained in the hereto: that I have supplied full and complete of my knowledge, information and belief; and understand that false statements or intention verification process may have an adverse consindustrial Development Agency. In addition, I acknowledge that the Agency is understand that all grant information and recedisclosure under FOIL subject to limited status	information in the answer to each of that all information I have supplied all omissions made in this Application sequence to my application/submiss subject to New York State's Freedom ords related to this application are p	nents that I have uestion herein is true and con or in connection to the Erie	e attached to the best ect. I further ion with the County 1 Law (FOIL)		
Name	of Company Official Completing Worksheet:	Title:	Date Comple	ted:		
to the shall array and	Daniel Hart	Executive Director	3/18			
Signat	0.11					

### ECIDA Covid-19 Disaster Emergency Grant Kleinhans Music Hall Grant Request Budget Continued

Items	Future	Past
1 Victory Electrostatic Sprayer	\$750.00	
1 Case Virex 256 or Oxivir Disinfectant	\$140.00	
Year Supply Merv 13 Air Filters @ \$3,276.48 every 3 months	\$13,105.92	
Signage	\$1,450.00	
Subtotal	\$15,445.92	
Subtotal from previous page	\$5,665.22	\$3,169.94
TOTAL Expenses	\$21,111.14	\$3,169.94

#### **Grant Application Overview**

#### **April 2021**

APPLICANT	GRANT	PROGRAM :	STAFF
	AMOUNT	PRIORITIES	RECOMMENDATION
Pappy Martin Legacy Jazz Collective	\$9,794.44	Highly Distressed Area	Recommended for Funding

#### Synopsis:

The Pappy Martin Legacy Jazz Collective (hereafter PMLJC), a not-for-profit organization, was formed in Buffalo to recognize and address the multi-pronged aspects of continuing the important music legacy of James "Pappy" Martin. Their mission is to create opportunities for diverse community engagement to educate, honor and celebrate the historical, cultural and artistic significance of jazz. PMLJC administers the following programming:

**Pappy Martin Legacy - Masten Jazz Festival**: Started in 1996, it has presented hundreds of international, national and local musicians and is continuing to grow as a highly anticipated annual jazz event held on the grounds of the Buffalo Museum of Science.

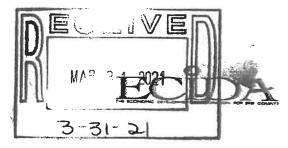
Love Supreme School of Music: Beginning circa 2003, it has provided instrumental music lessons and many opportunities for student development and performances. The school re-opened in the summer of 2019 at the Lincoln Memorial United Methodist Church.

Celestial Jazz Series: In 2017, this series began to present world-class musicians in various churches to celebrate the spiritual nature of jazz music.

**John Coltrane Birthday Celebration**: Since the 1980's, Pappy honored the contributions and influence of Coltrane with an annual celebration. This tradition continues and has expanded to a 3-day event at the Burchfield-Penney Art Center.

Pappy Martin Legacy Jazz Society: Since 2011, the society serves as a support organization for all aspects of the Collective.

PMLJC has been negatively impacted by the NYS disaster emergency and the conditions created by the coronavirus pandemic. The organization lost much of its revenue (programmatic & fundraising) as it was forced to postpone and/or curtail several of its live concert events/fundraisers in 2020. Additionally, PMLJC incurred significant unbudgeted expenses to modify their programming in accordance with NYS safety guidelines, including technology upgrades to allow for remote instruction and instrument accessories that block aerosol droplets. PMLJC is requesting assistance from the ECIDA to offset the cost of PPE/fixture (masks, shields, gloves, thermometer, streaming equipment, instrument accessories, etc.) expenditures to allow the organization to safely resume programming.



