
City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

To: Finance Committee Members
City of Syracuse Industrial Development Agency

From: Judith DeLaney

Date: August 18, 2020

Re: Finance Committee Agenda – August 20, 2020

The City of Syracuse Industrial Development Agency will hold a **Finance Committee Meeting on Thursday August 20, 2020 via WEBEX <https://syrgov.webex.com/syrgov/j.php?MTID=mfe51075241c27639b1c0cd7d7e1f6c45> Access Code: 129 771 1973 Password: Finance Via Phone(408) 418-9388 Access Code: 129 771 1973.**

I. Call Meeting to Order –

II. Roll Call –

III. Proof of Notice – 1

IV. Minutes – 2

Approval of the minutes from the July 16, 2020 Finance Committee Meeting.

V. New Business –

COVID -19 Emergency Disaster Grant/ Loan Program - Judy DeLaney – 3

Review and recommendation to the Board of Directors on approval of a portion applications submitted to the Agency under the COVID-19 program.

Attachments:

1. 500 West Ononaga Street, Inc.(Grant)
2. CNY Jazz Foundation. (Grant)
3. Heritage Bread Company.(Grant)
4. Inifinty Events, LLC. (Grant)
5. Partners in Learning. (Grant)
6. Syracuse Northeast Community Center.(Grant)
7. Volunteer Lawyers Project (Grant)
8. Volunteer Lawyers Project (Loan)
9. Westcott Community Center. (Grant)
10. Syracuse City Ballet Inc. (Grant)
11. The CORA Foundation (Art Rage.) (Grant)

12. *Southside Fitness LLC. (Grant)*
13. *Syracuse Area Landmark. (Grant)*
14. *Syracuse Center for Peace and Social Justice. (Grant)*
15. *Interfaith Works (Grant)*
16. *Samaritan Center. (Grant)*
17. *Everton Mitchell .(Grant)*
18. *DK CNY LLC. (Grant)*
19. *Valley Duke LLC .(Grant)*
20. *300 Washington Street LLC (Grant)*

VI. Public Comment –

VII. Adjournment –

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PLEASE POST

PLEASE POST

PLEASE POST

PUBLIC MEETING NOTICE

THE SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

HAS SCHEDULED

A

FINANCE COMMITTEE MEETING

ON

THURSDAY, AUGUST 20, 2020

At 8:00 a.m.

VIA WEBEX

Meeting Link:

<https://syrgov.webex.com/syrgov/j.php?MTID=mfe51075241c27639b1c0cd7d7e1f6c45>

Meeting Access Code: 129 771 1973

Password: SIDA

Via Phone

(408) 418-9388

Access Code: 129 771 1973

For More Information, Please Contact Judith DeLaney, Executive Director jdelaney@syr.gov

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Finance Committee Minutes
Thursday, July 16, 2020

Due to the declaration of a public health emergency and the social distancing requirements imposed at the Federal, State and local level, this meeting was held in accordance with Executive Order 202.1 by video/telephone conference that was made available to the public.

Committee Members Present: Kathleen Murphy, Rickey T. Brown, Kenneth Kinsey

Staff Present: Judith DeLaney, Susan Katzoff, Esq., John Vavonese

Others Present: Dirk Sonneborn, Sarah Stevens, Shanelle Reid, Samuel Jackson, Richard Engel, Esq., Aimee Durfee, Jessica Barbuto

I. Call Meeting to Order

Ms. Murphy called the meeting to order at 8:01 a.m.

II. Roll Call

Ms. Murphy acknowledged all Committee members present.

III. Proof of Notice

Ms. Murphy noted that notice of the meeting had been timely and properly provided.

IV. Minutes

Ms. Murphy asked for a motion approving the minutes from the March 10, 2020 Finance Committee meeting. Mr. Brown made the motion. Mr. Kinsey seconded the motion. **ALL COMMITTEE MEMBERS PRESENT UNANIMOUSLY APPROVED THE MINUTES FROM THE MARCH 10, 2020 FINANCE COMMITTEE MEETING.**

V. New Business

Access Global Enterprise Inc./T&S Reid Real Estate Holdings LLC

Ms. DeLaney said this is a blighted property in the Salina Street Corridor. The Company proposes to renovate the Sean Casey Building (14,000 sq ft). The cost of the project is estimated at \$4,000,000 and approximately 50 jobs would be created. The Company is requesting exemptions from mortgage recording tax in the amount of approximately \$22,674, sales and use taxes in the amount of approximately \$137,812 and a 15-year PILOT resulting in savings of approximately \$412,360.

Mr. Brown asked for update on project status. Ms. Reid reported that they are awaiting to hear from Pathfinder today. The Company has completed abatement 2520 South Salina Street, awaiting a pre-possession abatement survey on 2504 South Salina Street. Zoning approval was received this week. Required variances were received.

Ms. Stevens reported that variances were obtained first then pre-possession agreement with landlord so engineers/contractors could get in to determine what was needed for site plan approval.

Ms. Reid said the Company anticipates a Spring opening and that a pre-demo survey is calendared for July 22, 2020.

Ms. Murphy asked them to confirm that zoning was complete on both parcels and the Company confirmed same.

Mr. Sonneborn asked Ms. Reid if the company anticipated any other obstacles. Ms. Reid said no.

There being no further discussion, Ms. Murphy asked for a motion for a recommendation to the Board of Directors to approve the financial assistance for the Project.

Mr. Brown made the motion. Mr. Kinsey seconded the motion. **ALL COMMITTEE MEMBERS PRESENT UNANIMOUSLY APPROVED A MOTION TO MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS TO APPROVE THE REQUEST FOR FINANCIAL ASSISTANCE.**

Syracuse Build Initiative

Ms. DeLaney stated that in October 2019 the Board of Directors previously approved funding a program with Syracuse Build in 2020 in the amount of \$100,000.00. COVID-19 has impacted the program such that it did not start as anticipated. The Cooperation Agreement has not yet been signed.

Aimee Durfee, Director of Workforce Innovation advised that COVID forced them to halt the program. To adapt, they worked with SUNY EOC to do the construction training remotely. She said they will monitor the demand for jobs in construction so they can ensure training focuses in appropriate areas.

Mr. Kinsey asked how training will be done. Ms. Durfee advised that the program is part hands on – part classroom work. Students build an actual structure and learn how to look for a job. They continue to learn at apprenticeships. Training is between 4-6 weeks. She said this is unpaid training but hoping to integrate with CNY Works to get stipends to pay students.

Mr. Brown stated he has concerns regarding outcomes based on past inability to measure outcomes. When he looks at outcomes – what certificates are obtained? 50 years to develop but only 2 certified black/brown people.

Ms. Durfee stated that 36 people would enroll. 80% would get jobs.

Ms. Murphy said SIDA's investment was to get the program off the ground and will require timely updates/outcomes.

Mr. Brown stated he wants to see master licenses through apprenticeship programs.

Ms. Durfee stated she is working with 10-12 trades to get students to pass tests to get into apprenticeships and money will also be used to recruit people into the program.

Ms. Barbuto added that economic inclusion team is very data driven and has increased their capacity and will be able to track outcomes.

Mr. Brown wants outcomes to be more specific. Focus should be getting people of color master licenses through apprenticeships. He said if the unions won't let people off the bench after graduation from program then you can't achieve the desired outcome.

Ms. Durfee explained, at request of Mr. Sonneborn, the relationship between Syracuse Build and Work Train and confirmed there is private participation. Mr. Sonneborn asked for assurance that the outcomes are being tracked and can be easily reported to SIDA for tracking purposes. Ms. Durfee said yes.

The stipends that form a portion of this request are to fund people participating in the program.

Mr. Brown said he wants each person tracked through full apprenticeships because he believes that people of color don't get the same opportunity for training hours from unions and therefore don't get licensed. Ms. Durfee said this is the goal they are working towards.

Mr. Brown asked why CenterState CEO is partnering with apprenticeships who refuse or are unable to track and report. Ms. Durfee said data is an important factor. She said the apprenticeship programs are interested and engaged and they are having these conversations.

Ms. Murphy directed Ms. Durfee to speak with master plumber Jones at his program to learn about his experience. Mr. Brown will provide information regarding master plumber to Ms. Barbuto. They are to report back to Board on Tuesday at Board meeting.

Ms. Sonneborn's final comment on private participation. He said if you don't ask they won't volunteer but if asked many will agree. He wants them to ask.

Ms. Murphy tabled the discussion to Tuesday, July 21, 2020.

COVID -19 Disaster Emergency Grant/Loan Program

Ms. Katzoff and Ms. DeLaney outlined legislation for the Committee members. Ms. DeLaney said SEDCO had a large number of applicants and feels there is a need to reach out to the public. \$175,000 to start.

Ms. Sonneborn believes nfp will seek grants not loans. He noted that the cost of administering loans can be high and questioned whether the agency could contract that out to a third party. He also questioned the anticipated turnaround time and actual need.

Mr. Kinsey supports the program but wants to see small businesses get some money (mix of both for profit and not-for-profit businesses).

Mr. Brown says there is needs and requires immediate access.

Ms. Murphy asked for a motion to recommend the grant/loan program to the Board of Directors. Mr. Kinsey made the motion. Mr. Brown seconded the motion. **ALL COMMITTEE MEMBERS PRESENT UNANIMOUSLY APPROVED A MOTION TO MAKE A RECOMMENDATION TO THE BOARD OF DIRECTORS WITH REGARDS TO THE GRANT/LOAN PROGRAM.**

VI. Adjournment

There being no further business to discuss Ms. Murphy asked for a motion to adjourn the meeting. At 9:24 a.m. Mr. Brown made a motion to adjourn. Mr. Kinsey seconded the motion. **ALL BOARD MEMBERS PRESENT UNANIMOUSLY APPROVED A MOTION TO ADJOURN THE MEETING AT 9:24 AM.**

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Grant Program Application Request Summary

Grant Request: \$3163.53 **Purpose:** PPE, Plumbing

Name: 500 West Onondaga Street, Inc. (The Spa at 500)
Address: 500 West Onondaga Street, Syracuse N.Y. 13202
Commercial Business **501c3**

Summary:

The Spa at 500 is requesting grant funds in the amount of \$3163.53 as outlined above and on the attached application. One of the items listed for funding - plumbing is not eligible under the terms of the program. The other items listed are eligible. The Company is an S Corporation formed in 2006 and is located and operates in the City of Syracuse. The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

The Company purchased, gutted and renovated a large home on West Onondaga more than ten years ago and has operated both its "Art of Massage" business and also provided space to other health, beauty, and fitness organizations during that time. It has been a stabilizing force in the neighborhood and an active community partner both donating and participating in numerous organizations and frequently offering its space to the community for various events. The Company reports that it currently is operating at approximately 40% capacity but expects to be fully operational by September 1.

Attachments:

1. Application.
2. P&L Statement. (July 2020)
3. Balance Sheet (March 2020)
4. 2018 Federal Tax Return (Individual).
5. 2019 Federal Tax Return (S Corp)
4. W-3 (2019)
5. Personal Financial Statement

Contingencies: 1. Submission of Good Standing Certificate prior to closing, submission of 2019 Federal Income Tax Forms (Individual).

Staff Recommendation: Approve \$2311.30 only in eligible expenses.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: 500 West Onondaga Street, Inc.

Business Address: 500 West Onondaga Street

Application/Primary Contact: Ed Griffin-Nolan

Email Address: edgriffinolan@theartofmassageonline.com

Amount of grant being requested (between \$500-\$10,000): \$3161.53

Year Founded: 2007

Title: Owner

Phone: 3154759164

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 5

Total # of current FTEs as of date of application: 2

Total # of FCEs as of March 7, 2020: 1

Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
If yes, for what period of time?

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 932.26	Fans, gloves, masks, soap dispensers, bleach, spray bottles	amazon	enhance airflow and sanitation
\$ 179.27	Hand Sanitizer	Beak N Skiff	Hand hygiene
\$ \$850	Sink and fan for third treatment room	Lowes/DBR Plumbing	Revamp air flow and enhance sanitation in third massage room (expected t
\$ 1200	Additional supplies for next six months		Consumible supplies such as sanitizer, glove, masks, bleach,, need to re re
3161.53	< TOTAL FUNDING AMOUNT REQUESTED		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

See attached

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

See attached

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

See attached

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

See attached

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

See attached

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ NONE

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

See attached

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial EGN
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial EGN
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial EGN
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial EGN
- e. Disclosures

- i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial EGN
- f. Reporting
 - i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial

8. VERIFICATION

STATE OF NY)
 COUNTY OF Onondaga) SS:

Ed Griffin-Nolan
 (Name of Individual)
President
 (Title)

, deposes and says that s/he is the
 of 500 West Onondaga
 (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

_____ Applicant Representative's Signature

President Title

Subscribed and sworn to before me this
31 day of July, 2020

Notary Public

Follow Up questions:

#3 Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

The first two items are a request for reimbursement for funds already spent. That would be the top priority.

The third item will enable us to bring back into operation a third treatment room and allow us to bring another massage therapist back to work.

The fourth item will enable us to replenish supplies such as gloves, masks, sanitizer, face shields, bleach and other cleaning products. These items are constantly consumed and discarded.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

The Spa at 500 has been the home to The Art of Massage since 2007. The Art of Massage began in my home on Parkway Drive in 1997. We moved to Marshall Square Mall and later to 500 West Onondaga Street, which had been an abandoned funeral home. Since renovating the building, we have been home to a number of health, beauty, and fitness organizations as well as The Art of Massage.

We are not your typical spa. We host exercise classes for the clients of Access CNY. We offer space for community events. Our great room is used twice weekly by Purpose Church. We also provide office space for Brady Faith Center and Goode Looks Salon. The Spa has helped incubate five minority owned businesses in our 13-year history. We treat veterans through the VA and cancer patients and their families through CompassionNet.

We donate to more than 200 community organizations annually. We bank with Cooperative Federal, paying approximately \$800 in monthly interest charges, which goes back into the community. We pay approximately \$850 per month in property taxes to support city schools and services.

We have regularly hosted community meetings and fundraising events, most recently a Narcan training in conjunction with Helio Health. Since the pandemic we have worked with Good Life Foundation, and will be providing space for a car wash as part of their job training program for young people this summer. We have also been partners with Pathfinder, Salt City Coffee, Upstate Printing, Joe's to Go and others in neighborhood cleanup and beautification projects, as well as promoting and supporting other local businesses to move into the area.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

COVID-19 shut us down from March 13 through June 16. We were able to keep staff on for nearly a month, then had to let all but one go. Tenants stopped paying rent, with the exception of Brady and the Purpose Church. Our survival to date has been through loans from SEDCO and Pathfinder (PPP). We have been unable to rent out our back room for family events, reducing that rental income to zero.

At the same time, we have been working to revamp our processes to minimize face-to-face contact, to revamp our HVAC to add more air turnover, and acquiring equipment and supplies for increased sanitation. All of this has cost thousands and will continue to cost us money at a time when revenue has declined dramatically.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency

Since June 16 we have been seeing clients at approximately 40% of our normal rate. Staff has returned gradually to work and we expect that by September 1 we will be fully staffed, as long as we are allowed to remain open.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

I think it is no exaggeration to say that the Spa has been foundational for the revival of West Onondaga Street. If we are unable to survive, that will be a serious blow to the neighborhood. Not only will our services cease, but it will reverse the positive direction we have seen the area move in recent years. Many people from the neighborhood, city, county, and surrounding communities have come to rely on us for services and support.

In addition, our three massage therapists will be out of work, and the other services offered in the building may be forced to cease as well.

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Grant Program Application Request Summary

Grant Request: \$5855.00 **Purpose:** PPE, Cleaning Sanitizing Supplies, Shielding, Installation

Name: Central New Jazz Arts Foundation, Inc.
Address: 441 East Washington Street, Syracuse N.Y.13202
Commercial Business _____ **501c3** X _____

Summary:

CNY Jazz Arts Foundation Inc. a 501c3 is requesting grant funds in the amount of \$5855.00 as outlined above. The items to be funded by the grant are eligible under terms of the program. The Corporation was incorporated in New York State in 1997 and is located and operates in the City of Syracuse. The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

The Jazz Foundation is a year round provider of scholastic and public jazz programs for Central New York. It operates a fully equipped venue for performances, rehearsals, and workshops and works with many local community partners and the SCSD to provide year round outdoor concerts, festivals and education and is well known for its "Jazz in the City Program". 95% of its programs are free and open to the public. The Foundation plans to reopen its theatre in mid to late September in accordance with NYS guidelines.

Attachments:

1. Application.
2. Reopening Plan.
3. Interim Financial Statements (6-30-20).
4. Financial Statements (2019).
5. Tax Form 1090 (2019).
6. Tax Form 1096 2019.

Contingencies: None.

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: Central New York Jazz Arts Foundation, Inc

Year Founded: 1998

Business Address: 441 East Washington Street

Application/Primary Contact: Laurance Luttinger

Title: Executive Director

Email Address: info@cnyjazz.org

Phone: 3154795299

Amount of grant being requested (between \$500-\$10,000): \$ 5855

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed 501c3

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 3

Total # of current FTEs as of date of application: 3

Total # of FCEs as of March 7, 2020:

Total # of current FCEs as of date of application:

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
 If yes, for what period of time?

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 830	PPE	Staples	Face masks, sanitizer, gloves, face shields, etc
\$ 454	Cleaning/Sanitizing Supplies	Staples	Lysol, commercial sanitation products, anti bacterial, etc.
\$ 4091	Theater Shielding	Local Signage Manufacturer	Commercial plexiglass (or similar) shielding for theater seats, staff and back
\$ 480	Installation/Labor	MLB Construction	Installation cost of theater shielding
5855	< TOTAL FUNDING AMOUNT REQUESTED		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

Our highest priorities are the installation of protective shielding for our theater seats and foyer, face shields and masks, and a touchless thermometer, as those are directly necessary to reopening the building; followed by the obtaining of PPE equipment for our administrative and event staff and HVAC filter upgrades. We are slowly able to obtain audience PPE and disinfection supplies. Scarcity of product and rising inflated costs make them a significant expense for our organization.

Please describe in detail the history and nature of your business or organization and its ties to

Since its incorporation in 1998, CNY Jazz has become a dedicated community asset within the city of Syracuse, continually providing cultural presentations, festivals, concerts, and education to Central New York, with emphasis on urban youth at risk. No other arts organization has closer ties to the city and its residents. Historically, we provide \$1.2 million in direct economic benefits by attracting an audience of over 50,000. Over 95% of our programs are free and open to the public. Our summer festival in Clinton Square is a resident and tourist attraction. Our nationally recognized "Jazz in the City" urban outreach series brings critical health and human service resources provided by the Molina healthcare Village to the most impoverished neighborhoods in the city. This program is being retooled for 2020 by partnering with the Syracuse Community Health Center and 100 Black Men to distribute public health information and PPE supplies to urban residents. Our Jazz Central theater, our corporate headquarters, has long remained an accessible community-based arts incubator for emerging artists and groups, with the city's only equitable pay- to-scale model. Our CNY Jazz Youth Orchestra, the former Stan Colella Parks and Rec All-Stars, has continued as a paid professional apprentice program with the support of local labor. We continue our commitment to SCSD students by providing free tuition to our SummerJazz Workshop, the first step in our Educational Pipeline.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

The shutdown immediately postponed or cancelled our entire Spring 2020 season: five arts-in-education shows, three Vespers concerts, our spring cabaret, and all scholastic jams and vocal jazz programs. All activities at Jazz Central were also canceled, including four national acts and the spring shows of Rarely Done Productions, our resident theater group. Our downtown summer festival and urban concert series have been prohibited from taking place due to limitations required by NYS reopening guidelines. To combat this significant business loss: we successfully migrated our SummerJazz Workshop to an online format and completed it in June.