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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a> Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COM	PANY INFORMATION	· ·		
1.	Applicant Legal Name:	Pappy Martin Legacy Jazz Collective	·	
2.	Applicant Address:  Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	136 Mercer Avenue Buffalo, NY 14214		
3.	Legal Structure:	☐ C-Corp. ☐ S-Corp ☐ LLC ☐ General Pa☐ Limited Partnership ☐ Sole Proprietorship ★ Not-fo	•	
4.	Applicant Contact Name:	Dawn Berry-Walker	, , , , , , , , , , , , , , , , , , , ,	
5.	<b>Contact Phone Number:</b>	716.491.0994 Contact Email Address: dawnembwe	nol-com	
6.	Type of Business:	Please Describe Non-profit cultural	•	
7.	Please submit a completed W- schedules or a 2019 CPA Audit Balance Sheet.	9, a signed copy of the organization's 2019 Federal Tax Return ited Financial Statement and 2020 year-to-date Profit & Loss States	tement and	
8.	Number of years in business in		TACHED 3	
9.	structure, including the % of ow company. Not for Profit organizations.	panies, please attach a description of the company's ownership mership for each individual and entity owning 20% or more of the anizations, please attach a list of the organization's officers and the following ownership times can be found in the company's ownership times can be	ATTACHED	
10.	Ownership Type: Definitions of the following ownership types can be found in Appendix A of this application. Please read Appendix A before answering this question. Is your business (check all that apply): Minority-Owned			
11.	Primary North American Industry provide at least the three-digit of	rial Classification System (NAICS) Code of the Company. Please code, but the six-digit code is preferable	7115	
12.	What share of the company's pr	roduct or service is sold within Erie County:	100%	
13.	Miscellaneous Questions:			



	Yes WNo is the Company or any of its principals or Board Members presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?
	☐ Yes No Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?
	☐ Yes   No Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
	☐ Yes No Is the Company or any of its principal's delinquent on property, personal, and/or employment taxes?
	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:\$
	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.
	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").
	How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? Word of New N
14.	Qualifying Questions:
	Yes D No Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?
	Yes D 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 <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )
	re Yes □ No Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?
	Yes O No Was the Applicant in business prior to March 7, 2020?
	Yes  No Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?
	□ Yes ★ No Has the Applicant applied for and/or received grant funding from another IDA and/or state or federal funding source to support the purchase of PPE identified in the Project budget below?
	Yes   No Has the Applicant been negatively impacted by the COVID-19 Pandemic?



<ul> <li>A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the reason for their purchase.</li> <li>B. Provide a summary for all future PPE and fixture purchases the entity will be making, including explanation of how it will be used (if applicable).</li> </ul>		Narrative:
B. Provide a summary for all future PPE and fixture purchases the entity will be making, including explanation of how it will be used (if applicable).  C. Provide a narrative to include: how your organization has been negatively affected by the State disaster emergency, why the funds are necessary, the applicant's ties to the community and the impact of your work/service in Erie County.  (attach separate sheet if more room is needed)  See affached		A. Provide a summary of all PPE equipment and fixture purchases previously purchased and the
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 affached	15.	B. Provide a summary for all future PPE and fixture purchases the entity will be making, including a
impact of your work/service in Erie County.  (attach separate sheet if more room is needed)  See affached		C. Provide a narrative to include: how your organization has been negatively affected by the State
See attached		impact of your work/service in Erie County.
		(attach separate sheet if more room is needed)
		see attached

#### NARRATIVE

A. Re: Summary of all PPE equipment and fixture purchases previously purchased....

Please see attached document with the following annotations with respect to reason for purchase due to health safety protocols and concerns associated with pandemic:

- a. Faculty/Staff Refer to the Love Supreme School of Music
- b. Students Refer to Love Supreme School of Music
- c. <u>General Use</u> Refer to Love Supreme School of Music, Pappy Martin Legacy Masten Jazz Festival, Celestial Jazz Series, John Coltrane Birthday Celebration and Pappy Martin Legacy Jazz Society
- d. <u>Virtual/Stream/Outdoor Use</u> All productions which will be presented virtually, live/delayed streamed and/or outdoors
- B. Re: Summary of all PPE equipment and fixture purchases to be made....