We are now working with the Syracuse Community Health Center and 100 Black Men to retool our Jazz in the City series to provide incentives (including masks and sanitizers provided by our Jazz in the City healthcare village agencies) as well as sidewalk serenaders to attract residents to mobile COVID testing sites in multiple city locations in August and September, as well as designing and implementing an awareness campaign targeted at urban youth called "COVID – Don't Bring it Home". We have formulated a multiple step reopening plan for Jazz Central theater by mid- to late September (for which we are requesting SIDA funding) as well as plans for other future off-site free events in accordance with County and NYS reopening guidelines.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

We have successfully applied for and received a PPP loan for staff salaries and utilities, and have worked diligently with our Executive Director and Director of Development to fundraise, write grants at all levels of government and to multiple foundations, and efficiently streamline current resources to mitigate current conditions.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with

The Jazz Central facility is the only arts incubator in the City of Syracuse, providing access to a fully equipped presentation venue for shows, meetings, rehearsals, and workshops of all kinds across all arts disciplines – on an equitable, ability-to-pay ticket surcharge basis. It also houses our corporate office and music library and serves as rehearsal hall for our professional and student ensembles. Presently (on a grant from the NYS Council on the Arts) we are renovating our lower level to become the hub of an educational network in partnership with the North Side Learning Center, Mercy Works, and La Liga, to provide a creativity curriculum and creative career seminars to New American and resident youth at risk. We must expend all possible efforts to achieve compliance by meeting or exceeding current reopening requirements with the aggressive safety plan that we have designed, in order to retain the viability of our facility as a venue that can reduce fear barriers to visiting the city and create much needed economic impact. CNY Jazz is a significant employer of local and regional artists, with emphasis on the BIPOC (Black, Indigenous, and People of Color) community. Our facility is integral to the future continuity of our many in-house programs. Our community mission must continue.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ n/a

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No

If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement [available using this link](#) dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

IRS Form 941 for Q1-4 submitted as alternative documentation for W3 as Paychex handles this submission for our organization.

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:



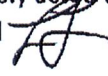
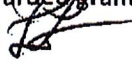
Our organization had achieved a successful CNY Jazz Club series through March, as well as 2 out of 3 of our flagship cabaret shows for the CNY Jazz Cabaret Series. We were freshly launching a campaign for our lower level build and were ahead of projections to start the summer season before the pandemic dampened our Summer Festival initiatives.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial 
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial 
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency.
Initial 
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial 
- e. Disclosures

- i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.

Initial AL

f. Reporting

- i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements.

Initial AL

8. VERIFICATION

STATE OF New York
COUNTY OF Onondaga) SS:

Laurance A. Luttinger
(Name of Individual)
Executive Director
(Title)

, deposes and says that s/he is the
of CNY Jazz Arts Foundation, Inc.
(Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.



Applicant Representative's Signature

Executive Director Title

Subscribed and sworn to before me this
29th day of July, 2020

BRADLEY WHIPPLE
NOTARY PUBLIC STATE OF NEW YORK
ONONDAGA
LIC. #01WH6386008
COMM. EXP. 01/22/2023

Bradley Whipple
Notary Public

**SECRETARY'S CERTIFICATE
CENTRAL NEW YORK JAZZ ARTS FOUNDATION, INC.**

The undersigned, being the Secretary of Central New York Jazz Arts Foundation, Inc. ("CNY Jazz"), a corporation formed under the New York Not-for-Profit Corporation Law and qualified for tax-exempt status under the federal internal revenue code, hereby certifies that the following is a true and complete copy of resolutions duly adopted by the Executive Committee of the Board of Directors of CNY Jazz (the "Executive Committee") by unanimous vote in favor thereof, at a special meeting of the Executive Committee held on July 28, 2020, and that such resolutions continue in full force and effect and have not been amended or rescinded as of the date of this Certificate:

WHEREAS, the effects of the public health emergency caused by the SARS-CoV-2 virus and COVID-19 disease have caused significant disruption to CNY Jazz's operations by virtue of prohibiting public gatherings and forcing the closure of businesses characterized as nonessential; and

WHEREAS, CNY Jazz desires to pursue all reasonable avenues available to address the adverse economic effects of the public health emergency; and

WHEREAS, the bylaws of CNY Jazz confer upon the Executive Committee the full powers of its Board of Directors except to the extent that applicable law requires action by vote of the complete Board.

NOW, THEREFORE, be it:

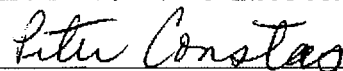
RESOLVED, that CNY Jazz shall be, and hereby is, authorized to fully pursue all available economic relief related to the above-mentioned public health emergency which may be available to it, including without limitation as may be set forth in any applicable law, agency rule, regulation, executive order, or other government action, for example as set forth in U.S. Public Law 116-136 ("CARES Act"), U.S. Public Law 116-127 ("Families First Coronavirus Response Act"), or any applicable provision of law or duly enacted program of the State of New York, Onondaga County, the City of Syracuse, or any government or government agency or instrumentality having jurisdiction, including without limitation the Syracuse Industrial Development Agency; and be it further

RESOLVED, that Laurance A. Luttinger shall be, and hereby is, authorized and directed to prepare, execute, and file on behalf of CNY Jazz any and all applications and related documents that he shall deem necessary or appropriate to apply for and secure any item referred to in the preceding paragraph, and upon approval of the same, to enter into and execute all such agreements, instruments, or other documents necessary to effectuate the contemplated transaction, including the receipt of grant funds; and be it further

RESOLVED, that the members of the Executive Committee hereby waive any requirement for notice of this special meeting imposed by the bylaws of CNY Jazz or otherwise required under applicable law."

IN WITNESS WHEREOF, I have hereunto subscribed my name this 28th day of July, 2020.

CENTRAL NEW YORK JAZZ ARTS FOUNDATION, INC.



Peter Constat, Secretary

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$10,000 Purpose: PPE, Inventory, Cleaning, Signage

Name: Heritage Bread Company, LLC
Address: 614 South Crouse Ave, Syracuse N.Y. 13210
Commercial Business 501c3

Summary:

Heritage Bread Company LLC is requesting grant funds in the amount of \$10,000 as outlined above and on the attached application. One of the items listed for funding (inventory – food products) is not eligible under the terms of the program. The other items listed are eligible. The Company is an LLC formed in 2016 and is located and operates in the City of Syracuse. The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

The Company operates a café in the former Rosewood Heights nursing home at 649 South Crouse Ave and caters to medical professionals and university students in the area. Additionally it has started a program with the local Girl Scouts of America chapter to provide instructional learning on cooking and restaurant management. Due to the pandemic the café was forced to shut down in March but plans to reopen the week of August 17th. In speaking to the owner this week she confirms the café will be reopening and will be hiring back 5 employees (1 FTE – 4 Parttime).

Attachments:

1. Application.
2. P&L Statement. (January – July 2020)
3. 2019 Federal Tax Return.
4. W-3 (2019)
5. Personal Financial Statement

Contingencies: 1. Submission of Good Standing Certificate prior to closing..

Staff Recommendation: Approve \$4000.00 only in eligible expenses.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: Heritage bread Co LLC

Business Address: 614 South Crouse Ave, Suite 100

Application/Primary Contact: Michele Rochkind

Email Address: michelerochkind@heritagecafe.com

Amount of grant being requested (between \$500-\$10,000): \$10,000

Year Founded: 2016

Title: Owner-Operator

Phone: 315-420-8599

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 2

Total # of current FTEs as of date of application: 0

Total # of FCEs as of March 7, 2020: 1

Total # of current FCEs as of date of application: 1

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No

If yes, for what period of time? 3 years

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 2,000	Cleaning supplies Paper Products	Hill & Markes	We need to order new sanitizing products, gloves, masks, individual sets of silverware already packaged, eco-friendly boxes, cups, and straws.
\$6,000	Food Products, Perishables, Beverages, and Flavor Cartridges	Maines Renzi Coca-Cola Bottle Coca-Cola Freestyle	We lost thousands of dollars' worth of products once we had to shut down. We need to replace most of it to re-open.
\$1,000	Hood Cleaning Grease Trap Cleaning Walk-in Freezer/Fridge Repair	CCS Commercial Cleaning Service Baker Commodities Don's Commercial Refrigeration Repair	We want to make sure that these pieces of equipment are professionally cleaned before we re-open. Additionally, the freezer door continues to ice over since we have no product in the walk in.
\$1,000	Advertising Marketing	Vistaprint Sign-A-Rama Online Ordering Sites Instagram Facebook Google	We had quite a following when we had to close and now we need to get the word out that we will be opening
\$10,000< TOTAL FUNDING AMOUNT REQUESTED			

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

1. Cleaning, sanitizing, and paper supplies – to operate during this pandemic I take the health and safety of my employees and customers extremely seriously. I will need to purchase supplies to make sure that we are compliant with all of the rules and regulations of this pandemic.
2. Food products - Since we lost so much product to this pandemic, we need to

replenish our supplies. Bottled beverages, Freestyle cartridges, and perishable food products all went out of date during this period and will need to be purchased so we actually have food to prepare and serve our customers.

3. Hood cleaning, grease trap cleaning, and walk-in repair – these are all very important pieces of equipment that I want to have professionally cleaned and repaired. Our walk-in fridge has had a harder time keeping up with no product in it and our freezer door is icing over for the same reason. It is extremely important to have all aspects of our kitchen cleaned and working properly, especially with all the new regulations.
4. Advertising and marketing – to put it simply we need to let our customers know we are open again and ready to serve them safely.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

Heritage is located at 614 South Crouse Ave. That location used to be the old Rosewood nursing home and University Area Apartments gutted the building and made into high end apartment housing. We are located on the ground floor and firmly believe we are part of the improvement of the building and area. Additionally, before the pandemic started, we had started a program with the local Girl Scouts of America chapter. During "A Day at Heritage Café" the participants earned 3 merit badges. First, they earn the baking badge by learning how to make scones (our top selling pastry) with my pastry chef and assistant manager. During this time, they also learn about the differences between a commercial kitchen vs. home kitchens including health department facts and how to operate the large pieces of equipment. Following the scones, they enjoy lunch before earning their marketing badge. I teach the participants how to market an actual restaurant business and in the end they have to come up with their own marketing plan for selling girl scout cookies. In the end we take a walk around the Marshall Street area and I teach them about direct vs. indirect competition and what makes Heritage different from the other restaurants and shops in the area following which the program ends and they have received their own custom Heritage Café badge. We unfortunately have only run the program twice and had the third date set right when COVID struck. However, this program has been the most rewarding part of my job. I can't wait for the new normal to be established and to bring the program back

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

Due to the fact that one of my employees is high risk, as well as, my husband I made the tough decision to close on March 17. As soon as the university students left and the hospitals & doctors' offices sent many staff to work from home, I knew there was

going to be no way I could afford to keep the restaurant going on delivery and take out alone. To that date we had never made enough money with those two options to even cover payroll, nevertheless, food and beverage products. Once I saw that many restaurants were closing and laying off their employees in hope that they could get on unemployment quickly I decided to follow suit. We are planning our re-opening date to be August 17 and to do so I will need to make sure that we have everything cleaned, food products replaced, employees properly trained on the new regulations of mask wearing and social distancing. I am lucky that almost all of my employees want to come back to work and I cannot wait to re-hire them. We will all need to get used to the new normal and keep an eye on current regulations, as well as, future ones. We all miss our customers and honestly each other. Even as the owner/operator each of my employees feel like part of my family and I will do everything in my power to keep them and our customers safe and healthy.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

As mentioned above almost all of my employees are returning. They are extremely important to me and I am so happy that they are coming back. Everyone is tired of being at home and is ready to work. I am scheduled to do their re-hire paperwork on August 11 and then there will obviously be a training period for how to navigate the new regulations. My hope is that our customers will return quickly to us so I can continue to hire and expand the company.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

Re-opening will make allow 6 people to go off unemployment. Additionally, I believe that our commitment to working with the Girl Scouts of America will benefit many young women. It is honestly not often you see someone of my age and skill set in a position of a business owner. I am 32 and began working on Heritage Café at the age of 26. Three years in operation and three years of turning a small white box into a successful restaurant. If things had continued as I had projected we would have been making a profit at the end of year three, well ahead of the usual five years it takes most restaurants. I also think it shows how popular we are by the fact that we are located on the Hill and we have managed to compete with Kubal, Starbucks, Dunkin Donuts, and Phoebes. My restaurant is a one women show at the end of the day and that is why getting all my amazing employees back is so important. I would love to shortly show them my thanks by being able to give them each a raise. I will never be able to afford the

\$15 an hour McDonald's pays their employees yet my employees have all stuck with me because it is a great place to work. Everyone has a voice and I encourage all ideas. At the end of the day I truly believe with a little help I can get Heritage Café to being even better to what we were before.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$0 _____

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

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For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Due to the nature of my business I do not have to file IRS Form 1096

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

Prior to March 7, 2020 Heritage was well on it's way to being profitable by the end of 2020. We were busier than ever and I was considering hiring two more employees and potentially making an hours change to be open even more. We had made the hard leap from being student customer centric to being a favorite of many hospital, doctors office, and local residents. I cannot stress enough how important that was since as any Syracuse resident knows when the students are not on campus it is very hard on small local businesses. Now I know that we will have to work even harder to get our customers to feel safe dining out again and to re-gain that lost business.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial MR
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial MR
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial MR
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 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial MR
- e. Disclosures

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial MR

f. Reporting

i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial MR

8. VERIFICATION

STATE OF New York)
COUNTY OF Onondaga) SS:

(Name of Individual) Michele Rochkind , deposes and says that s/he is the
of Heritage Bread Co LLC
(Title) Owner-Operator (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

_____ Applicant Representative's Signature

Title

Subscribed and sworn to before me this
_____ day of _____, 2020

Notary Public

- i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial MR

f. Reporting

- i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial MR

8. VERIFICATION

STATE OF New York)
COUNTY OF Onondaga)

SS: 130-74-7843

, deposes and says that s/he is the

(Name of Individual) Michele Rochkind

of Heritage Bread Co LLC

(Title) Owner-Operator

(Applicant Name)

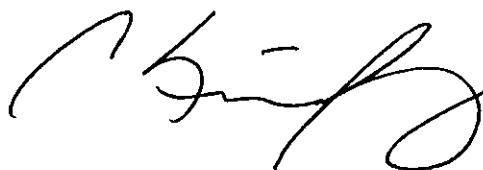
that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.



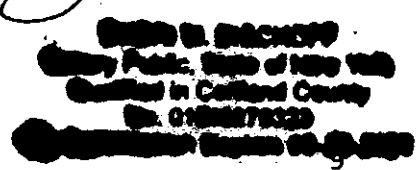
Applicant Representative's Signature

Owner - operator Title

Subscribed and sworn to before me this
30th day of July, 2020



Notary Public



City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$4828.44 **Purpose:** Air Purification Equipment

Name: Infinity Events Inc. (Sky Armory)
Address: 332 South Salina Street, Syracuse N.Y. 13202

Type: Commercial Business ___X___ 501c3 _____

Summary:

The owners of Sky Armory are requesting grant funds in the amount of \$4,828.44 for air purification equipment to help prevent the spread of COVID-19 throughout their event venue. The Company was incorporated in New York State in 2013 and is located and operates in the City of Syracuse.

The Company advises it had 10 FTEs prior COVID-19 and now has 5 FTEs. It should be noted as verified by the Company's W-3 the Company hires numerous temporary employees to assist with various events throughout the year but they do not qualify as FTEs or FCEs.

The Company reports pre pandemic it hosted over 200 events per year but since March of this year has lost and continues to lose substantial income due to both outright cancellations and in some cases the reschedule of some events (wedding receptions) into 2021. Currently the venue is open on a limited basis only and unable to host events of over 50 people.

The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

Attachments:

1. Application.
2. Personal Financial Statement – (Kevin and Nicole Samolis)
3. 2019 Federal Income Tax Statement.
4. Interim Financial Statements.
4. 2019 W-3
5. Reopening Plan.

Contingencies: 1. Submission of a good standing certificate dated within 30 days of closing.

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: Infinity Events, Inc.

Business Address: 332 S Salina St, Syracuse, NY 13202

Application/Primary Contact: Kevin Samolis

Email Address: Kevin@skyarmory.com

Amount of grant being requested (between \$500-\$10,000): \$4,828.44

Year Founded: 2013

Federal EIN: [REDACTED]

Title: CFO

Phone: 315-960-2844

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 10

Total # of current FTEs as of date of application: 5

Total # of FCEs as of March 7, 2020: 0

Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No

If yes, for what period of time?

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 2592.00	iWave-C	Amazon.com	Air Purification
\$ 2236.44	iWave-R	IRR Supply	Air Purification
\$			
\$			
< TOTAL FUNDING AMOUNT REQUESTED			

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

please see attached

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

please see attached

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

please see attached

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

please see attached

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

please see attached

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ _____

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No

If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

please see attached

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial KWS
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial KWS
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency.
Initial KWS
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial KWS
- e. Disclosures

- i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted. Initial KWS
- f. Reporting
 - i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial KWS

8. VERIFICATION

STATE OF New York
 COUNTY OF Onondaga) ss:

Kevin Samolis
 (Name of Individual)
 CFO
 (Title)

, deposes and says that s/he is the
 of Infinity Events, Inc.
 (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

Kevin Samolis Applicant Representative's Signature

CFO Title

Subscribed and sworn to before me this
27th day of July, 2020

ASHLEY MOON
 NOTARY PUBLIC STATE OF NEW YORK
 ONONDAGA COUNTY
 LIC. #01MO06386111
 COMM. EXP. 01/22/33

Notary Public
Ashley Moon



July 27, 2020

because the sky has no limits

Ms. Judith DeLaney
Executive Director
Syracuse, Industrial Development Agency
201 East Washington Street Suite 612
Syracuse, New York 13202

Re: COVID-19 Disaster Emergency Grant Program
Application for State of the Art Air Purification System

Dear Ms. DeLaney:

Please find attached our application and supporting documentation for our referenced grant request. Please find Section 3 Financial Request responses below.

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

The method of disbursement of the virus throughout our environment have not been determined. Recent medical reports suggest that "Super Spreaders" may be contributing to the outbreaks through the HVAC systems. New York State had mandated HEPA filters in certain situations, such as malls. SKY Armory has taken this one step further and is installing an air purification system. The iWave system by Nu-Calgon prevents the COVID-19 virus from circulating through the three ballroom's HVAC systems. The ion producing system reduces pathogens, allergens, particles, smoke and odors in the air, creating a healthy environment without producing any harmful byproducts. When the ions come in contact with viruses they remove the hydrogen molecules from the pathogens. Without hydrogen, the pathogens have no source of energy and die. We will be cleaning greater than 23,500 cubic feet of air per minute. Please see the attached product bulletin that describes the iWave System.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

SKY Armory, pre-pandemic, held over 200 events per year which are attended by over 23,000 guest per year. In addition to SKY Armory being the largest NYS Certified WBE event center, this system will be a model for years to come in viral mitigation and management this will be another arrow in the quiver to attract events to New York.

351 South Clinton St. Syracuse, NY 13202

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

SKY Armory has lost over a million in revenue since March 13, 2020. Forward New York has ceased to issue new industry specific guidance documents to open more industries in New York State. The measures we have taken can be realized through our attached Interim Guidance Reopen Plan that outlines our plans to adapt to the current climate.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

We were fortunate that most of our spring, summer, and fall weddings have moved to 2021. With this new air purification system, we are poised to double our growth in 2021. The wedding industry's economic impact for New York State is greater than \$3 billion and greater than \$105 Million for Onondaga County. The industry is caught between restaurant guidelines and public gathering guidelines. As such, the industry cannot realistically open under Phase 4 guidelines. Below are two suggestions that can remedy the situation while maintaining health and safety consistent with the existing Reopen New York guidelines already promulgated.

1. Forward New York (FNY) is using the terms "public gathering," "gathering," and "social gathering" verbally, in announcements, and in guidance documents. The usage is used interchangeably and as a catch-all classification term. Specifically, it is used the same for a public event, like a ball game, and a private event at a regulated and licensed business, like a wedding reception. *Remedy: FNY should define gatherings at a regulated and licensed business as a percentage of occupancy, the same for other businesses.* This is consistent with the other 8 NIAC codes starting with 72. Keep non-regulated and licenses gatherings under the occupancy mandate.
2. The Advisory Board has introduced 19 industry specific guidelines (Child Care and Day Camps, Public Transportation, Low-Risk Outdoor Arts & Entertainment, etc.), which acknowledge when social distancing cannot be obtained and provides a solution. These guidelines were written specifically because the activity could not maintain social distancing. *Remedy: FNY should write specific wedding reception guidelines that outline behavior and actions in non-social distancing instances, such as when dancing may occur.* Regulated and licensed facilities are inherently motivated by safety.

The lack of industry specific regulations is pushing social gatherings into the private market (backyards). We are seeing an increase in positive cases because there is nowhere the public can go. As such, as soon as these regulatory hurdles are made, we are back open for business.


The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

Creating an environment where a diverse group of people can meet in person without the potential to recirculate the corona virus will encourage people to come to Syracuse and SKY

Armory. We are the largest venue in Central New York with this capability. In addition to SKY Armory being the largest NYS Certified WBE event center, this system will be a model for years to come in viral mitigation and management this will be another arrow in the quiver to attract events to Central New York.

Thank you for your consideration and assistance to the hospitality industry. We look forward to your response.

Respectfully submitted,
SKY Armory

A handwritten signature in cursive script that reads "Kevin Samolis".

Kevin Samolis

Attachments:

Notarized Application
iWave Product Bulletin
Interim Guidance Reopen Plan for SKY Armory
Consolidated PFS for Kevin Samolis and Nicole Samolis

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$5000.00 **Purpose:** Air Purification Equipment, Cleaning Supplies, Signage, Shields

Name: Partners In Learning Inc.
Address: 2363 James Street Suite 105, Syracuse N.Y.13206
Commercial Business _____ **501c3** **X** _____

Summary:

Partners In Learning Inc. a 501c3 is requesting grant funds in the amount of \$5000.00 for PPE as outlined above. The items to be funded by the grant are eligible under terms of the program. The Company was incorporated in New York State in 1989 and is located and operates in the City of Syracuse.

The not for profit organization supports both adults and children of diverse cultures offering education and employment services to enhance literacy and language skills in English and Spanish and promotes intergenerational learning. It offers dual language programs through the Syracuse City School District at both Delaware and Seymour Elementary schools. The Company reports it has experienced both layoffs and cuts to its funding as a result of the pandemic but anticipates it will continue to provide services and expects to hire back teaching staff as it normally does as the new school year commences. It currently has 4 employees pre pandemic it had 14 FTEs.

The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

Attachments:

1. Application.
2. Interim Income & Balance Sheets (6-30-20).
3. Financial Statements (6-30-19).
4. 2018 Form 990.

Contingencies: 1. Submission of a good standing certificate dated within 30 days of closing 2. Tax extension paperwork (2019) 3. W-3 or 1096 (2019). 4. Certification by the Corporation's Board of Directors authorizing submission of the application and acceptance of grant proceeds.

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: Partners in Learning, Inc.

Year Founded: 1998

Business Address: 2363 James Street, Suite 105, Syracuse, NY 13206

Application/Primary Contact: Chad W. Underwood, MPA

Title: Executive Director

Email Address: director@partnerscny.org

Phone: 315-667-3011, ext. 2

Amount of grant being requested (between \$500-\$10,000): \$ \$5,000

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed 501(c)(3)

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 14.00

Total # of current FTEs as of date of application: 4.00

Total # of FCEs as of March 7, 2020:

Total # of current FCEs as of date of application:

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No

If yes, for what period of time? Teaching staff reduced on 03/18 through end of June. Other staff remain through today. Teaching staff set to return end of August.

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 2,500	5 air purifiers @ \$500 each	Amazon	Clean air in program / office areas
\$ 1,000	Cleaning Supplies	Amazon	Disinfect program areas
\$ 250	signage	Staples	Education / Awareness
\$ 1,250	plexiglass shields	Amazon	Classrooms and offices
\$5,000	< TOTAL FUNDING AMOUNT REQUESTED		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

Partners in Learning, Inc. (PIL) will prioritize expense items relative to the amount of any grant awarded based on risk factors. For example, PIL will utilize funds to minimize risks associated with smaller work spaces first, followed by areas of higher traffic. PIL will also factor in those items that will have the highest potential impact, such as the installation of air purifiers and plexiglass shields.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

Over the past 30 years, PIL has provided services a programming to dual language learners who reside in Syracuse's west side. PIL helps adults to learn, earn, and live well by providing them with essential employment and citizenship programming. PIL also provides early childhood education to more than 100 dual language children each year.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

PIL had to lay-off a significant portion of its teaching staff when schools closed in mid-March. PIL received a 15% cut in its County contracts, so far (\$7,500). The County has suspended indefinitely the contract development process of an AEI award worth \$600,000 over three years. While PIL anticipates an ability to continue to provide services, its funding levels and narrow net revenue margins will not support the cost of ongoing COVID-related recovery efforts. Your investment will help with these efforts.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

PIL secured \$38,000 in funding between April - June from the SBA and the PPP programs to support the retention of limited program staff during that time period. PIL typically lays-off teachers during the summer months...we did that again this year. We plan to bring back all teachers at the end of August, as normal, providing we have the capacity to adapt to SCSD and other COVID-related health and safety standards. Your support, combined with our other fund development efforts will help us meet those guidelines and standards.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

Your support will help PIL to make purchases of essential, unfunded materials, supplies and equipment to meet the guidelines of state, local, and school district safety and health guidelines in order to provided typical services to children and adults at our three locations.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ NO

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement [available using this link](#) dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

As of the end of February 2020, PIL had realized a fiscal year net gain of just over \$13,000, approximately \$5,000 more than budget. PIL's balance sheet reflected accounts receivable of more than \$205,000 and total assets of just under \$300,000.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial **CWU**
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial **CWU**
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency.
Initial **CWU**
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial **CWU**
- e. Disclosures

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial **CWU**

f. Reporting

i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial **CWU**

8. VERIFICATION

STATE OF New York)
COUNTY OF Onondaga) SS:

Chad W. Underwood
(Name of Individual)
Executive Director
(Title)

, deposes and says that s/he is the
of Partners in Learning, Inc.
(Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

Chad W. Underwood Digitally signed by Chad W. Underwood
Date: 2020.07.29 11:39:31 -04'00' Applicant Representative's Signature

Title

Subscribed and sworn to before me this
29 day of July, 2020

Notary Public

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$8,773.60 **Purpose:** PPE Materials, Van Cleaning Service, Plexiglas Shields

Name: Syracuse Northeast Community Center, Inc.
Address: 716 Hawley Avenue, Syracuse N.Y.13203
Commercial Business _____ **501c3** X _____

Summary:

Westcott Community Center Inc. a 501c3 is requesting grant funds in the amount of \$8,773.60 for PPE supplies and equipment. The items to be funded by the grant are eligible under terms of the program. The Company was incorporated in New York State in 1978 and is located and operates in the City of Syracuse.

The not for profit organization provides community-based services including elderly care, a food pantry, and workforce development programs. The community center has continued to remain open and provide services throughout the pandemic. It currently has 10 FTE employees.

The not for profit's financial information demonstrates the organization was financially viable prior to March 7, 2020 based on a 990 and audit submitted with this request.

Attachments:

1. Application.
2. Funding Allocation Budget.
3. Interim Financials (through June 30, 2020)
4. Audited Financial Statements (2019 and 2018).
5. 2018 Form 990.

Contingencies: 1. Submission of a good standing certificate dated within 30 days of closing 2. Tax extension paperwork (2019) 3. W-3 or 1096 (2019). 4. Certification by the Corporation's Board of Directors authorizing submission of the application and acceptance of grant proceeds.

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

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City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

1. APPLICATION INFORMATION

Legal Name: Syracuse Northeast Community Center Inc Year Founded: 1978
Business Address: 716 Hawley Ave, Syracuse NY 13203 Federal EIN: [REDACTED]
Application/Primary Contact: Brian Fay Title: Exec Dir
Email Address: bfay@snccsyr.org Phone: 315-472-6343 x203
Amount of grant being requested (between \$500-\$10,000): \$ 8,773.60

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed 402

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology
 Personal/Professional Services Healthcare Construction Education
 Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 9

Total # of current FTEs as of date of application: 10

Total # of FCEs as of March 7, 2020: 0

Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary



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COVID-19 Disaster Emergency Grant Program Application

fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No

If yes, for what period of time? Monday - Friday, 9 AM - 5 PM

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$ 8,773.60

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPEINT	PURPOSE
\$	See itemized list attached	(attachment #1)	
\$			
\$			
\$			
\$8,773.60	<	TOTAL FUNDING AMOUNT REQUESTED	

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded: PPE items for staff and client protection are our priorities. This includes shielding, personal PPE, and deep cleaning/disinfecting necessary for SNCC to continue to serve its neighbors.



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "*City*") community and the impact of your business/organization's work in the City community. See attachment #2

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate. See attachment #2

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency. See attachment #2

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term. See attachment #2

4. MISCELLANEOUS

- Yes No Is the Company or its principals 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 its principals ever settled a debt with a lending institution for less than the full amount outstanding?



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

- Yes No Has the company, its affiliates or its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
- Yes No Is the Company or its principal's delinquent on property, personal, and/or employment taxes?
- Yes No Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount: \$ _____
- Yes No Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).



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City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation: Due to COVID, the organization's 2019 Final Audited Financial statements and Form 990 are not completed. We are attaching the Draft of our 2019 Audited Financials with the final 2018 Financials and Form 990 in their stead as advised.

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020: SNCC was financially sound and growing as of March 7, 2020. Our draft 2019 Audit (included here) provide extensive evidence as to the financial viability of the organization.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officer's Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. **It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.**

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

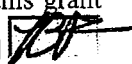
A. Absence of Conflicts of Interest




SIDA

City of Syracuse Industrial Development Agency

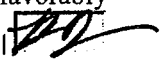
COVID-19 Disaster Emergency Grant Program Application

The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described. Initial 


B. False or Misleading Information

The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial 

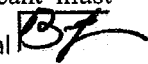
C. Hold Harmless Agreement

Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial 


D. SIDA's Policies

The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial 

E. Disclosures

The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted. Initial 

F. Reporting

Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial 



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

VERIFICATION

STATE OF NEW YORK)
COUNTY OF ONONDAGA) SS:

BRIAN FAY _____, deposes and says that s/he is the
(Name of Individual)

EXECUTIVE DIRECTOR _____ of SYRACUSE NORTHEAST COMMUNITY CTR.
(Title) (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

[Signature]
Applicant Representative's Signature

EXECUTIVE DIRECTOR
Title

Subscribed and sworn to before me this
11th day of AUGUST, 2020

[Signature]
Notary Public
KATHLEEN A. DEEVER
Notary Public, State of New York
Registration #01DE5080697
Qualified in Onondaga County
Commission Expires June 16, 2023



Syracuse Northeast Community Center (SNCC)

Attachment 1

SIDA COVID-19 Disaster Emergency Grant

Program Application

Budget and Financial Request

Total	Item	Vendor
86.00	Hanging hardware and Plexiglass cleaner	Amazon
825.00	Masks for Staff (5 each)	Amazon
108.00	Hand Sanitizer	Beak & Skiff
380.97	Social Distancing Sidewalk Stickers	Displays2Go
635.00	Center & Van Deep Cleaning	Dovesview
285.00	Plexiglass Shield for Van	Elevator Interiors
160.86	Floor and Carpet Tape	InSite Solutions
203.81	Plexiglass Sheet	Professional Plastics
4,520.00	Disinfect Fogging	ServPro
720.00	Hand Sanitizer Stations	Toss Up Events/Stand Up Stations
719.40	Disposable Face Masks	Wilcox Paper Company
129.56	Disposable Face Masks	Wyze
<u>\$ 8,773.60</u>		

Syracuse Northeast Community Center (SNCC)

Attachment 2

SIDA COVID-19 Disaster Emergency Grant Program Application

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

Founded in 1978, the mission of the Syracuse Northeast Community Center (SNCC) is to work with area residents to provide services and programs that address the changing needs and interests of our community. Put simply, at Syracuse Northeast Community Center we engage, connect, and grow neighbors. We pursue this mission by providing direct programs and services to individuals and families, by collaborating with agencies that share our goals, and by making the Center a vibrant and vital location for neighborhood, civic, and recreational activities. Our programming revolves around five core areas: Senior Support, Youth Development, Family Stability and Basic Needs, Healthcare Education and Access, and Community Connections and Collaborations.

For forty-two years, SNCC has worked to promote the stability of Syracuse's North/Northeast neighborhoods by offering services that improve the quality of life for vulnerable residents. SNCC grew out of the need to build a new school. In exchange for disrupting the neighborhood, city and community leaders came together to incorporate the building of a community center alongside Dr. Weeks Elementary School. SNCC and Dr. Weeks have been collaborative partners ever since. SNCC serves an extremely low-income and diverse section of Syracuse, providing a continuum of support services in an accessible and welcoming neighborhood setting. SNCC works within the Syracuse Community Center Collaborative to serve all City of Syracuse residents, has a strong working relationship with city and community leaders.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

On March 16, 2020, with the declaration of emergency across New York State SNCC shifted all but two staff members to remote service and coordinated Basic Needs food and diaper distributions to occur during Dr. Weeks School food distributions. In-person, on-site services have been disrupted through spring and summer and will likely be disrupted through the fall and winter, possibly longer. In this time, SNCC primarily provides remote services but has

incorporated on-site Neighborhood Advisor, Supported Employment, and Together We're Better services while continuing to provide for Basic Needs. We are working with Syracuse Parks & Recreation partners to create hybrid Youth Programming and are nearly finished remodeling our kitchen and Senior spaces. Staff remain at work, remotely for the most part, fulfilling the mission of SNCC to engage, connect, and grow neighbors. We are adapting methods for in-person and on-site services as situations warrant and so long as such services can be provided safely. Our pursuit of PPE funding relates directly to our goals of providing increasing services as this pandemic continues. Our abilities to adapt programming have allowed us to fulfill projected outcomes despite COVID interruptions and restrictions. Funding for PPE will allow us to do even more for the community and all of Syracuse.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

SNCC has maintained staffing throughout the pandemic. All FTEs remain employed and serving the community. Two part-time Youth Program employees are on extended leave until that programming can resume. These two PTEs together constitute less than 0.5 FTE and so SNCC has had great success in its commitment to maintain staffing and retain jobs throughout this emergency. Given that our funding continues and because of the long-range planning and sound financial health of the organization, we expect to maintain our current level of staffing. This grant request is made to insure the safety of our staff and is predicated on our commitment to maintain services through the duration of the declared emergency and beyond.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

The funds requested here are related to direct service. While we have been able to maintain remote services, we understand that the needs of the community go beyond phone and internet communication. They require in-person and on-site interactions at SNCC and throughout the community. Such materials as an acrylic barrier for our van allow resumption of some transportation services. Personal PPE such as masks make possible individual meetings with neighbors in need of employment, healthcare, housing, and other connections. All materials requested here facilitate opening the Center's doors wider, allow for more safe contact with neighbors, and insure that our staff is able to continue to provide necessary services in these unprecedented times.

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$10,000 Purpose: PPE

Name: The Volunteer Lawyers Project of Onondaga County
Address: 221 South Warren Street Ste. 200, Syracuse N.Y. 13202
Commercial Business _____ 501c3 x _____

Summary:

The Volunteer Lawyers Project (VLP) is requesting grant funds in the amount of \$10,000 as outlined above and on the attached application. The items for which funding is requested is eligible under the terms of the program. The organization is a 501c3 formed in 2012 and is located and operates in the City of Syracuse. The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

The mission of the VLP "is to expand access to justice by identifying and meeting the unmet civil legal services needs of low income people in Onondaga County through increasing the pro bono participation of the legal community" a service that they have aptly provided since inception. The Company reports in 2019 it assisted 2712 residents of the City and it defends nearly a 1000 families from eviction every year in Syracuse. It is currently addressing a myriad of COVID-10 related legal issues for the residents of our community and the pandemic has seriously impacted its services as previously it operated out in the community and now needs to operate remotely. The funding requested will provide retrofitting for its current office space to allow staff and volunteers back in the office to better serve its clients.

Attachments:

1. Application.
2. Board Resolution.
3. Statement of Activity (2019)
4. Statement of Activity (January – June 2020)
5. W-3 (2019)

Contingencies: 1. Submission of Good Standing Certificate prior to closing.

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: The Volunteer Lawyers Project of Onondaga County, Inc. Year Founded: 2012
Business Address: 221 S. Warren St., STE 200, Syracuse, NY 13202 Federal EIN: ██████████
Application/Primary Contact: Sally Curran Title: Executive Director
Email Address: scurran@onvip.org Phone: 315-579-2576
Amount of grant being requested (between \$500-\$10,000): \$ 10,000

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed Section 402

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology
 Personal/Professional Services Healthcare Construction
 Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 10.06

Total # of current FTEs as of date of application: 10.82

Total # of FCEs as of March 7, 2020: 0

Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No

If no, for what period of time? Monday through Friday from 8:30am-4:30pm

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 10,000	AIS Glass and Top Caps and glass partition	Sustainable Solutions	Create divisions between workstations
\$			
\$			
\$			
\$10,000 < TOTAL FUNDING AMOUNT REQUESTED			

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

We will be purchasing dividers for our workstations and also a large panel that can be placed between clients staff/volunteers. If we are not awarded the full amount we will only place dividers on some workstations, leaving the others unusable at this time.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

The Volunteer Lawyers Project (VLP) has operated in the City of Syracuse for over 25 years, providing free legal help to those in need. Of the 3,762 people that we helped last year, 2,717 were Syracuse residents (72% of our total). VLP defends nearly 1,000 families from eviction in Syracuse every year.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

COVID-19 had deeply impacted our ability to provide services. Prior to COVID-19, most of our services were provided out in the community. Now, most of our services are provided via telephone and video conference. We are working to adapt our offices to allow for safely meeting with clients. This is particularly important as eviction proceedings resume later this month. We are addressing many COVID-19-related legal issues including housing, family law, debt and small business issues. We created a COVID-19 small business support program.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

We have made every effort possible to retain jobs, including obtaining a Paycheck Protection Program Loan and an EIDL loan to help with cash flow during this time with New York State is delaying payments on all contracts. We will continue to make every effort to retain all staff and avoid furloughs if at all possible, and will work to avoid reducing services to the community. We have applied for and have received several different COVID-19 responsive grants, including for eviction and for general operating support.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

If provided, this grant will allow us to provide safe workstations for staff and volunteers immediately. This will allow us to begin to safely bring staff and volunteers back into the office, which will improve our ability to serve clients in person.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ _____

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

We have not yet completed our 2019 Financial Review of submitted our 2019 990. We anticipate having both be complete and approved by the Board by the end of August 2020. In the meantime, I am attaching the 2018 Financial Review and 2018 990 and the statement of activity and balance sheets for the time since.