Please see attached document with the following annotations and explanation for how it will be used due to health safety protocols and concerns associated with pandemic:

- a. Faculty/Staff Refer to the Love Supreme School of Music
- b. Students Refer to Love Supreme School of Music
- c. <u>General Use</u> Refer to Love Supreme School of Music, Pappy Martin Legacy Masten Jazz Festival, Celestial Jazz Series, John Coltrane Birthday Celebration and Pappy Martin Legacy Jazz Society
- d. <u>Virtual/Stream/Outdoor Use</u> All productions which will be presented virtually, live/delayed streamed and/or outdoors
- C. The Pappy Martin Legacy Jazz Collective has been negatively impacted by the State disaster emergency in a myriad of financial and program related ways. Our ability to execute our mission and impact our community via creating accessible opportunities for the under resourced and under served community to engage in the education, honor and celebration of the historical, cultural and artistic significance of jazz was severely diminished. We are dedicated to present programming which expands the knowledge, understanding and appreciation of an art form that originally emanated from our target community. The restrictions of the pandemic forced us to cease a successful audience development strategy. All of our entities were affected by the pandemic related regulations and curtailed in the following ways:
  - a. 25th Annual Pappy Martin Legacy Masten Jazz Festival (July 19/26, 2020): The uncertainty of being able to present this free community event which attracts and serves approximately 3000 attendees over the two Sundays, resulted in diminished sponsor, vendor and society funding support along with the elimination of on-site merchandise sales. We eventually decided to present a virtual, streamed event featuring international, as well as local, performance artists on a singular Sunday incurring all associated costs including stage/sound equipment rental, streaming accommodation, artists' fees/transportation/hotel accommodations/hospitality/etc., venue set-up/breakdown, marketing, etc.
  - b. Love Supreme School of Music (Various on-going dates): We continue to offer free, private music lessons to our students via ZOOM resulting in the purchase of supplemental books, drum kits, etc. Additionally, planned fundraising events (student recitals, etc.) had to be canceled.
  - c. <u>Celestial Jazz Series</u> (Various on- going dates): This series consists of concerts that are on-going fundraising events. We held our last concert on March 13, 2020 to a reduced audience due to the then pending pandemic concerns. As a result, we lost anticipated revenue from this and future concerts.
  - d. <u>John Coltrane Annual Birthday Celebration</u> (September 17- 19, 2020): This event results in garnering donations from supporters, but, was dramatically scaled down to a very limited outdoor event resulting in loss of revenue.
  - e. <u>Pappy Martin Legacy Jazz Society</u> (On-going): Our annual April fundraiser was postponed until September, 2020 at which a much reduced number of supporters attended a socially-distanced outdoor event. Our donations were significantly reduced.

In order to offer programming, our need for PPE is essential. Regarding the list of PPE equipment that is submitted as part of this application, some of the items are related to the creative adjustment and expansion of our programming within the Covid-19 restrictions as we address the needs of the under resourced community which our organization targets to service. There are items which appear in the list that are specific to creating and maintaining a safe and healthy environment for the operation of the Love Supreme School of Music; such as, face shields/masks, horn bell covers (to restrict vapors from the horns) and drum kits (necessary to continue drum instruction via ZOOM). Other items more relate to our plans to present outdoor events, which in addition to the typical PPE items (masks, shields, gloves, disinfectant products, etc.), will require outdoor staging and sound equipment. Also, our desire to make our events available virtually so as to maximize our audience; thus, impact, present the need for video camera equipment. We want our dedicated audience, which we have diligently developed over the years, to be respected with consistent programming that confirms their trust in our commitment to them demonstrated by the continuous delivery of professional and culturally relevant events. In spite of the present unprecedented and difficult circumstances, we want to honor the earned and deserved expectations of a community which often feels forgotten and/or left behind. The crisis of the pandemic provides us with an opportunity to show our community that they matter as we make every effort to offer some stability and welcomed calm within these challenging times. Being able to secure the PPE equipment will allow us to move forward in enhancing, expanding and extending our programming to our wonderful community, in need of uplift. For many people, art is not a luxury...it is a necessity that provides beauty and solace amidst life's challenges and our organization is dedicated to offering that artistry through music.