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

Prior to March 7, 2020 the Volunteer Lawyers Project had a strong financial position. Most of VLP's funding is through government contracts -- 80% from New York State and much of the remaining grants from Onondaga County and the City of Syracuse. Most of the grants are multi-year or, despite being one-year contracts, have been awarded many years in a row. For many years VLP had been growing and expanding and diversifying funding sources. Now NYS is delaying payment on all of its grants, causing significant financial difficulties for VLP forcing VLP to take out loans. NYS is indicating that current contracts could be cut by as much as 80% due to COVID-19 financial issues.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial SC Our Board President, Susan Katzoff, is legal counsel to SIDA.
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial SC
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial SC
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial SC
- e. Disclosures

- i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial SC

f. Reporting

- i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial SC

8. VERIFICATION

STATE OF New York)
COUNTY OF Onondaga) SS:

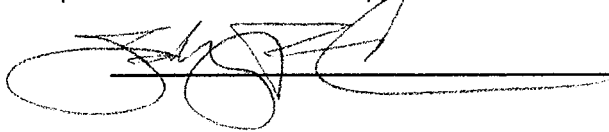
Sally Fisher Curran
(Name of Individual)

Executive Director
(Title)

, deposes and says that s/he is the

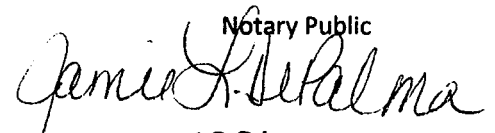
of The Volunteer Lawyers Project of Onondaga County, Inc.
(Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

 _____ Applicant Representative's Signature

Title

Subscribed and sworn to before me this
6th day of August, 2020

Notary Public

Jamie L. DePalma
Notary Public- State of New York
Qualified in U.S.A No. 01MO6339764
My Commission Exp. 04/04/2024

Certification of Resolution
Of the
Board of Directors
Of
The Volunteer Lawyers Project of Onondaga County, Inc.

The undersigned, the Secretary of the The Volunteer Lawyers Project of Onondaga County, Inc., ("Corporation") hereby certifies that the following resolution, on motion duly made by the Michael Klein and seconded by Peter Dunn was adopted by the Board of Directors of the Corporation at a Regular Meeting of the Board held on July 28, 2020 at 12:00 PM at which a quorum was present:

RESOLVED, that the Board of Directors authorizes the submission of the application of The Volunteer Lawyers Project of Onondaga County, Inc. for a \$10,000 SIDA COVID-19 Disaster Emergency Grant and for \$25,000 for the SIDA COVID-19 Disaster Emergency Loan Program and authorizes the acceptance of any approved grant or loan proceeds.



Ellen Weinstein, Secretary

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Loan Program Application Request Summary

Grant Request: \$25000 **Purpose:** Payroll, working capital, adaptive business practices, expenses

Name: The Volunteer Lawyers Project of Onondaga County
Address: 221 South Warren Street Ste. 200, Syracuse N.Y. 13202
Commercial Business _____ **501c3** **x** _____

Summary:

The Volunteer Lawyers Project (VLP) is requesting loan funds in the amount of \$25000.00 as outlined above and on the attached application. The items for which funding is requested are eligible under the terms of the program. The organization is a 501c3 formed in 2012 and is located and operates in the City of Syracuse. The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

The mission of the VLP "is to expand access to justice by identifying and meeting the unmet civil legal services needs of low income people in Onondaga County through increasing the pro bono participation of the legal community" a service that they have aptly provided since inception. The Company reports in 2019 it assisted 2712 residents of the City and it defends nearly a 1000 families from eviction every year in Syracuse. It is currently addressing a myriad of COVID-10 related legal issues for the residents of our community and the pandemic has seriously impacted its services as previously it operated out in the community and now needs to operate remotely. The organization is working to retain staff and avoid furloughs. Specifically funds from SIDA will go to address cash flow concerns.

Attachments:

1. Application.
2. Board Resolution.
3. Addendum.
3. Auditors Stmt. of Financial Position (2018)
4. Form 990 (2018)
5. Financial Stmts. (2019)
6. Interim Financial Stmts. January – July 2020

Contingencies: 1. Submission of Good Standing Certificate prior to closing.

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY LOAN PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: The Volunteer Lawyers Project of Onondaga County, Inc. Year Founded: 2012
Business Address: 221 S. Warren St., STE 200, Syracuse, NY 13202 Federal EIN: [REDACTED]
Application/Primary Contact: Sally Curran Title: Executive Director
Email Address: scurran@onvlp.org Phone: 315-579-2576
Amount of grant being requested (between \$500-\$10,000): \$ 25,000 Loan

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?
 Yes No If YES, identify which section of the law it was formed Section 402

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology
 Personal/Professional Services Healthcare Construction
 Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 10.06
Total # of current FTEs as of date of application: 10.82
Total # of FCEs as of March 7, 2020: 0
Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No

If yes, for what period of time? Monday through Friday, 8:30am - 4:30pm

3. ANTICIPATED USE OF FUNDS (please check all that apply):

- | | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Payroll of employees | <input type="checkbox"/> Purchase of inventory |
| <input checked="" type="checkbox"/> Payroll for sick time coverage for employees | <input type="checkbox"/> Purchase of machinery or equipment |
| <input checked="" type="checkbox"/> Working capital to continue operations | <input checked="" type="checkbox"/> Payment of outstanding expenses |
| <input checked="" type="checkbox"/> Pursuing adaptive business practices to remain open | <input checked="" type="checkbox"/> Other (please explain)
Any expenses related to keeping operations going. |

Please describe in detail the history and nature of your business/organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

The Volunteer Lawyers Project (VLP) has operated in the City of Syracuse for over 25 years, providing free legal help to those in need. Of the 3,762 people that we helped last year, 2,717 were Syracuse residents (72% of our total). VLP defends nearly 1,000 families from eviction in Syracuse every year.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

COVID-19 had deeply impacted our ability to provide services. Prior to COVID-19, most of our services were provided out in the community. Now, most of our services are provided via telephone and video conference. We are working to adapt our offices to allow for safely meeting with clients. This is particularly important as eviction proceedings resume later this month. We are addressing many COVID-19-related legal issues including housing, family law, debt and small business issues. We created a COVID-19 small business support program.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

We have made every effort possible to retain jobs, including obtaining a Paycheck Protection Program Loan and an EIDL loan to help with cash flow during this time with New York State is delaying payments on all contracts. We will continue to make every effort to retain all staff and avoid furloughs if at all possible, and will work to avoid reducing services to the community. We have applied for and have received several different COVID-19 responsive grants, including for eviction and for general operating support.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

Because New York State has delayed payment for all of our contracts, we are currently operating largely on loans. This loan will help us with our cash flow concerns, allowing us to maintain our workforce which will, in turn, and allow us to continue to serve clients in our community for longer. We worry that if we do not obtain loans such as this one, we will need to consider instituting partial furloughs of staff so that we do not run out of money as quickly.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ _____

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If yes, please attach a written explanation to this application.

Has your organization applied for other financial assistance due to Coronavirus COVID-19?

Yes No If yes, please indicate all that apply: EIDL Loan PPP Loan Bank Loan
 Credit Union Loan Other

For each of the above, please indicate, where applicable, the name of the lender, the amount of the loan or nature of assistance and the date you closed on the financing:

PPP Loan -- Pathfinder Bank, \$188,132, 5/8/20
Line of Credit -- NBT Bank, \$85,000, ongoing open line of credit

EIDL Loan -- SBA directly, \$150,000, 6/24/20

If you applied for any financial assistance, but were denied, please indicate the name of the lender and the reason for the denial:

N/A

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- For Business: 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- For 501c3: CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved loan proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

If any of the above items are not attached to this application, please provide explanation:

We have not yet completed our 2019 Financial Review of submitted our 2019 990. We anticipate having both be complete and approved by the Board by the end of August 2020. In the meantime, I am attaching the 2018 Financial Review and 2018 990 and the statement of activity and balance sheets for the time since.

Loan documents must be executed with approved applicants prior to disbursement of approved loan funds.

Please provide a brief statement indicating your organization's financial viability prior to March 7, 2020:

Prior to March 7, 2020 the Volunteer Lawyers Project had a strong financial position. Most of VLP's funding is through government contracts -- 80% from New York State and much of the remaining grants from Onondaga County and the City of Syracuse. Most of the grants are multi-year or, despite being one-year contracts, have been awarded many years in a row. For many years VLP had been growing and expanding and diversifying funding sources. Now NYS is delaying payment on all of its grants, causing significant financial difficulties for VLP forcing VLP to take out loans. NYS is indicating that current contracts could be cut by as much as 80% due to COVID-19 financial issues.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the

application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial SC Our Board President, Susan Katzoff, is legal counsel to SIDA.
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial SC
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial SC
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (syrgov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial SC
- e. Disclosures
 - i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial SC
- f. Reporting

- i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial SC

8. VERIFICATION

STATE OF New York)
COUNTY OF Onondaga) SS:

Sally Fisher Curran
(Name of Individual)
Executive Director
(Title)

, deposes and says that s/he is the
of The Volunteer Lawyers Project of Onondaga County, Inc.
(Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

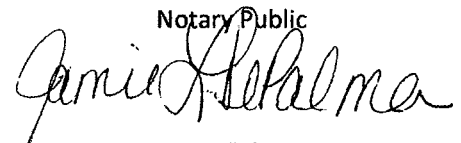


Applicant Representative's Signature

Title

Subscribed and sworn to before me this
6th day of August, 2020

Notary Public



Jamie L. DePalma
Notary Public- State of New York
Qualified in U.S.A No. 01MO6339764
My Commission Exp. 04/04/2024

DeLaney, Judith

From: Sally Curran <scurran@onvlp.org>
Sent: Tuesday, August 18, 2020 8:54 AM
To: DeLaney, Judith
Cc: Susan Katzoff (skatzoff@bhlawpllc.com)
Subject: Correction to SIDA applications

Hello Judy,

Sue brought to my attention a significant and material typo that I made in my applications for SIDA support. In response to the question regarding our financial viability prior to March 7th I mention how much of our funding might be cut by the state. I said "NYS is indicating that current contracts could be cut by as much as 80% due to COVID-19 financial

issues." I meant to say "by as much as 20%, or to 80% of the former amount" due to COVID-19. I am so sorry about this error and wanted to bring it to your attention as soon as it was brought to mine.

I will add that since I submitted this application I was informed that another source of funding will not be renewed for 2021 that was approximately \$92,000 of funding per year. As such, overall as an organization we are looking at a 25% reducing in revenue in 2021 unless we can fill the gaps in other ways.

Again, I am so sorry for the error that I made in the applications.

Best regards,

Sally

Sally Fisher Curran, Esq.
Executive Director
The Volunteer Lawyers Project of Onondaga County, Inc.
221 S. Warren St. Suite 200
Syracuse, NY 13202
Phone 315-579-2576
Fax 315-939-1466
scurran@onvlp.org

Confidentiality notice: This message is intended only for the person to whom it was addressed and may contain privileged or confidential information. If you are not the addressee, any use of this message is prohibited. We request that you notify us by reply to this message, and then delete all copies of this message including any contained in your reply. You are not authorized to archive, print, copy, disseminate or use this information unless you are an intended recipient.

DeLaney, Judith

From: Collins, Michael
Sent: Wednesday, August 19, 2020 2:12 PM
To: DeLaney, Judith
Subject: VLP

Judy,
As a follow-up on our conversation about Volunteer Lawyers Project, I can confirm we have awarded VLP \$50,000 in the CARES Act allocation of Community Development Block Grant (CDBG-CV) funding. VLP is a critical partner in our work to stabilize housing during Covid.

VLP has initiated and led a regular convening of the volunteer legal agencies and multiple city departments as we wrangle with both the upcoming legal evictions, and the currently occurring illegal structural evictions. Structural evictions occur when a landlord forces a tenant out by making the residence uninhabitable. Unrepaired sewer backups and turning off of utilities are two of the most common ways this happens.

We expect as courts reopen, the number of eviction cases will be unlike anything we've ever seen. The NYS Tenant Safe Harbor Act makes it illegal to evict for nonpayment while NYS has covid restrictions in place, if the nonpayment is due to loss of income during covid. However, without legal representation, a tenant is not likely to know that defense exists. Currently it's allowable to evict for all other legal reasons. Since courts aren't open, that isn't happening yet.

Additionally, we just learned yesterday of a housing complex that is trying to shame tenants by listing their names and amount owed within the building, stating that they will do so even if they know the person is not paying in full due covid and is currently seeking assistance. They have stated incorrectly that everyone not current must vacate. We immediately took a two prong approach to this- contacted the NYS AG's office regarding what may be illegal in this action, and contacting VLP to ensure they can mobilize their partners to do outreach to these tenants.

All this is to say VLP is one of the most critical partners we have when it comes to keeping people affected by covid from becoming homeless.

Michael Collins
Commissioner, Neighborhood & Business Development
City of Syracuse
201 East Washington Street, Suite 600
Syracuse, NY 13202
(o) 315.448.8109 (c) 315.251.0962
MCollins@syr.gov
<http://www.SyrGov.net>



City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$8,607.00 **Purpose:** PPE Materials, Air Filtration Units, Plexiglas Shields

Name: Westcott Community Center, Inc.
Address: 826 Euclid Avenue, Syracuse N.Y.13210
Commercial Business _____ **501c3** X _____

Summary:

Westcott Community Center Inc. a 501c3 is requesting grant funds in the amount of \$8,607.00 for PPE supplies and equipment. The items to be funded by the grant are eligible under terms of the program. The Company was incorporated in New York State in 1997 and is located and operates in the City of Syracuse.

The not for profit organization provides community-based services including elderly care, a food pantry, and workforce development programs. The community center has continued to remain open and provide services throughout the pandemic. It currently has 11 FTE employees and 6 PTE employees.

The not for profit's financial information demonstrates the organization was financially viable prior to March 7, 2020 based on a 990 and audit submitted with this request.

Attachments:

1. Application.
2. Funding Allocation Budget.
3. Financial Statements (2019 and 2018).
4. 2018 Form 990.

Contingencies: 1. Submission of a good standing certificate dated within 30 days of closing 2. Tax extension paperwork (2019) 3. W-3 or 1096 (2019). 4. Notarized signature on the application by the Executive Director on behalf of the organization.

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

1. APPLICATION INFORMATION

Legal Name: Westcott Community Center, Inc Year Founded: 1997
Business Address: 826 Euclid Ave Syracuse NY 13210 Federal EIN: [REDACTED]
Application/Primary Contact: Joan Royle Title: Executive Director
Email Address: joanr@westcottcc.org Phone: 315-478-8634
Amount of grant being requested (between \$500-\$10,000): \$ 8,607.00

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed _____

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology
 Personal/Professional Services Healthcare Construction Education
 Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 10 FTE, 8 pt-time

Total # of current FTEs as of date of application: 11, FTE, 6 pt-time

Total # of FCEs as of March 7, 2020: N/A

Total # of current FCEs as of date of application: N/A

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No

If yes, for what period of time? We have never stopped services

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$ \$8,607.00

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPEINT	PURPOSE
\$			
\$	please see attached excel		
\$			
\$			
\$8,607.00	<	TOTAL FUNDING AMOUNT REQUESTED	

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded: All personal PPE (masks, gloves) and cleaning and disinfecting (fogging and daily disinfecting) are our number one priority. In order for our van driver to be safe when transporting clients, meals with staff helping him, a plexiglass sheild would be our next priority, finally air filtration units for the center as we have little to no airflow currently.



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Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "**City**") community and the impact of your business/organization's work in the City community. Westcott Community Center has been serving residents in the city of Syracuse for 20 years.

Westcott Community Center serves close to 4,000 individuals and families on the east side of the city of Syracuse and beyond. We are one of the 3 city owned community center buildings and work closely with the city on a variety of initiatives to meet the needs of
community residents through human service programs for older adults, workforce development, after programming in 5 SCSD school locations and emergency services like our food pantry, essentials and adult and children's diapers.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate. One of the largest areas of service provision is the area we have adapted the most change

instead of older adults congregating at Westcott we are now taking services to them. We are delivering meals, pantry items, cleaning supplies, masks, adult diapers and more.

Instead of in person socialization we are making calls, forming group calls for older adults, sending texts with uplifting pictures and truly using a bring services to the door model.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency. Westcott Community Center is committed to retaining staff. Like many non-profits we have secured a PPP loan

to ensure staff salaries can be met. Due to strong fiscal management we have been able to build enough reserves to weather some funding cuts this fiscal year provided we don't lose total funding.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term. The ability to protect staff and those we serve from the spread of COVID-19 is critical to the work we do in the community.

This funding source to support the purchase of supplies specific to combat the spread of COVID-19 enables us to utilize regular center funds
for program services which they are intended.

4. MISCELLANEOUS

Yes No Is the Company or its principals 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 its principals ever settled a debt with a lending institution for less than the full amount outstanding?



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- Yes No Has the company, its affiliates or its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
- Yes No Is the Company or its principal's delinquent on property, personal, and/or employment taxes?
- Yes No Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount: \$ _____
- Yes No Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement [available using this link](#) dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation: _____

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020: Westcott Community Center is fiscally stable.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officer's Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. **It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.**

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

A. Absence of Conflicts of Interest



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described. Initial

B. False or Misleading Information

The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial

C. Hold Harmless Agreement

Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial

D. SIDA's Policies

The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial

E. Disclosures

The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted. Initial

F. Reporting

Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial



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City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

VERIFICATION

STATE OF New York)
COUNTY OF Onondaga) SS:

Joan Royle, deposes and says that s/he is the
(Name of Individual)

Executive Director of Westcott Community Center
(Title) (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

Joan Royle
Applicant Representative's Signature

Executive Director
Title

Subscribed and sworn to before me this
____ day of _____, 2020

Notary Public



City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$5700.00 Purpose: PPE, Deep Cleaning, Sanitizing Supplies, Air Filtration System

Name: Syracuse City Ballet, Inc.
Address: 932 Spencer Street, Syracuse N.Y.13204
Commercial Business _____ **501c3** **X**

Summary:

The Syracuse City Ballet Inc., a 501c3 is requesting grant funds in the amount of \$5700.00 as outlined above. Some of the expenses listed relative to deep cleaning and office expenses for security (see attached e-mail) are ineligible for funding, the balance of outlined expenses including PPE Supplies and HEPA filtration system are eligible. The Corporation was incorporated in **New York State in 1997 and is located and operates in the City of Syracuse. The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.**

The SCB is the only professional ballet company serving our community. It has for many years staged world class ballet productions and provides performance opportunities for professional dancers from all over the world. Though its community engagement and outreach programs and working in conjunction with other area arts groups it has more importantly given the opportunity to many students from economically challenged groups to participate in the arts, an opportunity they might not have otherwise. The Company reports it reaches over 3500 Syracuse City school children through its programs on a yearly basis. Because of the pandemic the company is moving to expand its online education and outreach programs and hopes to retain the staff it has currently working a half time schedule. It has moved the remainder of the fall season to a digital platform and anticipates contracting with dancers for that program.

Attachments:

1. Application.
2. Interim Financial Statements (6-30-20).
4. 990 Tax Return (2018).
5. 1096 (2019).
6. W-3 (2019).

Contingencies: 1. Submission of Good Standing Certificate prior to closing.

Staff Recommendation: Approve funding in the amount of \$3900.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

**CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY
COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION**

1. APPLICATION INFORMATION

Legal Name: Syracuse City Ballet, Inc.
Business Address: 932 Spencer Street, Syracuse, NY 13204
Year Founded: 1996
Federal EIN: [REDACTED]
Primary Contact: Elizabeth Naughton
Email Address: elizabeth@syracusecityballet.com
Phone: 315-883-0327

Amount of grant being requested (between \$500-\$10,000): \$5,700.00

Which best describes your business: Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?
 Yes No

If YES, identify which section of the law it was formed Which industry classification best describes your business (check no more than 2):

- | | | |
|----------------------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Retail | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Personal/Professional Services | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Architecture/Design/Engineering | <input type="checkbox"/> Education | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Restaurant/Eatery | | |

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 5
Total # of current FTEs as of date of application: 2 (4 half-time employees)
Total # of FCEs as of March 7, 2020: 0
Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No

If yes, for what period of time?

Syracuse City Ballet was open full time and operating regular business hours.

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$100,000)

Amount	Expense	Recipient	Purpose
\$3,000.00	Cleaning & PPE Supplies	Syracuse City Ballet	Regular, Deep Cleaning Bathroom Upgrades Personal Protection Equipment
\$2,700.00	HEPA Filtration System	Alen Breathesmart	HEPA Filtration in offices and studio areas
\$5,700.00	Total Amount Requested		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

Syracuse City Ballet has listed the requested items in order of priority in the table above. The most important items are cleaning and upgrading our facilities to meet NYS and DOH recommendations to prevent the spread of COVID-19. This will include professional deep cleaning, cleaning supplies, disposable masks, personal protection equipment, gloves, and additional storage. The next item is installing a HEPA filtration system in each of the office spaces and studio spaces within our building. We see this not as a replacement for social distancing and mask wearing, but as a valuable addition to our action plan.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

Syracuse City Ballet is one of the leading cultural jewels of Central New York. Founded in 1996 by current Artistic Director, Kathleen Rathbun, SCB is in its 23rd year of staging critically acclaimed classical ballet productions and providing performance and growth opportunities to young artists and professional artists alike. SCB is proud to be able to provide professional dancers 30 week contracts from all over the world. This past season we had ten professional dancers come to live and work in Syracuse.

Our Education and Outreach Programs work with socio-economically challenged students to bring ballet to areas who might otherwise not have an opportunity to participate in the arts. We collaborate with other area arts groups, including The Everson Museum, Red House, Syracuse Shakespeare Festival, and Onondaga Community College, as well as organizations such as BSA Scouts, the Girl Scouts, Boys and Girls Clubs, and homeschool groups. We offer programs geared toward mentally, physically, and sensory diverse populations to give them a

full theater experience, through judgement free performances, open dress rehearsals, and backstage tours.

Syracuse City Ballet is a growing company. In the last three years we have moved to our new, purpose designed studio offices and increased our staff to better meet our growing needs. We were projected to reach 18,329 individuals during our 2019-2020 season, prior to the COVID-19 cancellation of our spring performances.

Please describe, in detail, the impact COVID-19 has had on your organization.

The weekend of March 14-15, 2020 was scheduled to be our spring performance of Cinderella at the OnCenter. Even though the performance was postponed, the money for the productions had already been outlaid. This includes sets and shipping, advertising, printing, lighting, production contractors, stagehands, truck rental, as well as the salaries of dancers and staff. All of our ticket sale money is currently being held by the Box Office until the performance is able to take place when the ban on crowds is lifted. With the COVID-19 pandemic and ban on large crowds, this performance as well as the remainder of our season was cancelled or postponed.

With the pandemic looking to continue into the spring of 2021, Syracuse City Ballet has moved our fall season to our digital platforms. We have also reassessed our budget for the remainder of 2020, including making use of the NYS Department of Labor Shared Work program for full-time employees. This emergency budget plans to keep on minimum staff to continue our distance learning programs and prepare for the next season.

Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

Syracuse City Ballet is working to grow our programs in this world of digital media and distance learning. We will be able to provide our Education and Outreach Programs through distance learning platforms, including continuing to provide our NYS Standard meeting level lesson plans to schools, homeschools, and distance learning families. We will also be providing special performances and new works via our digital platforms. All of this will be provided free of charge. We see this as a permanent integration into how our company interacts with our audience.

Moving forward, we plan to deep clean our studios and offices, as well as put in place HEPA filtration systems. Syracuse City Ballet will be providing our office staff with options to work remotely and our dancers with plans for maintaining social distancing, PPE, and making regular cleaning a priority.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

With a Paycheck Protection Program loan, the Syracuse City Ballet was able to retain staff through the spring and summer. Our four full-time employees were reduced to half-time with assistance from the NYS Dept. of Labor Shared Work program. This was done in lieu of a complete layoff of all staff. We will be hiring three dancers for the Syracuse Shakespeare in the Park performances occurring in August at Thornden Park. We will be looking to bring back dancers, as able, to create works for our digital season.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

This request would benefit our organization and workforce by allowing us to continue our work for the remainder of the year. As the only regional ballet company in the Central New York and Syracuse area, we see our mission to bring quality performance to our community as even more important in this current pandemic. We want to continue to bring free dance performances to underserved populations and to provide job opportunities to the arts community of Syracuse.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors? Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

The Syracuse City Ballet owes approximately \$24,000 in employment taxes from 2019 and early 2020 due to employee negligence. We are in the process of establishing a payment plan with the IRS.

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount: \$0

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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? Yes No

If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For 501c3: CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).**

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds. If any of the above items are not attached to this application, please provide explanation:

We have not yet filed our 2019 990 and do not yet have audited 2019 financials. We have provided our 2018 990, as well as a P&L statement through June 2020. Our fiscal year ended June 30, 2020 and we typically file our 990 in the Fall.

Please provide a brief statement indicating your organization's financial viability prior to March 7, 2020:

Syracuse City Ballet was financially viable prior to March 7, 2020. We had five full-time employees, two part-time employees, and ten contracted professional dancers. We had finished several critically acclaimed performances and we were in dress rehearsals for our spring performance of Cinderella. Our Outreach Programs were well attended and steadily growing.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described. Initial EN
- b. False or Misleading Information i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial EN
- c. Hold Harmless Agreement i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees

that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial EN

d. SIDA's Policies i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial EN

e. Disclosures SIDA COVID-19 Disaster Emergency Grant Program Application 5 i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted. Initial EN

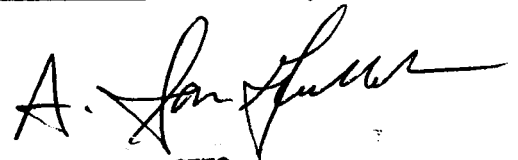
f. Reporting i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial EN

8. VERIFICATION STATE OF NEW YORK, COUNTY OF ONONDAGA.

SS deposes and says that s/he is the of Elizabeth Naughton, Executive Director of Syracuse City Ballet that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

Applicant Representative's Signature Elizabeth Naughton
Title: Executive Director

Subscribed and sworn to before me this 5 day of August, 2020 Notary Public



A. SAM GULLOTTO
Notary Public, State of New York
Qualified in Onondaga County
No. 4987029
Commission Expires Sept. 30, 2021

DeLaney, Judith

From: Elizabeth Naughton <elizabeth@syracusecityballet.com>
Sent: Monday, August 17, 2020 9:54 AM
To: DeLaney, Judith
Subject: Re: SIDA Covid Grants

Yes, absolutely. See detailed list below.

Initial deep clean of studio and offices - \$800
Cleaning supplies (Lysol wipes, disinfectant spray) - \$500
Personal sanitation supplies (Hand sanitizer, soap, paper towels) - \$500
Secure cabinet to store cleaning supplies - \$500
Keyless lock entry and installation - \$500 - To prohibit non-employees from entering the building during class.
Paper towel dispensers - \$100 (2 bathrooms) - Currently using air dryers, which are not recommended
Additional disposable masks and gloves - \$100

Due to limited quantities in stores of items like hand sanitizer, soap and disinfectant wipes, we have been purchasing supplies on a weekly basis. The grant would enable us to purchase supplies in bulk, which we anticipate would last for the next 6-12 months.

Elizabeth Naughton
Executive Director
Syracuse City Ballet
elizabeth@syracusecityballet.com
Cell: 315-256-1682

On Mon, Aug 17, 2020 at 8:54 AM DeLaney, Judith <JDeLaney@syr.gov> wrote:

Good morning Elizabeth. In reviewing your application for grant funding the first expense item you list - \$3000.00 is for "regular. deep cleaning bathroom upgrades and PPE supplies" – would you be able to breakdown the cost? Thanks,
Judy

Judith DeLaney

Executive Director

Syracuse Industrial Development Agency

City of Syracuse

201 East Washington Street 6th Floor

Syracuse, N.Y. 13202

(315) 448-8127

Judy

From: Elizabeth Naughton [mailto:elizabeth@syracusecityballet.com]
Sent: Friday, July 31, 2020 8:55 AM
To: DeLaney, Judith
Subject: SIDA Covid Grants

Good morning,

The Syracuse City Ballet is preparin an application to apply for a SIDA Covid Grant to assist our organization in securing PPE and in making updates to our studio to comply with health recommendations. I have a question...

We have not yet filed our 2019 990 and do not yet have audited 2019 financials. I do have our 2018 990, as well as a P&L statement through June 2020. Our fiscal year ended June 230, 2020 and we typically file our 990 in the Fall. Is this sufficient? Is there other documentation that I could provide?

Thanks for your help.

Elizabeth

Elizabeth Naughton

Executive Director

Syracuse City Ballet

elizabeth@syracusecityballet.com

Cell: 315-256-1682

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$2495 Purpose: PPE, Plexi Glass Barriers, Installation.

Name: The CORA Foundation (Art Rage)
Address: 505 Hawley Avenue, Syracuse N.Y.13203
Commercial Business _____ **501c3** X _____

Summary:

The CORA Foundation (Art Rage Gallery) a 501c3 is requesting grant funds in the amount of \$2495.00 as outlined above. The expenses are all eligible under terms of the program. The Corporation was incorporated in New York State in 1983 and is located and operates in the City of Syracuse. The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

The Foundation opened the Art Rage Gallery in 2008 in the Hawley Green neighborhood. The Gallery's mission is to "exhibit progressive art that inspires resistance promotes social awareness, supports social justice challenges preconceptions and encourages cultural change". The gallery has offered a large number of exhibitions over the years by local and national /international artists featuring socially relevant themes and provides tours to both schools and community groups. The Gallery current hopes to reopen in early September and is working on a reopening plan. Staff is currently working at a 50% reduction of hours.

Attachments:

1. Application.
2. Board Resolution.
4. Interim Financial Stmts. (June2020).
5. Tax Return 990 (2019)
5. 1096 (2019).
6. W-3 (2019).

Contingencies: 1. Submission of Good Standing Certificate prior to closing.

Staff Recommendation: Approve.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: The CORA Foundation
Business Address: PO Box 6865 Syracuse, NY 13217
Application/Primary Contact: Kimberley McCoy
Email Address: kimberley@artragegallery.org
Amount of grant being requested (between \$500-\$10,000): \$2495

Year Founded: 2008
Federal EIN: [REDACTED]
Title: Community Engage
Phone: 315-751-5446

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed 402

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 2

Total # of current FTEs as of date of application: 1

Total # of FCEs as of March 7, 2020: 0

Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
 If yes, for what period of time? Since 2008

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$ 2495

AMOUNT	EXPENSE/ITEM	VENDOR/NAME/RECIPIENT	PURPOSE
\$ 220	Hand sanitizer, liquid disinfectant, spray disinfectant	Master Supply	disinfecting hands and surfaces
\$ 230	200 KN95 Respirator Masks	bonafidemasks.com	masks for employees/volunteers-one per day
\$ 70 1390	1 No-contact Thermometer 2 AIRMEGA 400S AirPurifiers (each covers 1560 sq. ft.) + filters	Amazon	-for employee, volunteer and visitor daily temperature checks -to remove virus from the air
\$ 585	Plexi-glass barriers + installation	Flower City Glass	2 installed barriers; at gallery attendant desk and in gift shop
2495	< TOTAL FUNDING AMOUNT REQUESTED		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

Our top priority will be to purchase hand sanitizer for employees and guests as well as disinfectant for gallery surfaces. Next we will purchase face masks for employees and volunteers as required by New York State Phase 4 reopening guidelines. Then we will purchase touch-less thermometers to be used for mandatory employee health screenings and for visitor temperature checks as included in New York State's "recommended best practices." Next we would purchase 2 large HEPA air purifiers that can filter the air in our approximately 2200 sq ft space. This is important as we have no open windows or airflow in our facility. Lastly we will purchase plexiglass barriers, also a "recommended best practices" to be professionally installed in front of the gallery attendant desk and at the gift shop register area.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

The CORA Foundation opened ArtRage Gallery in 2008 in Syracuse's Hawley-Green neighborhood and is part of Syracuse's vibrant Arts & Culture community. Over the past 12 years, ArtRage Gallery has mounted 61 visual art exhibitions by local, national and international artists. The exhibitions feature socially relevant themes that resonate with the Syracuse community at large. Each exhibition is accompanied by a series of community engagement events designed to foster community dialogue and discussion. Exhibits and events are free and open to the public. Free tours are provided to school and community groups. For example, each fall all 3rd, 4th, and 5th graders from Dr. Weeks Elementary School visit the gallery as part of their STEAM enrichment program.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

ArtRage Gallery has been closed to the public since March 15, 2020. Staff has been working from home providing virtual content, such as virtual exhibitions. We have postponed two major exhibitions and had to cancel dozens of community events. We canceled five large fundraising events, including our annual summer gala/silent auction originally scheduled for July 11, 2020. Staff is currently enrolled in the Shared Work program through New York Unemployment Insurance and our salary and hours are reduced by 50%. We are currently developing our re-opening plan and we will reopen the gallery in a limited capacity on September 3, 2020. While the gallery will be open for exhibitions following the state's guidelines for Low-Risk Indoor Arts & Entertainment venues, we will continue to provide the public with virtual exhibitions and are working to offer our community engagement events through virtual platforms.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

Although we closed our doors in mid-March, The CORA Foundation continued to employ our two full time staff members. We successfully received PPP funding in April 2020 and staff was kept at full time until the end of June. Staff have currently been reduced to 50% time with the plans to return to full time in mid-September. Special fundraising efforts in May 2020 resulted in increased community contributions which helped us end our fiscal year on June 30th, 2020 without any financial losses for the year. The fundraising committee of the Board of Directors is committed to increasing the organization's fundraising activities for the 2020-2021 fiscal year to ensure the organization can maintain two full time staff.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

In order to have a successful, vibrant city we need to welcome back visitors to our community's amazing offerings of arts and culture institutions, but we need to do it safely. As a small non-profit arts organization, the additional costs required to make our gallery safe were not in our annual budget. Funds from SIDA will go far to ensure we can provide a safer experience for the general public, keep employees as safe as possible and allow the staff and Board of Directors to concentrate on the hard work of fundraising to meet our regular general operating expenses without these additional expenses.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ N/A

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

As per New York State law, we are not required to have our Financial Statements audited by a CPA since our gross annual revenue is less than \$250,000.

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

Prior to March 7, 2020, The CORA Foundation was in good financial standing. We had no outstanding debt and we were on track to meeting our budget goals for the end of the third quarter.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial KM
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial KM
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial KM
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial KM
- e. Disclosures

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted. Initial KM

f. Reporting

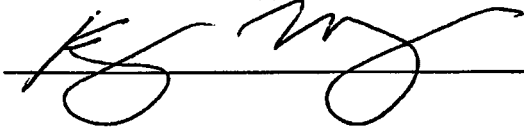
i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial KM

8. VERIFICATION

STATE OF New York)
COUNTY OF Onondaga) SS:

Kimberley McCoy , deposes and says that s/he is the
(Name of Individual)
Community Engagement Organizer of The CORA Foundation
(Title) (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

 Applicant Representative's Signature

Community Engagement Organizer Title

Subscribed and sworn to before me this
5 day of August, 2020

Notary Public

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$6500.00 Purpose: PPE, Air Purifiers

Name: Southside Fitness LLC
Address: 4141 South Salina Street, Syracuse N.Y. 13205
Commercial Business 501c3 _____

Summary:

Southside Fitness LLC is requesting grant funds in the amount of \$6500.00 as outlined above and on the attached application. The items listed for funding are eligible under terms of the grant program. The Company is an LLC formed in 2016 and is located and operates in the City of Syracuse. The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

Southside Fitness has operated a gym at Valley Plaza for the last four years. The first gym in its south side neighborhood the owner has strived to make it a family oriented operation and has offered a variety of classes some free, such as karate for kids, along with free space for community activities. This is a small business in a low income area that has been severely impacted by the COVID-19 pandemic. As the Governor announced opening plans for gyms just today the owner hopes to reopen as soon as possible. The owner has also applied for a loan from the Agency's COVID -19 program which staff is reviewing with the intent to refer to SEDCO.

Attachments:

1. Application.
2. 2019 Federal tax Return (Corporate)
3. Personal Financial Statement

Contingencies: 1. 2019 Personal Federal Tax Return. 2. Interim Financial Statements (2020). 3. W-3 (2019) 4. Submission of Good Standing Certificate prior to closing. 4. Opening date of gym.

Staff Recommendation: Approve \$6500.00.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: Southside Fitness LLC
Business Address: 4141 S.Salina Street Syracuse NY 13205
Application/Primary Contact: Timothy Edwards
Email Address: Southsidefitness315@gamil.com
Amount of grant being requested (between \$500-\$10,000): \$6500

Year Founded: 2016
Federal EIN: [REDACTED]
Title: Owner
Phone: 3153953224

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 2

Total # of current FTEs as of date of application: 2

Total # of FCEs as of March 7, 2020: 0

Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
 If yes, for what period of time?