EMP	LOYMENT INFORMATION		
<i>Existi</i> const	ing Jobs — A full-time equivalent job equals any combination of two or more part-tim titute the equivalent of a job of at least 35 hours per week.	e jobs that, whe	en combined,
16.	Indicate how many existing full-time equivalent jobs the Applicant and its relate employ as of the date of application.	ed entities	0
Gran	t Request Budget		
17.	PPE and/or Fixture Installation Description  Items or Vendor Contract (attach additional sheet as necessary)  See attached	For FUTURE PPE/Fixtures you plan to purchase — list and attach proposal copies	For PAST PPE/Fixture actual expenditures - list and attach paid receipts
	Total Vendor Expense	\$ 7805.29 \$ 7024.76	\$ 3077.42
	GRANT REQUESTED (grant will be calculated by multiplying eligible costs x 90%)	\$ 7024.76	\$ 2769-68
18.	DAWN BERTY - WALKEY being duly sworn, state that I all the questions and answers contained in the forgoing application and the docum hereto; that I have supplied full and complete information in the answer to each of of my knowledge, information and belief; and that all information I have supplied understand that false statements or intentional omissions made in this Application verification process may have an adverse consequence to my application/submissions industrial Development Agency in addition, I acknowledge that the Agency is subject to New York State's Preedom understand that all grant information and records related to this application are predisclosure under FOIL subject to limited statutory exclusions.	have read and a nents that I have uestion herein is true and corn to m connection to the Ene C	inderstand e attached to the best ect. I further on with the ounty
	of Company Official Completing Worksheet: Title:	Date Complet	ed:
Do	Iwn Berry-Walker Chief Executive	3.26.	21
ignati	IWN Berry-Walker Chief Executive une: Nawn Berry- Hacker	dentities implement destroys	- 7

#### **Grant Application Overview**

#### **April 2021**

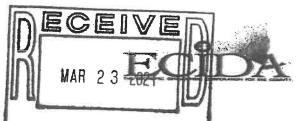
APPLICANT	GRANT AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
		Highly Distressed	
		Area	
Trend Setters Beauty Salon	\$3,870.96	WBE	Recommended for Funding
Campanaias	7	-	-

#### Synopsis:

Trend Setters Beauty Salon (hereafter Trend Setters) has been providing hair care services in Grand Island for 29 years. Shortly before the pandemic, Trend Setters moved to a new location in the Grand Island Boulevard business district. The owner and sole proprietor used her personal funds to renovate the space as part of a business expansion. Trend Setters provides business opportunities for independent contractors as well as internships for local cosmetology students at Erie 1 BOCES.

Trend Setters has been negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. The salon was closed for 5 months and reopened at reduced capacity. The owner has lost several clients to COVID and has heard from many clients who are anxious and afraid to return to the salon for fear of community spread. To alleviate health concerns and protect her clients, the owner has implemented strict safety and cleaning protocols at the salon. Trend Setters is seeking assistance form the ECIDA to offset PPE and fixture (gloves, masks, disinfectant, capes, smocks, towels, air purifier, etc.) expenditures to protect her independent contractors and clients.





Thank you for your interest in the **Erie County Industrial Development Agency's Disorder 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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a>
Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

COMP	ANYINFORMATION			
1.	Applicant Legal Name:	Trend Setters Boouty Salon (Karen Benni	חישר)	
2.	Applicant Address:  Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	2094 Grand Island Blud Grand Taland, NY 14072	A.	
3.	Legal Structure:	☐ C-Corp. ☐ General Pa☐ Limited Partnership. ★ Sole Proprietorship. ☐ Not-fo		
4.	Applicant Contact Name:	Karen Benninger	The state of the s	
5.	Contact Phone Number:	716-316-9528 Contact Amail Address: Klohiddenbegut	00 00 00	
6.	Type of Business: Solo	Please Describe Hair care services	1 30.	
7.	Please submit a completed W-9, a signed copy of the organization's 2019 Federal Tax Return including a schedules or a 2019 CPA Audited Financial Statement and 2020 year-to-date Profit & Loss Statement ar Balance Sheet.			
8.	Number of years in business in		29 yrs	
9.	structure, including the % of ow	panies, please attach a description of the company's ownership mership for each individual and entity owning 20% or more of the anizations, please attach a list of the organization's officers and	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):   Woman-Owned			
11.	Primary North American Industrial Classification System (NAICS) Code of the Company. Please provide at least the three-digit code, but the six-digit code is preferable			
12.	What share of the company's p	roduct or service is sold within Erie County:	10/0 %	
13.	Miscellaneous Questions:			