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 2200	air purifiers	Amazon	filter air for each room
\$ 1000	sanitizer stations	Amazon	members to keep hands clean
\$ 2500	disinfectants, towels	Amazon	clean machines and other surfaces
\$ 800	Mask ,gloves, signs	Amazon	safety for the year
6500	< TOTAL FUNDING AMOUNT REQUESTED		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

§ N/A

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial TE
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial TE
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial TE
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial TE
- e. Disclosures

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial TE

f. Reporting

i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial TE

8. VERIFICATION

STATE OF New York)
COUNTY OF Onondaga) SS:

Timothy Edwards
(Name of Individual)
Owner
(Title)

, deposes and says that s/he is the
of Southside Fitness LLC
(Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

_____ Applicant Representative's Signature

Title

Subscribed and sworn to before me this
_____ day of _____, 2020

Notary Public

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

Southside Fitness would like to have hand sanitizing units throughout gym, and air purifiers in each room. Buy disinfectant would be a priority also. We would want to keep germs to a minimum in this type of environment. Provide mask for each member along with their own towel and cleaning bottle.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

The owner of Southside Fitness was born and raised on the south side of Syracuse. The gym is the first fitness center this side of town ever had. We serve the community in many ways. We have had free karate lessons for kids. We offer free yoga for the community. We a place that the community comes to for donations and even diapers for their kids when they cannot afford them. We love offering free space for the Syracuse Strong cheer team to use and Upstar for youths for kids to lead a healthy lifestyle for free.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate

Covid-19 has cause my organization to close down with still no word when we will be allowed to open since we are a fitness facility. We have moved machines and also disinfected all areas of gym in preparation for an opening date. The effect his has had on my family is huge. We are a small gym in a low income area. We cannot afford the extra cost of cleaning supplies and air filters. In the next 90 days we will work on gathering cleaning supplies and thermometers to check member's temperatures upon entering and hand sanitizing. We would also like to get each member with their own cleaning bottle.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

This is just a husband and Wife business

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

The request will immediately have the financial resources to comply with the safety and health standards put in place because of covid-19. With us opening the community can resume working on their health physically and mentally through exercise. We have members who have had diabetes and by attending the gym was able to get rid of insulin injections.

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

Southside Fitness was financial stable and growing the organization every year since 2016

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

Southside Fitness would like to have hand sanitizing units throughout gym, and air purifiers in each room. Buy disinfectant would be a priority also. We would want to keep germs to a minimum in this type of environment. Provide mask for each member along with their own towel and cleaning bottle.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

The owner of Southside Fitness was born and raised on the south side of Syracuse. The gym is the first fitness center this side of town ever had. We serve the community in many ways. We have had free karate lessons for kids. We offer free yoga for the community. We a place that the community comes to for donations and even diapers for their kids when they cannot afford them. We love offering free space for the Syracuse Strong cheer team to use and Upstar for youths for kids to lead a healthy lifestyle for free.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate

Covid-19 has cause my organization to close down with still no word when we will be allowed to open since we are a fitness facility. We have moved machines and also disinfected all areas of gym in preparation for an opening date. The effect his has had on my family is huge. We are a small gym in a low income area. We cannot afford the extra cost of cleaning supplies and air filters. In the next 90 days we will work on gathering cleaning supplies and thermometers to check member's temperatures upon entering and hand sanitizing. We would also like to get each member with their own cleaning bottle.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

This is just a husband and Wife business

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

The request will immediately have the financial resources to comply with the safety and health standards put in place because of covid-19. With us opening the community can resume working on their health physically and mentally through exercise. We have members who have had diabetes and by attending the gym was able to get rid of insulin injections.

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

Southside Fitness was financial stable and growing the organization every year since 2016

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$10,000 Purpose: Air Filtration System

Name: Syracuse Area Landmark Theatre
Address: 362 South Salina Street, Syracuse 13202
Commercial Business _____ **501c3** **X** _____

Summary:

The Landmark Theatre., a 501c3 is requesting grant funds in the amount of \$10,000. 00 as outlined above. The items listed to be funded are eligible under terms of the grant program. The Corporation was incorporated in New York State in 1977 and is located and operates in the City of Syracuse. The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

Attachments:

1. Application.
2. P&L (June 2020)
5. 1096 (2019)
6. W-3 (2019)

Contingencies: 1. Resolution of the Board of Directors 2. Tax Return (1090) (2019) 3.Submission of Good Standing Certificate prior to closing.

Staff Recommendation: Approve.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: Syracuse Area Landmark Theatre
Business Address: 362 South Salina St, Syracuse, NY 13202
Application/Primary Contact: Mike Intagliata
Email Address: mike@landmarktheatre.org
Amount of grant being requested (between \$500-\$10,000): \$ 10,000

Year Founded: 1977
Federal EIN: [REDACTED]
Title: Executive Director
Phone: 315.475.7979

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 7

Total # of current FTEs as of date of application: 3

Total # of FCEs as of March 7, 2020:0

Total # of current FCEs as of date of application:0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
 If yes, for what period of time?

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 5000	MERV 13 filters and	Postler&Jaeckle	Upgrade main ventilation system to NYS requirements
\$ 2500	MERV 13 filters	Postler&Jaeckle	Upgrade 25 heat pumps to NYS requirements
\$ 2500	HVAC Dampers	Postler&Jaeckle	Increase fresh air intake by 50%
\$			
10000	< TOTAL FUNDING AMOUNT REQUESTED		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

The items are in order of importance - converting the main filtration to MERV 13 is a requirement for re-opening the facility. This conversion requires new filter racks in addition to the filter material, so it is the most capital intensive project on the list.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

The Theatre has been the keystone of downtown since its opening in 1928. It is a recognized historic landmark, the anchor of the 200-400 blocks of Salina St. and is a truly unique and irreplaceably economic asset to the central business district. We are an important component of the revitalization of a Syracuse poverty zone. The Landmark Theatre serves as a destination for tens of thousands of guests annually. In 2017 and 18, the Landmark attracted an average of over 120,000 guests per year, 55% of whom traveled from outside Onondaga County. Our guests contribute, on average, over \$3m to the downtown economy. Broadway shows that use the Landmark to build their productions contribute anywhere from \$500,000 to \$10M during their construction time. The Landmark employs (pre-covid) 6 full-time and 150+ part-time employees, many of whom reside in the City of Syracuse.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been

required to adapt to the current climate.

COVID-19 has been devastating to our organization. With mass gatherings foreclosed we have been shut to the public since March, eliminating all earned income. One half of the FT staff and all (over 150) PT employees *have been furloughed*. To prepare for clearance for re-opening the Landmark is embarking on significant capital improvements. These improvements are either mandated or are new "best practice" policies to make the Theatre as safe as possible for patrons and artists. These project include: improved air filtration (main system and individual rooms such as dressing rooms); increased ventilation of public spaces; increases in "no contact" facilities such as hands-free faucets and patron check-in

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

We have been unable to operate as a place of public assembly since the start of the emergency. All of our PT positions support the activities of a working theater venue so all of them were eliminated by the closure and will remain so during the duration of the emergency. That said, once are able to re-open to the public those support positions will be required and PT staff will be needed. Similarly, we anticipate returning to our FT complement at the same time.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

Our request for assistance is centered on the building modifications needed to re-open. If we cannot meet NYS requirements for HVAC upgrades we will not be allowed to reopen, impacting 6 Full Time and over 150 Part Time jobs. Long-term our re-opening will return a significant downtown economic engine to operation, putting an annual average of \$3M in CBD spending back into the Syracuse economy.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
 Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?
 Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:
\$ _____

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Our 2019 audit is not yet complete and therefore we have not yet filed our 2019 990. Our 2018 990 is attached

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

Prior to March 7, 2020 the Theatre was in good financial condition. We were operating "in the black", were near to a re-finance of an outstanding mortgage and were just to embark on a \$2.5m capital improvement project.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial MI
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial MI
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial MI
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial MI
- e. Disclosures

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial MI

f. Reporting:

i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial MI

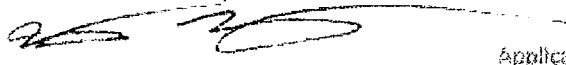
B. VERIFICATION

STATE OF New York
COUNTY OF Onondaga) SS:

Michael Inguetta
(Name of Individual)
Executive Director
(Title)

, deposes and says that s/he is the
of Syracuse Area Landmark Theatre
(Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.



Applicant Representative's Signature

Executive Director Title

Subscribed and sworn to before me this
10th day of August, 2020

Ashley Moon Notary Public

ASHLEY MOON
NOTARY PUBLIC STATE OF NEW YORK
ONONDAGA COUNTY
LIC. #61M008388111
COMM. EXP. 01/22/23

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$7691.23 **Purpose:** PPE, Air Purification Equipment, Signage.

Name: Syracuse Center for Peace and Social Justice, Inc.
Address: 2013 E. Genesee St., Syracuse, N.Y. 13210
Commercial Business _____ **501c3** X _____

Summary:

The Syracuse Center for Peace and Social Justice Inc. a 501c3 is requesting grant funds in the amount of \$7601.23 for purposes as outlined above. The items to be funded by the grant are eligible under terms of the program. The Company was incorporated in **New York State in 2007 and is located and operates in the City of Syracuse.** The Company's financial information demonstrates the Company was financially viable prior to March 7, 2020.

The not for profit supports groups working for progressive social change by providing building services including space for offices, meetings, conferences, training and education. The Corporation rents below market space to various organizations (see list on application) and provides both fiscal sponsorship and social media exposure. The organization has continued to employ one part time employee throughout the pandemic. The filtration systems to be added with the benefit of funding will help to make the building safe for the many groups that Pre Covid made use of it on a daily basis.

Attachments:

1. Application.
2. Board Resolution.
3. Interim P&L and Balance Sheet. (6-30-20).
4. Form 990 (2019).
5. W-3 (2019)

Contingencies: 1. Submission of a good standing certificate dated within 30 days of closing. 2. Confirmation of active status of Corporation (NYS).

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: **Syr. Center for Peace and Social Justice**

Business Address: **2013 E Genesee St., Syracuse, NY 13210**

Application/Primary Contact: **Caroline Sheffield**

Email Address: c.she61@gmail.com

Amount of grant being requested: \$ 7,749.00

Year Founded: **2007**

Federal EIN: [REDACTED]

Title: **President, Bd of Directors**

Phone: **315 870 5974**

Which best describes your business:

Corporation (including LLCs) Partnership Sole Proprietorship **Not-for-profit**

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No **If YES, identify which section of the law it was formed. 501c3**

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal / Professional Services Healthcare Construction

Education **Real Estate** Architecture/Design/Engineering (**Social Justice**)

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 0, `

Total # of FTEs as of date of application: 0, *(We have a half time building manager – however there are 10-15 people that hold office hours in the building.)*

Total # of FCEs as of March 7, 2020: 0

Total # of FCEs as of March 7, 2020: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
 If yes, for what period of time?

People in our offices began working from home as soon as schools shut down on March 16. By the time NY on Pause was issued on the 22nd, only our building manager reported to work, as an Essential Worker

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$ 7,748.98

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$1,806	3 MERV 16 6" Filters and Filter Housing	Halco	Air filtration as recommended by NY State
\$3,750	3 REME HALO UV Light Systems, Mounted in Supply Plenum	Halco	Air purifying system as recommended by NY State
1601.91	PPE: masks, gloves, hand sanitizer, clorox spray, and touchless gel sanitizer dispensers to be placed throughout building. (1 per entry + 4 per floor)	Gerharz	To minimize transmission of virus from surfaces and to minimize airborne particles.
\$250.00	HEPPA Filters	Skrupski	Added air filtration to minimize transmission of virus in air.
\$283.32	Signage as required by NY State. Total of 12 signs, 3 posters. Bilingual English/Spanish	Signs.com	To serve as reminders to maintain social distancing, wear masks, and who to contact in case of illness. BILINGUAL.
Total Funding Amount Requested: \$7,691.23			

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded: **Air filtration and purification will be our top priority, followed by touchless hand sanitizer dispensers to be placed throughout the building. Signage is the last item prioritized.**

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

Syracuse Center for Peace and Social Justice is a unique 501c3 nonprofit in the city. We were incorporated in 2007. We work exclusively with organizations devoted to furthering peace, social justice, and environmental sustainability in Syracuse. We offer affordable (well below market value) office space, two rooms for community gatherings, and support to the organizations renting in our building, in the form of providing fiscal sponsorship for some of our resident organizations, as well as social media exposure. (Rather than have each of the organizations in our building apply for this grant, it was requested that The Syracuse Center for Peace and Social Justice apply for this grant, which would benefit all eight organizations in our building.)

The opportunity to work in close proximity to one another provides a synergy for organizers and activists associated with our organization. We currently house Syracuse Peace Council, NY Immigration Coalition, AGREE – Alliance for a Green Economy, Black Lives Matter Syracuse, The Workers' Center of Central New York, Unchained, and Syracuse Alternative Media Network. The work that happens out of our building is transformative.

On a normal (pre-COVID-19) day, there are 10-15 people in the building throughout the day. In addition, the Social Justice community in Syracuse takes full advantage of our facilities. During pre-COVID-19 days, our building was seeing between 20-30 community meetings, trainings, or conferences each month.

People who work in our space, or attend meetings in our space, range from a huge diversity of wealthy, poor, multiple ethnicities, religions, physical abilities, and gender identifications.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

During the first three phases of the shutdown, people who regularly would have worked in their offices have been working from home. Most meetings have been held virtually, though outdoor sign-making events have been held at The Center. The board of directors of The Center has maintained contact with our resident organizations.

Financially, the biggest impact of COVID-19 for our organization has been that it has disrupted our fundraising efforts. Because the rent we take in does not cover cost of maintaining the building, fundraising is essential to the financial well-being of our organization. In the past several years, our fundraiser events have been based on entertainment venues, which are no longer an option at this time. We are working on an alternative fundraiser which does not require gatherings, and although we are projecting a successful outcome, we will not see the results for at least another month or two.

The board of directors felt it important to maintain as much normalcy as possible for our single employee. Our ½ time building manager continued to receive payment for his normal work hours throughout the shutdown, taking advantage of the empty building to complete a number of much needed repairs and painting projects.

Our building manager has posted the NY State required signage throughout the building on temporary paper signage. He has supplied all organizations in the building with face masks and contact tracing sign-in sheets, and does a daily disinfection of the building (faucets, door handles, etc.) for those office workers who are returning to their offices. He has also set up "Sanitation Stations" throughout the building. Our hope in the next 90 days is to be able to add the UV and filtrations systems to ensure the safety of our employee and office workers who are in our building.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to

retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

The Syracuse Center for Peace and Social Justice maintained our employee's regular working hours throughout the shut-down. Even though there was not the normal work load of maintaining a building which became empty, the board of directors was committed to maintaining his salary, so our employee was asked to work on special projects as able; we continued to pay him for hours of work regardless of whether he was actually able to fill those hours. With an empty building, we also allowed our employee to work on his own schedule, rather than the prescribed work hours he had previously followed. All of our resident organizations (renters) have kept all of their employees, and continue to pay their rent.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

The individual organizations that are housed at The Syracuse Center for Peace and Social Justice are organizations that have a profound impact on some of the neediest people in Syracuse, whether they are migrant workers, immigrants, or people who have been disenfranchised by reason of economic status, gender or race. The organizations that partner with us at The Center work with populations that are directly and strongly impacted by COVID-19. Creating an atmosphere in which people feel safe to come back into their offices is critical to continuing the work of The Center. An air filtration and purification system and sanitation stations throughout the building will allow those who work in our building to return to their offices with a sense of safety and well-being.

4. MISCELLANEOUS

Is the Company or its principals presently the subject of any litigations, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?

Yes No

Has the Company or 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the company or its principals delinquent on property, personal, and/or employment taxes?

Yes No

Has the company or its principals 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 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 judgements or lien pending against the Company, its affiliates or its principals other than liens in the normal course of business? Amount: NONE

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If Yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:
Required attachments:

- For Business: 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .

- For 501c3: CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:
We do not have a formal CPA Audit of our 2019 Financial Statement. The cost of having an audit has been prohibitive for a non-profit of our size. Our tax accountant (Bob Kawa) is given complete access to our QuickBooks accounting system and Pathfinder Bank accounts and reviews all of our financial information upon filing our 990-EZ.

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020: **Prior to March 7, 2020 our organization was in good financial standing. We have considerable equity in a well-cared for office building with a \$57,000 mortgage. Fundraising has always been used to supplement the rental money that comes in to meet our financial responsibilities. Like many small non-profits, we operate close to the margins, but for 13 years have managed to meet our expenses without incurring debt beyond our mortgage. In**

order to address normal increases in utility costs while still maintaining below market value rents for our resident organizations, The Center has been able to hold rents to no more than a 5% increase upon lease renewal dates. By applying for and being awarded a grant from CNY Community Foundation before the pandemic hit our community, complete renovation of all restrooms in the building was undertaken to meet ADA requirements. The Center was able to complete this important social justice project while maintaining its financial viability that existed prior to March 7, 2020.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial *AN*
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial *AN*
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial *AN*
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial *AN*
- e. Disclosures

- i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted. Initial *PN*
- f. Reporting
 - i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial *PN*

8. VERIFICATION

STATE OF New York)
 COUNTY OF Onondaga) SS:

Shirley Novak
 (Name of Individual)
Treasurer
 (Title)

, deposes and says that s/he is the
 of *Syracuse Center for Peace and Social Justice*
 (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

Shirley Novak _____ Applicant Representative's Signature

Treasurer, SCPJ Title

Subscribed and sworn to before me this
11th day of August, 2020

Notary Public

STEVEN W PLANK
 NOTARY PUBLIC-STATE OF NEW YORK
 No. 01PL6399179
 Qualified in Onondaga County
 My Commission Expires 10-15-2023

Steven W. Plank

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$9950 **Purpose:** PPE

Name: InterFaith Works of Central New York

Address: 1010 James Street , Syracuse N.Y.13203

Commercial Business _____ **501c3** X

Summary:

InterFaith Works of CNY a 501c3 is requesting grant funds in the amount of \$9950.00 for PPE as outlined above. The items to be funded by the grant are eligible under terms of the program. The organization was incorporated in New York State in 1976 and is located and operates in the City of Syracuse. Financial information provided demonstrates the not for profit was financially viable prior to March 7, 2020.

Among the many services InterFaith Works provides to our community is safe in home companionship services to the elderly who have especially been impacted by the pandemic through isolation and vulnerability to the disease. The grant will make possible the purchase of PPE for 100 elderly clients for three months.

Attachments:

1. Application.
2. Interim Income & Balance Sheets (6-30-20).
3. Financial Statements (2019).
4. 2019 Form 990.
5. Board Resolution.

Contingencies: 1. Submission of a good standing certificate dated within 30 days of closing .

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

1. APPLICATION INFORMATION

Legal Name: InterFaith Works of Central New York, Inc Year Founded: 1976
Business Address: 1010 James Street, Syracuse NY, 13203 Federal EIN: [REDACTED]
Application/Primary Contact: Lori Klivak Title: Dir, Senior Services
Email Address: lklivak@ifwcnyc.org Phone: 315-449-3552 x109
Amount of grant being requested (between \$500-\$10,000): \$ \$9,950.

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed Unknown—certificate of incorporation provided

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology
 Personal/Professional Services Healthcare Construction Education
 Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 35.20

Total # of current FTEs as of date of application: 34.99

Total # of FCEs as of March 7, 2020: 0

Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary



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City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No

If yes, for what period of time? Due to COVID-19, IFW's office was closed beginning 3/19/20. Staff worked remotely March-July.

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$ \$9,950

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPEINT	PURPOSE
\$ 3000	Hand Sanitizer (3 pp x 100 ppl)	Clean All	In Home visits
\$ 4800	Masks/gloves (60 pp x 100 ppl)	Hummel/WB Mason	In Home Visits
\$ 2000	Thermometer (1 pp x50 ppl)	Hummel/WB Mason	Pre-visit self-screen
\$ 150	Disinfectant Spray (3 pp x100 ppl)	Hummel/WB Mason	In Home Visits
\$9,950	<	TOTAL FUNDING AMOUNT REQUESTED	

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded: All items in the budget are critical for providing safe in-home companionship services to frail, homebound elders in Syracuse. The above budget allows us to purchase 3 months of PPE for 100 elderly clients and a thermometer for each volunteer. We will adjust quantities based on the size of the grant awarded.



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City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "**City**") community and the impact of your business/organization's work in the City community. InterFaith Works is a non-profit human services agency based in Syracuse. Our services include companionship services to frail elders, refugee resettlement, interfaith initiatives, and anti-racism dialogue programs.

IFW programs build bridges of understanding across diverse populations in Syracuse and help ensure all people are treated with dignity.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate. In March, our office closed to the public; staff worked remotely March - July.

We modified our offices to ensure safety and social distancing. Programs and services continue remotely, with well-calls, virtual classes, and unemployment support. We have secured additional funding to provide COVID-relief and recovery to our clients in the coming months (food/basic needs)

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency. InterFaith Works is financially secure, and has not experienced COVID-related job loss. We do not anticipate major programmatic or staffing changes as a result of the pandemic. In April, we secured a PPP grant, which helps us maintain financial security.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term. This grant will allow us to provide safe in-home companionship services to frail elders who have been extremely isolated and vulnerable during the pandemic.

This PPE is essential for us to provide in-home care to isolated elders in Syracuse, while protecting their health.

4. MISCELLANEOUS

Yes No Is the Company or its principals 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 its principals ever settled a debt with a lending institution for less than the full amount outstanding?



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

- Yes No Has the company, its affiliates or its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
- Yes No Is the Company or its principal's delinquent on property, personal, and/or employment taxes?
- Yes No Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount: \$ _____
- Yes No Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement [available using this link](#) dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation: _____

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020: _____

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officer's Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. **It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.**

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

A. Absence of Conflicts of Interest



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described. Initial

B. False or Misleading Information

The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial

C. Hold Harmless Agreement

Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial

D. SIDA's Policies

The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial

E. Disclosures

The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted. Initial

F. Reporting

Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

VERIFICATION

STATE OF _____)
COUNTY OF _____) SS:

_____, deposes and says that s/he is the
(Name of Individual)

_____ of _____
(Title) *(Applicant Name)*

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

Applicant Representative's Signature

Title

Subscribed and sworn to before me this
_____ day of _____, 2020

Notary Public



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Grant Program Application

The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described. Initial **PR**

B. False or Misleading Information

The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial **PR**

C. Hold Harmless Agreement

Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial **PR**

D. SIDA's Policies

The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial **PR**

E. Disclosures

The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted. Initial **PR**

F. Reporting

Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial **PR**



SIDA

City of Syracuse Industrial Development Agency

COVID-19 Disaster Emergency Loan Program Application

VERIFICATION

STATE OF New York
COUNTY OF Onondaga SS:

Beth A. Broadway deposes and says that s/he is the
(Name of Individual)

President / CEO of InterFaith works
(Title) (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

Applicant Representative's Signature

Beth A. Broadway
Title

Subscribed and sworn to before me this

10 day of August, 2020.

Melissa M. Morral
Notary Public

MELISSA M. MORRAL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01MO6393623
Qualified in Madison County
Commission Expires June 17, 2023



City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$9156 **Purpose:** PPE/Cleaning Supplies

Name: Samaritan Center Inc.

Address: 215 North State Street , Syracuse N.Y.13203

Commercial Business _____ **501c3** X

Summary:

The Samaritan Center Inc. a 501c3 is requesting grant funds in the amount of \$9156.00 for PPE as outlined above. The items to be funded by the grant are eligible under terms of the program. The organization was incorporated in New York State in 1990 and is located and operates in the City of Syracuse. Financial information provided demonstrates the not for profit was financially viable prior to March 7, 2020.

The Samaritan Center is requesting assistance with PPE and cleaning supplies as it to remain open for its clients throughout the pandemic. They advise the tools to sanitize and clean are the most important items they need for the health and safety of staff and clients as they continue to serve more than 365 meals a day. The attached application eloquently speaks to the role the Center plays in our community and how this funding will assist.

Attachments:

1. Application.
2. Financial Stmts. (2018-2019)
3. 2019 Form 990.
4. 2019 W-3

Contingencies: 1. Submission of a good standing certificate dated within 30 days of closing . 2. Board Resolution.

Staff Recommendation: Approve as requested.

Finance Committee Recommendation:

Board of Directors: Approve _____ Decline _____

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: Samaritan Center, Inc. Year Founded: 1990
Business Address: 215 North State Street Syracuse, NY 13203 Federal EIN: [REDACTED]
Application/Primary Contact: Mary Beth Frey Title: Executive Director
Email Address: director@samcenter.org Phone: 315-472-0650
Amount of grant being requested (between \$500-\$10,000): \$9156.40

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit
If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?
 Yes No If YES, identify which section of the law it was formed 501c3

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology
 Personal/Professional Services Healthcare Construction
 Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 7
Total # of current FTEs as of date of application: 7
Total # of FCEs as of March 7, 2020: 0
Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
 If yes, for what period of time? 7 days per week consistently throughout

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 4,000	Clorox Total 360 Electrostatic Sprayer	Hill and Markas, Amsterdam, NY	Disinfect/Sanitize facility
\$ 356.40	Clorox 360 Sanitizing solution-4 cases	Hill and Markas, Amsterdam, NY	Disinfect/Sanitize facility
\$ 2500	4.5 gallon metal trash receptacles with shipping	Global Industrial- Internet Vendor	Manage trash created by regular take-out meals / past
\$ 2600	Acrylic dining separators	Elevator Interiors Syracuse, NY	Separate indoor seating for seniors and the disabled
9156.40	< TOTAL FUNDING AMOUNT REQUESTED		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded: Our greatest priority is the sanitizing machine in order to most effectively and efficiently maintain the health and safety the guests, staff and volunteers who access and provide critical food services in our community. Our second priority would be the acrylic separators so that we can facilitate dine in for our senior and disabled guests as cold weather beg to descend. We would then split any remaining funds awarded to purchase a combination of trash receptacles and cleaner.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

Please see Attachment

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

Please see Attachment

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

Please see Attachment

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

Please see Attachment

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ N/A

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No

If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial MBF
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial MBF
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency.
Initial MBF
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial MBF
- e. Disclosures

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial MBF

f. Reporting

i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial MBF

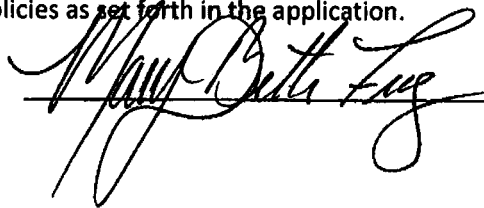
8. VERIFICATION

STATE OF NEW YORK)
COUNTY OF ONONDAGA) SS:

MARY BETH FREY
(Name of Individual)
EXECUTIVE DIRECTOR
(Title)

, deposes and says that s/he is the
of SAMARITAN CENTER, INC.
(Applicant Name)

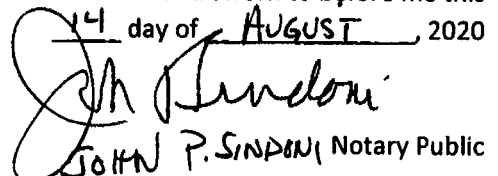
that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.



Applicant Representative's Signature

EXECUTIVE DIRECTOR Title

Subscribed and sworn to before me this
14 day of AUGUST, 2020



JOHN P. SINDONI Notary Public

Orleans County
My Commission Expires 6/30/22
34-9020830

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

Samaritan Center began in 1981 as the response of seven Syracuse city churches to the closing of Unity Kitchen, an area soup kitchen, to the general public. With high numbers of homeless and other food insecure people suddenly without emergency food services, these churches organized to provide daily bag lunches at St. Paul's Episcopal Cathedral. From these humble beginnings, Samaritan has developed into an independent organization: unaffiliated with any faith, embracing all faiths (and no faith at all) offering hot, nutritious meals daily for those in need.

Samaritan ran completely as a volunteer operation in its early years, and, not unpredictably, encountered numerous challenges related to funding its work and coordinating the many volunteers required to meet its mission. In the early 1990's, Samaritan leadership formalized the Center's structure in order to provide a sustainable platform for the services being provided. In 1994, Samaritan Center obtained 501.c3 status as a not-for-profit with its stated mission of serving the hungry and those in need in Central New York in order to promote their welfare, dignity and self-sufficiency. In response to growing numbers of those being served and an increasing focus on promoting the self-sufficiency of those coming to the center for food, the Samaritan Center moved to a larger location on the city's near-North-side (the former St. John the Evangelist Church) in 2015.

Today, Samaritan Center offers hot meals 365 days a year, typically serving more than 130,000 meals annually, with the help of over 1500 volunteers a month dedicated to assisting those most in need in our community. We wrap those accessing meals with direct case management support as well as access to area human service agencies on site. Both activities offer the resources necessary to move toward self-sufficiency and decreased reliance on emergency food services. Services are provided without questions or pre-conditions but rather on a model that sees relationships as the fundamental building block of individual and community strength and success.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

One of the most beautiful parts of the Samaritan Center is that we try to ensure each decision we make is grounded in our mission, how we can best serve our guests. As we saw the pandemic approaching our community, our primary goal was to ensure that services could continue as best possible throughout what was likely to be an incredibly stressful period for those we serve and for our entire community. As an essential service providing food for those struggling with hunger and poverty in our community, we

knew we would need to make adjustments quickly in order to address health and safety concerns for our guests, our volunteers and our staff. Several adjustments were quickly made:

- As an organization that typically operates with the help of ~25 volunteers per meal, that support system was downsized to a maximum of 5 volunteers per meal, dropping our volunteer force from 1500 volunteers a month to what turned out to be a core group of ~60. This downsizing acted to limit potential exposure for our guests and our volunteers, facilitated social distancing as well as responded to the number of volunteers who, for their own health and comfort of their families, took a pause on volunteering.
- Within a covid environment, we understood quickly that the meals we offered needed to be take-out- our beautiful dining room would need to be shut down and our meal distribution would need to be fast and efficient in order to maintain limited contact, be operational with a limited number of volunteers and promote social distancing within the facility. Modifications were made to menus to support those factors and maintain a minimum of one hot meal per day being offered. Because we were a little bit ahead of the directives on restaurants moving to take out, we were able to obtain the supplies needed through vendors and the wonderful generosity of our community.
- Our meal times were adjusted from a one hour meal service to a two and a half hour period of service each meal. This acted to distribute those seeking assistance over a longer period of time, reducing the stress on meal service and facilitating social distancing.
- Signs were quickly posted educating individuals on preventative measures, signs and symptoms of covid and community resources for testing, food, questions and emotional support, the floor was marked at 6 foot distances. All of that occurred by March 16th.
- Our distribution of basic needs items (soap, toilet paper, shampoo, etc.) continues with selected offerings rather than the beauty of a self- choice model of selection. Our monthly diaper distribution continues but no longer offers a sit down meal for families but rather a take-out bag of groceries for home use. We stopped accepting household goods for our My Place Program out of safety but also out of necessity given the limited capacity to process those items during the pandemic. We were no longer able to have agencies on site to help connect our guests to resources and services, out of safety but also for the practical fact that so many of those agencies were closed or operating in a limited capacity. Our case management program became singularly focused on providing education about covid and resources in the community, particularly for seniors and young children.

- Samaritan has been able to retain its staff of 9 throughout the pandemic with two employees working from home and our volunteers are gradually returning as the community opens back up.
- As additional information was released on the virus and best practices, things continued to develop and change. Consistent with State directives, all volunteers and staff were face coverings while on site, temperatures and screening questions are asked of each prior to beginning their shifts, the facility is manually cleaned and sanitized twice daily, and guests are not allowed inside without a face covering. While it feels like there is a change or new requirement daily, we've gotten pretty good at the pivot and take it day by day, anticipating where we can.

Those are the practical changes. I would say the more difficult adjustments were in our engagement and support of our guests. Samaritan Center is a place where individuals find a community kitchen table, a place to connect, feel supported, find a hug in celebration or grief, share victories and challenges with a chosen family of support- staff, volunteers and fellow guests. With the necessity of social distancing, take-out and rapid service, those moments have been harder to create. The stress and isolation of the pandemic on a population that already struggles with social isolation has been particularly hard and the sadness of our guests as they attempted to navigate a closed world was palpable. We have done our best to create moments of connection: remembering to check in with guests whose Moms were sick with covid or whose health was just a worry to an adult son; a phone call or note to a guest in assisted living who can no longer get out to see us; sharing the sadness of a world changed, if only in brief interactions; being there with a smile, if behind a mask, happy to see a familiar guest and letting them know they are not forgotten and we will be together again. The sadness has begun to lift as the hope of reopening moves through our city- the challenge now will be helping folks put the pieces back together of jobs lost, rent due and mental health strained. In some ways the moving into a shut down is much easier than the complexities of coming out of a shut down- there are the practical changes that will come and bring some normalcy, the lingering differences that will gnaw at people and change the way we engage and interact for months to come- and the related hope of creating opportunity for creative problem solving and new and better solutions to old problems and the continuing anxiety of change and loss associated with it all. As things begin to open up we are strategizing what case management and agency outreach at Samaritan will look like moving forward, the technology needed to do that safely, creative ways to help our guests connect in new ways to the services they need. In some ways, it's a reinvention, but in most ways it is doing simply as we have always done- putting our guests and our mission first and figuring it out.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

Samaritan Center has retained its full work force throughout the pandemic. While two staff were able to transition to fully remote work arrangements, the remainder of staff have been kept busy and employed. As essential employees providing a critical service to the community, full schedules were and will continue to be maintained. We fully anticipate the continued need for our services and are committed as an organization to provide the stability and consistency our guests and the community have come to rely on.

Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

Samaritan Center serves some of the most vulnerable in our community and provides for the basic needs of those struggling with hunger and poverty. With a small but hardy work force of employees and community members, we have maintained our level of service throughout the pandemic through flexible and rapid adaptation to a changing environment. A priority throughout this period and moving forward is the health and safety of all those entering the facility. We currently follow a rigorous safety, cleaning and sanitizing program to manage potential exposure within the facility and among our guests including a minimum of twice daily bleaching and wiping of high touch areas within the facility. While critically important, this process is time intensive and effective only to the point that all surfaces are effectively covered with sanitizer/disinfectant. The nature of the electrostatic sprayer requested allows coverage to all sides of the surface sprayed, front, back, sides and hard to reach areas. As essentially a large commercial kitchen/restaurant, we are awash in hard to reach areas. Our ability to maintain an environment free of covid and other bacteria and other viruses will directly impact our ability to remain open and operating as well as assist us in maintaining the health of employees, volunteers and guests.

Samaritan Center's usual model of operations is designed around the use of china plates, silverware and ceramic mugs- an important message of dignity for those accessing meals. As we shifted our operating model to take-out, we switched to Styrofoam take-out containers, plastic ware, and plastic take-out bags in order to continue operations while maintaining health and safety. A consequence of that is the generation of an incredible amount of waste, the unintended consequence is the generation of an equally incredible amount of litter in the neighboring community. While we have done a great deal of education with our guests as well as proactively clean up surrounding streets after each meal, there is still a great deal of trash that is impacting the local neighborhood. St. Joseph's Hospital has agreed to partner with Samaritan to help maintain additional trash receptacles around the neighborhood. The city of Syracuse is working to help facilitate the permitting and placement requirements should we be successful. The additional capacity to manage and encourage appropriate trash disposal will have immediate positive impact on the neighborhood and help mitigate this unfortunate unintended consequence of the necessary change in operations.

The final request for funding relates to the construction of acrylic separators for anticipated, limited, indoor dining for seniors and those with special needs. We anticipate the need for a take-out model of operation through spring. The nature of our demographic makes it incredibly complex to try and institute rolling seating within the facility but there is the potential for indoor seating for this limited and targeted group of individuals. There is a particular concern for this group at the onset of colder weather. The potential for seating, and warming, on arrival will allow us to better respond to the needs of these groups while maintaining appropriate health and safety measures. These acrylic barriers as envisioned, would also allow us to create safe space for agency outreach with clients and guests, an activity that has been put on hold thus far during the pandemic. This outreach will support the stability of those already connected with services as well as facilitate the connection of individuals to supports that have been difficult to access during the pandemic.

Each of these requests will have a direct positive impact on the workforce of the Samaritan Center, the guests it serves, the community volunteers who are engaged through Samaritan and the neighborhood in which the Samaritan Center exists. These impacts will be both immediate in terms of safety and quality of life as well as long term as guests and community are continually more able to safely engage in the compassionate support of those in need.



By Samaritan Center Inc referred to in this document as Business/Organization.

Federal EIN Number:-16-1328786

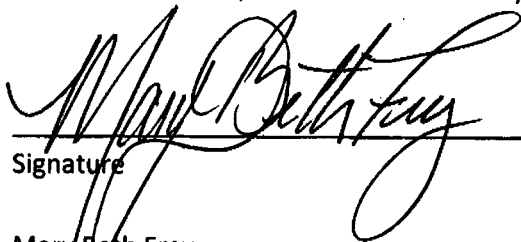
I, Mary Beth Frey certify that I am the Executive Director of the above named Business/Organization organized under the laws of the State of New York.

The following resolutions have been adopted and agreed upon by the Business/Organization and that they are in accordance with the Business/Organization formation documents.

1. Authorize the submission of application to the City of Syracuse Industrial Development Agency, Covid-19 Disaster Emergency Grant Program.
2. The acceptance of any approved grant proceeds.
3. These resolutions supersede any previous resolutions adopted by the Business/Organization and are in full effect until written revocation or modification has been received and recorded by the City of Syracuse Industrial Development Agency. Any revocation or modification to the resolutions must be accompanied by documentation that is satisfactory to the City of Syracuse Industrial Development Agency standards.

The Business/Organization is in good standing under the laws of the state in which it was formed and that no petition for it dissolution has been filed or pending.

In witness whereof, I have hereunto set my hand this 14th day of August 2020.



Signature

Mary Beth Frey

Print

Executive Director

Title

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

Renewed

1. APPLICATION INFORMATION

Legal Name: Everton G Mitchell Jr

Year Founded: 2018

Business Address: 105 Dawes Ave Syracuse NY 13205

Federal EIN: [REDACTED]

Application/Primary Contact: 417 645 7440

Title: Owner

Email Address: safecare315@gmail.com

Phone: 9176457990

Amount of grant being requested (between \$500-\$10,000): \$10,000.00

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 12

Total # of current FTEs as of date of application: 7

Total # of FCEs as of March 7, 2020: 0

Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
 If yes, for what period of time?