of planting age and	) II	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?	Provide la Re 1 France (MPP)
	□ Yes 🗷 No 🖁	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	□ Yes ★No F	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?	
	/ e	s the Company or any of its principal's delinquent on property, personal, and/or employment taxes?	
	□ Yes 🕽 No a	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 bending?	
	□ Yes X No fe	las the Company, its affiliates, or any of its principals, been cited for a violation of ederal, State, or local laws or regulations with respect to labor practices, hazardous vastes, environmental pollution, or operating practices?	
	1 ^ a	Are there any outstanding judgments or lien pending against the Company, its offiliates, or any of its principals other than liens in the normal course of business?  Amount: \$	
	al A/ O	las 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 gency or authority including but not limited to the SEC, FCC, FDA, or OSHA? If yes, lease attach a written explanation to this application.	
	" O	las the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, itle VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 4, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
	H	low did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., adio, print news, word of mouth)?	
14.	Qualifying Qu	uestions:	
	¥Yes □ No is th	s the Applicant a small business or small not-for-profit corporation with not more han 50 employees?	
	¥Yes □ No Is Ei	the Applicant a business or not-for-profit with a primary place of business located in rie County, New York?	
gas	y Yes ★ No Is m	s the Applicant's primary place of business located in a highly distressed area? (see nap at <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )	
	¥Yes □ No Is	the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
•	YxiYes □ No W	Vas the Applicant in business prior to March 7, 2020?	
	Yes □ No W 7,	Vas the PPE expenditure made, or is it contemplated to be made, on or after March , 2020?	
	"\ st	las the Applicant applied for and/or received grant funding from another IDA and/or tate or federal funding source to support the purchase of PPE identified in the roject budget below?	
	Yes □ No H	as the Applicant been negatively impacted by the COVID-19 Pandemic?	



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

#### Szewczyk, Lori

From:

Karen Benninger <kbhiddenbeauty@aol.com>

Sent:

Wednesday, March 24, 2021 7:42 PM

To:

Szewczyk, Lori

Cc:

Karen

Subject:

Question # 15 Narratives

#### [Message is from an external source]

**TrendSetters Beauty Salon** 

PPE

**Past Summary:** 

- 1) Hand Sanitizer
- -used at Door, Desk, Rest room,
- & All work stations

For workers and clients soon arrival,

And between clients.

- 2) Disinfectant wipes
- -Used to sanitize
- door handles
- -chairs
- -work stations
- -carts
- -scissors

After every client

- 3) Clippercide
- -used to sanitize clippers & Blades
- 4) Barbicide
- -used to disinfect Combes & clips

After each client

- 5) Chemical capes, cutting capes, client smocks and aprons.
- Each client has clean smocks and capes -necessary for no cross contamination.
- 6) Laundry Detergent/ fabric softener
- -needed to launder soiled smocks, capes & towels.

Necessary to maintain clean work supplies for clients.

#### PPE Future purchase summary:

- 1) Hand sanitizer
- 2) Disinfectant wipes
- 3) Barbicide
- 4) Clippercide
- 5) laundry detergent/ fabric softener
- -To continue sanitary & safe practices for workers & clients.
- 6) towels
- -to have sufficient clean towels to use on each client.
- 7) Client Robes, chemical & cutting capes
- Needed to maintain clean coverings for each client as business picks back up.
- 8) Air Doctor

-air purifier to filter Bacteria and germs

all of these things are needed to keep business running smooth and Safe.

Trend Setters Beauty Salon has taken a very hard hit due to the Disaster. We were closed down for 5 months due to the Pandemic.

I had no income to maintain the rent and utilities during this time.

Many supplies were needed to reopen.

With no funding available.

Even when business was able to reopen, the restrictions made business vary limited. Due to regulations.