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 2,500.00	Sanitizers	Safe Care Transportation LLC	Safety for customers and drivers
\$ 2,500.00	Disinfectant	Safe Care Transportation LLC	Safety for customers and drivers
\$ 2,500.00	Gloves and Masks	Safe Care Transportation LLC	Safety for customers and driver
\$ 2,500.00	Protective Suits and Face Shields	Safe Care Transportation LLC	Safety for customers and drivers
10,000.00	< TOTAL FUNDING AMOUNT REQUESTED		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

I will do so by obtaining each item that is needed the most at the time.

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

The nature of our business and its ties to the City of Syracuse community is to provide a service that helps individuals and their families transport in a safe manner to and from important destinations such as work, medical appointments, grocery

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

COVID-19's impact on our organization has caused a significant decrease in the number of clients we are able to transport because of the shut down of many medical and non medical facilities in and around the Syracuse area. We have had

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.

Initial EM

f. Reporting

i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements.

Initial EM

8. VERIFICATION

STATE OF New York)

COUNTY OF Onondaga) SS:

Safe Care Transportation LLC

(Name of Individual)

Owner

(Title)

, deposes and says that s/he is the

of Everton Mitchell Jr

(Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

Applicant Representative's Signature

Owner

Title

Subscribed and sworn to before me this

27 day of July, 2020

Notary Public

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No

If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement available using this link dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

We were showing a increase of about 50% percent. In 2018 we did \$150k and 2019 we did \$350k.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

By following all safety procedures provided to us we can continue to have a safe environment for our organization to stay open and provide service. Maintaining good health is a priority which will help us retain jobs. We will continue to make sure that our clients know that we care for their safety and ours as well.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

This will help continue our mission in providing a service to our community in a safe way. Also help keeping jobs and creating more jobs as facilities begin to reopen we can begin transporting old and new clients to and from their destinations which will create the need for more drivers thus creating more job opportunities.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ _____

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial EM
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial EM
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency.
Initial EM
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial EM
- e. Disclosures

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial EM

f. Reporting

i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial EM

8. VERIFICATION

STATE OF New York)
COUNTY OF Onondaga) SS:

Everton Mitchell Jr
(Name of Individual)
Owner
(Title)

, deposes and says that s/he is the
of Safe Care Transportation
(Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

Everton Mitchell Jr

Applicant Representative's Signature

Owner

Title

Subscribed and sworn to before me this
28 day of July, 2020

Notary Public

JAMES J. WALLACE
Notary Public, State of New York
Onondaga County, REG #4882106
My commission expires April 13, 2023

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$10,000.00 Purpose: PPE

Name: Everton Mitchell Jr.

Address:

Commercial Business 501c3

Summary:

Staff Recommendation: Decline – Tax Delinquent

Finance Committee Recommendation:

Board of Directors: Approve Decline

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: DKCNY LLC
Business Address: 108 EDNA RD
Application/Primary Contact: 315-298-0536
Email Address: DKCNLLC@gmail.com
Amount of grant being requested (between \$500-\$10,000): \$ 5000

Year Founded: 2010
Federal EIN: [REDACTED]
Title: owner
Phone: 315 298-0536

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology
 Personal/Professional Services Healthcare Construction
 Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 2
Total # of current FTEs as of date of application: 1
Total # of FCEs as of March 7, 2020: 1
Total # of current FCEs as of date of application: 1

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No

If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

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For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020: Prior to March 31st 2020 we were at a steady growth rate of 20% per year. we almost made \$20,000 (20K) last year

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

a. Absence of Conflicts of Interest

- i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial

b. False or Misleading Information

- i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial

c. Hold Harmless Agreement

- i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency.
Initial

d. SIDA's Policies

- i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.svcgov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies.
Initial

e. Disclosures

Was your organization open and operating on March 7, 2020? Yes No
 If yes, for what period of time?

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$1000	Sanitizer		
\$1200	mask		
\$1300	Gloves		
\$500	Spray bottles		
\$5000 < TOTAL FUNDING AMOUNT REQUESTED			

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

DKNY LLC IS a full service property management and rental property company

We impact the community directly because we service & provide low income, affordable housing to families on the southside of

Syracuse
 Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

We have been using mask gloves & sanitizer when entering homes to do work. We also practice social distancing when ever possible. In the next 30 days we will get more mask & hand sanitizer to continue safe business practices in accordance to NYS laws.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

we lost / let a majority of our staff but the grant will help us bring employees back on a part time basis until business picks back up.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

we immediately benefit as we will be able to hire workers back & continue to provide great property maintenance services to our local community.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?
 Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?
 Yes No

Has the Company or its principals 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 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 liens pending against the Company, its affiliates or its principals other than liens in the normal course of business? Amount:

\$ N/A

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial

f. Reporting

i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial LM

8. VERIFICATION

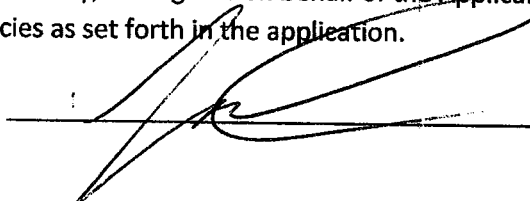
STATE OF New York)
COUNTY OF Onondaga) SS:

Loth Mitchell
(Name of Individual)
Sole member
(Title)

, deposes and says that s/he is the

of DKCNY LLC
(Applicant Name)

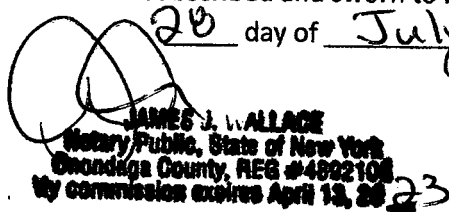
that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.



Applicant Representative's Signature

Title

Subscribed and sworn to before me this
20 day of July, 2020


JAMES J. WALLACE
Notary Public, State of New York
Onondaga County, REG #482108
My commission expires April 13, 2023

Notary Public

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$10,000.00 **Purpose:** PPE

Name: DK CNY LLC

Address:

Commercial Business **501c3**

Summary:

Staff Recommendation: Decline – Tax Delinquent

Finance Committee Recommendation:

Board of Directors: Approve Decline

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

Syr NY
13207

1. APPLICATION INFORMATION DBA "The Night Drop"

Legal Name: ValleyDuke LLC
Business Address: 363 W. Seneca Tpke
Application/Primary Contact: JAMIE CROUSE
Email Address: jamiecrouse@gmail.com
Amount of grant being requested (between \$500-\$10,000): \$ 8,000

Year Founded: 2018
Federal EIN: [REDACTED]
Title: President
Phone: 315 558 1605

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit
If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?
 Yes No If YES, identify which section of the law it was formed

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology
 Personal/Professional Services Healthcare Construction
 Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020:
Total # of current FTEs as of date of application:
Total # of FCEs as of March 7, 2020:
Total # of current FCEs as of date of application:

0 0 0 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
If yes, for what period of time?

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$6,000	NEW Roof	Kurt Baxter	repair/replace roof
\$2,000	install door	" "	install new front door
\$			
\$			
\$8,000 < TOTAL FUNDING AMOUNT REQUESTED			

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded:

I will do the roof first AS it needs repair, then the front door. If is an antique church door and will make the building look nice

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

AS "The Remedy" tavern for 43 years. I hope to continue as "The Night Drop", a place where people of the city can congregate and share ideas.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

I got open one day before the pandemic hit. Now that I'm open, social distancing, mandatory mask wearing, half capacity, and hand sanitizing are in effect

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

a. Absence of Conflicts of Interest

- i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.

Initial

JPC

b. False or Misleading Information

- i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed.

Initial

JPC

c. Hold Harmless Agreement

- i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency.

Initial

JPC

d. SIDA's Policies

- i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies.

Initial

JPC

e. Disclosures

i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.

Initial JPC

f. Reporting

i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial

JPC

8. VERIFICATION

STATE OF New York
COUNTY OF _____) SS:

(Name of Individual) Jamie PC Morse deposes and says that s/he is the
(Title) president of The Valley Drake LLC
(Applicant Name) DBA
The Night Drop

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

[Signature] Applicant Representative's Signature
Title

Subscribed and sworn to before me this
2 day of August, 2020

Notary Public

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

AS A new business, I have currently only 2 part time employees. AS I grow, I will hire more.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

I will improve the condition of my building thus contributing to the improvement of my neighborhood. I hope this will inspire others to do the same.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ NO

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No

If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement [available using this link](#) dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019). *New business - no prior taxes*
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$8,000.00 **Purpose:** PPE

Name: Valley Duke LLC

Address:

Commercial Business **501c3**

Summary:

Staff Recommendation: Decline – Insufficient time in business

Finance Committee Recommendation:

Board of Directors: Approve Decline

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY GRANT PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name: 300 Washington St, LLC

Year Founded: 2006

Business Address: 300 Washington St, Syracuse, NY 13202

Federal EIN: [REDACTED]

Application/Primary Contact: Esty Kohn

Title: Affiliate

Email Address: Esty@qualitylofts.com

Phone: 718-486-9700 x 111

Amount of grant being requested (between \$500-\$10,000): \$\$10,000

Which best describes your business:

Corporation (including LLC's) Partnership Sole Proprietorship Not-for-Profit

If a business is a not-for-profit, was it formed under the NYS Not for Profit Corporation Law?

Yes No If YES, identify which section of the law it was formed

Which industry classification best describes your business (check no more than 2):

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020: 6

Total # of current FTEs as of date of application: 6

Total # of FCEs as of March 7, 2020: 0

Total # of current FCEs as of date of application: 0

Full Time Employees ("FTEs"): means a full-time permanent, private sector employee on the recipient's payroll who has worked at the location of the organization for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties; or two part-time, permanent private sector employees who have worked at the location of the organization for a combined minimum of 35 hours per week for not less than four consecutive weeks and who are entitled to receive the usual and customary fringe benefits extended by the recipient to other employees with comparable rank and duties.

Full-time Contract Employee ("FCE"): a full-time private sector employee (or self-employed person) who is not on the Recipient's payroll but who works exclusively for the Recipient at the project location for a minimum of 35 hours per week for not less than four consecutive weeks, providing services that would otherwise be provided by a Full-time Permanent Employee. The position held by a Full-time Contract Employee must be a year-round position.

Is your organization currently open? Yes No

Was your organization open and operating on March 7, 2020? Yes No
 If yes, for what period of time? We were open and operating up until the
 cease-order on March 29, 2020

3. BUDGET AND FINANCIAL REQUEST

Amount of grant requested (not to exceed \$10,000): \$

AMOUNT	EXPENSE/ITEM	VENDOR NAME/RECIPIENT	PURPOSE
\$ 1,000	Hand washing sink	Burns Bros.	Disinfecting Purposes
\$ 5,000	PPE: Masks, hand sanitizer, gloves, etc.	Lowe's & Colony Hardware, etc.	Disinfecting Purposes
\$ \$1,000	Signage	Syracuse Signage	Direction assistance to areas- per covid plan NYS.
\$ \$3,000	Extra cleaning help	Vance Coleman	Disinfecting Purposes
\$10,000	< TOTAL FUNDING AMOUNT REQUESTED		

Please explain how you will prioritize each expense item listed above relative the amount of any grant awarded: **We are intending to continue providing hygiene products and disinfectant systems throughout the entire property located at 300 East Washington Street, Syracuse NY. Since the start of COVID-19, Our organization (300 Washington Street, LLC) has been extra cautious in keeping the site clean at all times and protecting the health and safety of its people. As a result that, the daily operating expenses have increased infinitely.**

Please describe in detail the history and nature of your business or organization and its ties to the City of Syracuse (the "City") community and the impact of your business/organization's work in the City community.

300 Washington Street, LLC was founded in 2006 upon the acquisition of the site located on 300 Washington Street, Syracuse, NY. Our organization is currently completing the construction of a new development in Downtown Syracuse. The project contains 213 residential units and two retail units. We designed the property with the city of Syracuse and its people in mind, creating a modern and entertaining atmosphere for its residents, visitors, employees and even bypassers. We hired the best contractors and used the finest material for the project and are proud to stand behind the development that will enchant the area for the next 100+ years.

Please describe, in detail, the impact COVID-19 has had on your organization. Additionally, please provide a summary of the measures your organization has taken to date, or plan to take in the next 30-90 days, to address the effects of the pandemic, and any ways you have been required to adapt to the current climate.

COVID-19 has adversely and strongly affected our organization in many ways. Firstly, as the virus was spreading throughout the state, we were forced to shut down the construction site for over three months due the the Governor Cuomo's Executive Order. This slowed down the project's status and postponed its completion date effectively. We experienced a tremendous financial loss as a result of the delay. The subcontractors were advised not to proceed with their work and some employees were being paid while not working (working from home for on-site employees is not feasible). Additionally, as we opened up the site again and resumed construction, our organization immediately took upon the responsibility of keeping the site sanitized and safe for its construction workers, contractors and site visitors at all times. We hired extra cleaning help, ordered ample sanitary/ disinfecting supplies, ordered and distributed personal protective equipment such as masks and gloves, installed a special hand washing sink, etc. to protect the people. Our organization is further providing all aforesaid items while adapting to the current climate and avoiding future unsanitary conditions.

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency and what assurances you can provide/make regarding ongoing efforts to retain jobs following the approval of any grant requested hereunder and for the duration of the declared emergency.

We have retained our employees throughout the full term and intend to continue retaining them.

The City of Syracuse Industrial Development Agency ("SIDA" or the "Agency") is working with companies and organizations across our community and making efforts to provide resources to those most impacted by COVID-19. Please explain how your request will immediately benefit your organization, your workforce, and more broadly, the City of Syracuse community in the short term and long term.

Providing the grant will help us cover some of the expenditures that were added to our operating budget due to COVID-19 and will reimburse a part of losses we experienced due to the cease-order. Furthermore, it will incentivise us to continue providing PPE and keep the site sanitized in the future.

4. MISCELLANEOUS

Is the Company or its principals 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 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 its principals ever filed bankruptcy, a creditor's rights or receivership proceeding, or sought protection from creditors?

Yes No

Is the Company or its principal's delinquent on property, personal, and/or employment taxes?

Yes No

Has the Company or its principals 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 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 its principals other than liens in the normal course of business? Amount:

\$ \$0

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? 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?

Yes No If yes, please attach a written explanation to this application.

5. APPLICATION ATTACHMENTS

Applications will be considered incomplete and will not be reviewed without the following:

Required attachments:

- **For Business:** 2019 Business Federal Tax Return including all schedules; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; a personal financial statement [available using this link](#) dated within the last 30 days for any individuals with 20% or more ownership, IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019) .
- **For 501c3:** CPA Audited 2019 Financial Statements; 2019; Form 990 (2019) or similar tax filing; an interim Profit & Loss Statement and Balance Sheet through at least June 30, 2020; IRS Form W-3 (2019) (Transmittal of Wage and Tax Statements); IRS Form 1096 (2019).

For each of the above, a resolution of the board of directors, if applicable, or other certification acceptable to the agency of an authorized officer of the company authorizing the submission of this application and the acceptance of any approved grant proceeds.

Aside from the foregoing, the Agency will obtain a credit report and reserves the right to request additional financial or other corporate governance or other materials or information it deems necessary to adequately review and assess the application.

A grant agreement must be executed with approved applicants prior to disbursement of approved grant funds.

If any of the above items are not attached to this application, please provide explanation:

Our organization did not earn any income the past year since the building is not occupied yet. Therefore P&L statement is not applicable.

Please provide a brief statement indicating your organizations financial viability prior to March 7, 2020:

Our financial viability prior to March 7, 2020 was fine.

6. DISCLOSURE

Please note the Agency is required to comply with Article 6 of the Public Officers Law which declares that all records in the possession of the Agency (with certain limited exceptions) are open to public inspection and copying. If the Applicant feels that there are elements of the application which are exempt from disclosure under Art. 6 of the Public Officers Law, the Applicant must identify such elements in writing and request that such elements be kept confidential. In accordance with Article 6 of the Public Officers Law, the Agency may also redact personal, private, and/or proprietary information from publicly disseminated documents. It is the responsibility of the Applicant to request the Agency redact any and all information it deems exempt in compliance with Article 6 of the Public Officers Law.

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

- a. Absence of Conflicts of Interest
 - i. The applicant has received from the Agency a list of members, officers and staff of the Agency. To the best of my knowledge, no member, officer or employee of the Agency has an interest, whether direct or indirect, in any transaction contemplated by this grant application, except as hereinafter described.
Initial EK
- b. False or Misleading Information
 - i. The applicant understands and agrees that the submission of knowingly false or misleading information in this application may lead to the immediate termination of any financial assistance and the reimbursement of an amount equal to all or part of any grant awarded and disbursed. Initial EK
- c. Hold Harmless Agreement
 - i. Applicant hereby releases the Agency and the members, officers, servants, agents and employees thereof (collectively, the "Employees") from, agrees that the Agency and the Employees shall not be liable for, and agrees to indemnify, defend, and hold the Agency and the Employees harmless from and against any and all liability arising from or expense incurred by the Agency's examination and processing of, and action pursuant to or upon, the attached application, regardless of whether or not the application is favorably acted upon by the Agency. Initial EK
- d. SIDA's Policies
 - i. The applicant is familiar with SIDA's Recapture Policy as well as its other policies posted on its website (http://www.syr.gov.net/SIDA_home) and agrees to comply with all applicable policies as if any awarded grant constituted a project as set forth in such policies. Initial EK
- e. Disclosures

- i. The Applicant has read paragraph 6 above and understands that the Applicant must identify in writing to the Agency any information it seeks to have redacted.
Initial
- f. Reporting
 - i. Applicants agree to cooperate with the Agency to satisfy any State mandated reporting requirements. Initial EK

8. VERIFICATION
 STATE OF New York)
 COUNTY OF Onondaga) SS:

Esty Kohn , deposes and says that s/he is the
 (Name of Individual)
Affiliate of 300 Washington Street, LLC
 (Title) (Applicant Name)

that s/he is the CEO or a person authorized to bind the company/applicant, and has personally completed and read the foregoing application and knows the contents thereof and that the same is true, accurate, and complete to the best of her/his knowledge, as subscribed and affirmed under the penalties of perjury. The grounds of deponent's beliefs relative to all matters in the said application which are not stated upon her/his own personal knowledge are investigations which the deponent has caused to be made concerning the subject matter of the application as well as, if applicable, information acquired by deponent in the course of her/his duties/responsibilities for the applicant and from the books and papers of the applicant. The deponent also acknowledges the Agency's fee schedule and assumes responsibility for payment of any and all applicable fees as described herein. Deponent further acknowledges review and understanding of the Agency's published policies, including but not limited to the Agency's Recapture Policy, and agrees on behalf of the Applicant to be bound by and comply with, all such policies as set forth in the application.

ED Applicant Representative's Signature

 Title

Subscribed and sworn to before me this
 _____th day of August, 2020

M. Spitzer
 Notary Public
Martin Spitzer
 NOTARY PUBLIC, STATE OF NEW YORK
 Registration No. 01SP6230828
 Qualified in Kings County
 Commission Expires November 08, 2022

City of Syracuse
Industrial Development Agency
201 East Washington Street, 6th Floor
Syracuse, NY 13202
Tel (315) 473-3275

Grant Program Application Request Summary

Grant Request: \$10,000 **Purpose:** PPE

Name: 300 Washington Street LLC

Address:

Commercial Business **501c3**

Summary:

Staff Recommendation: Decline – Insufficient time in business

Finance Committee Recommendation:

Board of Directors: Approve Decline