In short, the business had a huge loss. I am still struggling to rebuild from that. I have been working to just pay the rent and utilities.

Business is slowly picking back up, But help is still much needed.

Sent from my iPhone

#### Szewczyk, Lori

From:

Karen Benninger <kbhiddenbeauty@aol.com>

Sent:

Wednesday, March 24, 2021 8:42 PM

To:

Szewczyk, Lori

Subject:

Ties to the community

#### [Message is from an external source]

#### **Trend Setters Beauty Salon**

TrendSetters Beauty Salon has been in business since 1992.

And has been working with Erie 1 Boces Cosmetology ever since opening. I have been doing the internship program to help grow and develope our young upcoming cosmetologists.

Helping to groom them for a prosperous career in cosmetology.

Many of my students started out as stylists, and returned to school to become cosmetology teachers.

One to even become an administrator at Erie 1 Boces.

I am vary proud to have been part of their venture in building their career.

TrendSetters prides ourselves to making clients feel special and look their best!

At times like I this,

It's more important than ever to feel good!

I will always do my best to ensure the health and safety of our clients.

They are family to us.

Please help us to continue to provide Grand Island wit our services.

Sincerely, Karen Benninger

**Trendsetters Beauty Salon** 

Sent from my iPhone



			ATION	

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

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

	PPE and/or Fixture Installation Description		For FUTURE PPE/Fixtures	For PAST PPE/Fixture
			you plan to	actual
17.	Items or Vendor Contract (attach additional sho	not no necessari)	purchase –	expenditures -
	items of vehicle Contract (attach additional Sh	eet as necessary)	list and attach	list and attach
	Attached Documents		proposal	paid receipts
	CHITAGIOS CICAMIONIS		copies	
			-	
			-	
	Total Vendor Expense		\$7 (-05 50	\$ 1615,53
	GRANT REQUESTED (grant will be calculated by	multiplying plicible costs v 00%		
	Gib and Made to the figure will be concurated by		\$2416.99	\$1453.97
	CHANNED			
	AMELIA SERVICE	as beingdalyswom, state that I	nave read and	understand -
	all the questions and answers contained in the fo	en e		
	hereto, that I have supplied full and complete in	(e) regardon (h. che) answer, te reach c	uestion herein	to the best
18.	of my knowledge, information and belief, and th	aleal antomation anavestmene		relación il fair co
	understand that false statements or intentional	omissions made in the Application	teralit conficci	iona viidistine
	verification process may have an adverse conseq	luence to my application/submissi	en de litte (Enle)	County :
	Industrial Development Agency.			
	in addition, lacknowledge that the Agency is sub	ject to New York State's Freedom	of information	ı Law (FOIL). I
	uncerstand that all gram information and record	is related to this application are or	itenially subje	et to
	disclosure under FOIL subject to limited statutor	y exclusions.		
Name	of Company Official Completing Worksheet:	Title:	Date Comple	ted:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
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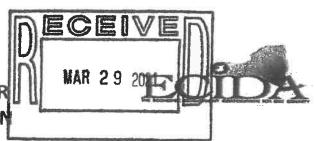
## Grant Application Overview April 2021

APPLICANT	GRAND AMOUNT	PROGRAM PRIORITIES	STAFF RECOMMENDATION
Young Audiences of Western New York	\$3,953.61	Highly Distressed Area	Recommended for Funding

#### Synopsis:

Young Audiences of Western New York (hereafter Young Audiences) mission is to inspire, expand learning, and strengthen our community through engagement with the arts. The not-for-profit organization offers assembly, workshop, and long-term residency programs with professional artists, committed to their craft, and using it as a tool for creative learning. Art forms include music, multi-media arts, theater, dance, and visual and literary arts. Young Audiences provides services in the eight counties of Western New York, including Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, and Wyoming.

Young Audiences was negatively impacted by the NYS disaster declaration and the conditions created by the coronavirus pandemic. They were forced to pivot to 100% virtual services from March 2020 through the present time. Beginning the re-opening process will require the purchase of PPE, which is a significant unbudgeted expense. The organization is funded primarily by grants and contributions, which are likely to be negatively impacted well into the future. Young Audiences is seeking funding assistance from the ECIDA to support PPE (masks, gloves, sanitizer and disinfectant) expenditures necessary to re-establish in person services safely.



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: <a href="https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf">https://www.ecidany.com/documents//Grant%20Guidelines%208-18-20.pdf</a>
Please complete and return this Application along with the required documentation. Questions – contact us at 716.856.6525 x. 126

A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NY INFORMATION				
1.	Applicant Legal Name:	Young Audiences of \	Western New York		
<b>2.</b> `	Applicant Address: Please note that businesses and not- for-profits located in communities served by IDAs (Amherst, Clarence, Concord, Hamburg, and Lancaster) are not eligible.	1 Lafayette Square,	Buffalo NY 14203		
3.	Legal Structure:	☐ C-Corp. ☐ Limited Partne	□S-Corp □LLC ership □ Sole Propriet	□ General Par torship ☑ Not-fo	
4.	Applicant Contact Name:	Beth Ireland	W. C.		and the second s
5.	Contact Phone Number:	(716)881-0917	Contact Email Address:	beth@yawny.org	tem of the contract of the con
6.	Type of Business:	Please Describe	501c3 Not-for-Profit	etrophone versitati etisse vasikallistikkoiden ja vai laikki kiri, kaposistikkoi eksteri ili myydenekki	tire and a contraction in the contract of the time and a special and
7.	Please submit a completed W-schedules or a 2019 CPA Audit Balance Sheet.	9, a signed copy of red Financial Stater	f the organization's 2019   ment and 2020 year-to-da	te Profit & Loss Stat	ncluding all ement and TACHED
8.	Number of years in business in	Erie County			59
9.	Ownership: Privately held comstructure, including the % of ow company. Not for Profit orgadirectors.	nership for each in	ch a description of the co dividual and entity owning ttach a list of the organiz	20% or more of the	ATTACHED
10.	Ownership Type: Definitions of application. Please read Appendithat apply):   Minority-Owned	lix A before answei	<b>ring this question</b> . Is your b	Appendix A of this pusiness (check all	
11.	<b>Primary North American Indust</b> provide at least the three-digit c			Company. Please	THE PARTY OF THE P
12.	What share of the company's po	roduct or service is	sold within Erie County:		90%
13.	Miscellaneous Questions:				



	□ Yes ₩ NC	litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?	
	□ Yes & No	Has the Company or any of its principals ever settled a debt with a lending institution for less than the full amount outstanding?	
	□Yes ☑ No	Has the company, its affiliates or any of its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?	
		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 Ø 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 x No	Has the Applicant failed to comply with the provisions prohibiting wage discrimination on the basis of gender as found in federal law, including the Equal Pay Act of 1963, Title VII of the Civil Rights Act of 1964, Federal Executive Order 11246 of September 24, 1965 and New York State Labor Law Section 194 (together "Equal Pay Law").	
		How did hear about the ECIDA's COVID-19 Disaster Emergency Grant Program (i.e., radio, print news, word of mouth)? Print news from partner	
14.	Qualifying (	Questions:	
		Is the Applicant a small business or small not-for-profit corporation with not more than 50 employees?	
111111111111111111111111111111111111111	ryYes □ 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 <a href="https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf">https://www.ecidany.com/documents/HighlyDistressedAreaMap7-2-2013.pdf</a> )	
I A I I I I I I I I I I I I I I I I I I	□ Yes 🗹 No	Is the Applicant a Minority-Owned, Women-Owned or Veteran-Owned Business?	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Was the Applicant in business prior to March 7, 2020?	
NO DEL CONTROL DE LA CONTROL D	✓ Yes □ No	Was the PPE expenditure made, or is it contemplated to be made, on or after March 7, 2020?	
	□ Yes	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?	



### ECIDANY Grant Narrative - Young Audiences of Western New York

Young Audiences of Western New York (Young Audiences) has been a prominent member of the Buffalo and WNY community since 1962. Young Audiences is a not-for-profit arts-in-education organization whose mission is to inspire, expand learning, and strengthen the community through engagement with the arts. Located downtown in the Buffalo & Erie County library, Young Audiences has built a strong relationship with our community that remains necessary. In 2019-2020, our Teaching Artists had over 65,000 artist contacts for children and families with performances, workshops, and residencies in educational, cultural, camps, and community centers. Due to the COVID-19 pandemic, Young Audiences has been forced to reimagine and transform our programming towards the digital realm. Throughout the past year, major programs such as ArtWorks, Young Generations, and the majority of our in-school programs have gone virtual. Although Young Audiences has had success through this transition, it is necessary that we begin the re-opening process.

Earlier this year, initial purchases were made to equip the office with necessary PPE. These purchases were an unexpected expense and only provided enough PPE for Young Audiences employees. In order to begin welcoming teaching artists and program participants back it is necessary to expand our PPE resources. In office programs, such as ArtWorks and Young Generations, traditionally provide programming to over 100 youth annually. Young Audiences also provides the public with free workshops and performances throughout the year. We are hopeful that in the near future we will be able to continue providing these in-person experiences, but that also requires our PPE capacity to expand considerably.



FMDI	DYMENT INFORMATION		\$25 K.	
Existin	g Jobs – A full-time equivalent job equals any coute the equivalent of a job of at least 35 hours		o jobs that, whe	n combined,
16.	Indicate how many existing full-time equiva employ as of the date of application.	lent jobs the Applicant and its related	d entities	4
Gight	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
The second secon	see attached docu	uments		
	Total Vendor Expense		\$3,976,90	\$416.00
90° Printed Son to a State on Agency consequence of the Son to State of Son to State of Son to Son t	GRANT REQUESTED (grant will be calculated	by multiplying eligible costs x 90%)	\$3,976.90	\$416.00 \$416.00
18.	all the questions and answers contained in the hereto; that I have supplied full and complete of my knowledge, information and belief; and understand that false statements or intention verification process may have an adverse continuustrial Development Agency. In addition, I acknowledge that the Agency is understand that all grant information and recidisclosure under FOH, subject to limited statu	e information in the answer to each question that all information thave supplied all omissions made in this Application sequence to my application/submissions subject to New York State's Freedom cords related to this application are pro-	nents that I have uestion herein is true and con or in connection to the Erie I of Information of Information	e attached to the best ect. I further on with the County
No.				
	of Company Official Completing Worksheet: Sica Berner	Title: Education and	Date Comple	ted:
	ure: La De vers hor	Communication Coordinat	for	, 1
Signati	ire: When hot	6 10		

Previously	Purchased	PPE Summary	
Item	Units	Purpose	Total
Face Mask: Level-1 FDA Certified Face mask with ear loops (Box of 50)	2	Employee Use	\$45.00
Hand Sanitizer/Disinfectant 16oz Spray Bottle (Box of 22)	1	Office Use	\$150.48
Thermometer Touch Free Infrared Forehead	1	Office Use	\$70.04
Hand Sanitizer/Disinfectant 16oz Spray Bottle (Box of 22)	1	Office Use	\$150.48
and the second s		Total	\$416.00

	Future PP	Future PPE Purchase Summary	
Item	Units	Purpose	Total
Hand Sanitizer Dispenser,			
Automatic	T	Office/Program Site Use	\$199.99
Purell Hand SAnitize Refill 1200ml			
(Pack of 2)	7	Office/Program Site Use	\$94.16
Scott 24 Hour Sanitizing Wipes			
(Pack of 6)	4	Office/Program Site Use	\$202.00
Disposable Face Masks (Case of		E)	
500)	7	Office Use	\$193.08
Stormtech Embroidered Woven			
Face Mask (Case of 200)	Н	Staff/Partner Use	\$2,792.00
Medium Vinyl Latex & Powder			
Free Gloves (Pack of 100)	2	Office/Program Site Use	\$119.95
Lysol Disinfectant Spray 19oz			
(Pack of 4)	m	Office/Program Site Use	\$98.22
Pocket Hand Sanitizer Gel 5 oz.	250	Promotional/Program Site Use	\$277.50
		Total	\$3,976.90