

#86

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 12, 2020 6:07:13 PM  
**Last Modified:** Wednesday, August 12, 2020 6:15:31 PM  
**Time Spent:** 00:08:17  
**IP Address:** [REDACTED]

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Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** 24 hour albany news &grocery  
**Name of Contact:** muhammad aziz  
**Address:** 8 central ave  
**City/Town:** albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12210  
**Country:** USA  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

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**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

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**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

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**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

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**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

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**Q7**

**Minority**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

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**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

9500

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**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

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**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

3000 for the new stock, 3000 for equipment, 2500 for repairs/paint , 1000 for Plastic protective shield etc

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#53

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 20, 2020 6:19:52 PM  
**Last Modified:** Thursday, August 20, 2020 7:09:40 PM  
**Time Spent:** 00:49:48  
**IP Address:** [REDACTED]

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## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Business or Not-For-Profit | 24 hour albany news &grocery |
| Name of Business Contact           | 24 hour albany news &grocery |
| Business Address                   | 8 central ave                |
| City/Town                          | albany                       |
| State/Province                     | NY                           |
| ZIP/Postal Code                    | 12210                        |
| Country                            | United States                |
| Email Address                      | [REDACTED]                   |
| Phone Number                       | [REDACTED]                   |

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**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

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## Page 5: Real Estate Information

**Q3**

Own

Do you Lease or Own the Property?

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

## Page 7: Business Information



**Q5**

**Convenience Retail Store**

Type of Business (Choose One)

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**Q6**

**Sole-Proprietorship**

Business Structure

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**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

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**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

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**Q9**

On what date did the Applicant begin operations?

06/01/1991

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**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**9:00 am - 12:00 pm**

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**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**muhammad aziz**

Percent Ownership of Above-Named Owner:

**100**

Title of Above-Named Owner:

**owner**

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**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

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**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/15/2020

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 1  |
| Average Hours Worked for Part Time | 20 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 2  |
| Part Time                          | 1  |
| Average Hours Worked for Part Time | 25 |

**Q20**

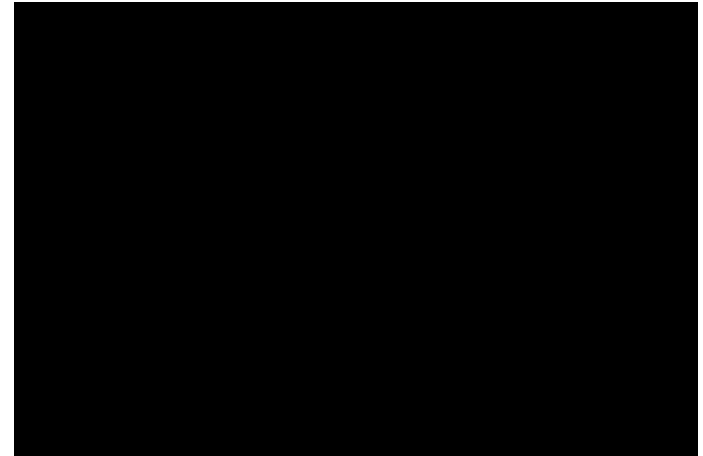
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**will install Clear Plastic Partitions around counters .  
Purchase hand sanitizers in bulk for customer use.  
Lysol spray and anti-germs wipes**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Replace unsold groceries,expired food and snacks .  
Purchase new freezer for frozen foods**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **3000**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

with new Protective Shields installed, customers will feel safe to enter the store. Also, new and fresh food products will help in increasing the sale.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**  
,  
**Disposable gloves,**  
**Hand sanitizer,**  
**Cleaning materials and disinfecting supplies**

**Q28**

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

Basically my business was in Newspapers/magazines retailer in the City of Albany since last 29 years. Over time ,we added food , dairy ,produce etc. There is no super market close by ; thats why residents in the surrounding area depend on us ( especially senior citizens)

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

i have been providing essential services to my neighborhood since last 29 years . Will continue to do so ,more efficiently

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Microenterprise (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38**

**Asian**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>0</b> |
| Part-Time | <b>1</b> |

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**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>0</b>  |
| Part-Time                                    | <b>1</b>  |
| Average Hours Worked for Part-Time Employees | <b>25</b> |

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## Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

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## Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

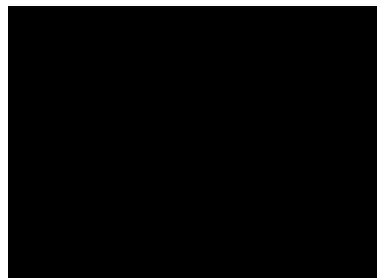
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46****No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?



**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**muhammad s aziz**

Title

**owner**

Date

**08/20/20**

#56

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 11, 2020 10:15:14 AM  
**Last Modified:** Tuesday, August 11, 2020 10:23:53 AM  
**Time Spent:** 00:08:38  
**IP Address:** [REDACTED]

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Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Albany Barn Inc  
**Name of Contact:** Kristen M. Holler  
**Address:** 56 2nd Street  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12210  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

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**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

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**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$10,000

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Creation of physical barriers to create semi-private work spaces that allow for social distancing and reduce potential for cross contamination in coworking, reimagining underutilized performance and exhibition space, and improvements to web platforms for creatives to share and sell work via Albany Barn's website and social channels.

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#87

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, September 17, 2020 8:12:00 PM  
**Last Modified:** Thursday, September 17, 2020 11:12:43 PM  
**Time Spent:** 03:00:42  
**IP Address:** [REDACTED]

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## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                          |
|------------------------------------|--------------------------|
| Name of Business or Not-For-Profit | <b>Albany Barn, Inc.</b> |
| Name of Business Contact           | <b>Kristen Holler</b>    |
| Business Address                   | <b>56 2nd Street</b>     |
| City/Town                          | <b>Albany</b>            |
| State/Province                     | <b>NY</b>                |
| ZIP/Postal Code                    | <b>12210</b>             |
| Country                            | <b>USA</b>               |
| Email Address                      | [REDACTED]               |
| Phone Number                       | [REDACTED]               |

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**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

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## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

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## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

Albany Housing Authority, Chiquita D'Arbeau

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease

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Page 7: Business Information

**Q5**

Not-For-Profit Organization

Type of Business (Choose One)

**Q6**

Business Structure

Other (please specify):

C-Corp, 501 (c)(3)

**Q7**

Business Federal Employer Identification Number (EIN):

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

**Q9**

On what date did the Applicant begin operations?

July 24, 2006

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

M-F 10 am - 6 pm, Sat by appointment

**Q11**

Respondent skipped this question

Identify all owners of the business with a 20% ownership share or greater below

---

**Q12**

Respondent skipped this question

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

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**Q13**

No

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

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Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/17/2020

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**Q15**

Yes

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |   |
|------------------------------------|---|
| Full Time                          | 3 |
| Part Time                          | 0 |
| Average Hours Worked for Part Time | 0 |

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**Q19**

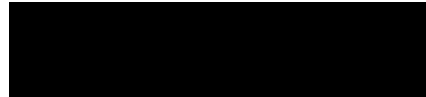
Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 3  |
| Part Time                          | 2  |
| Average Hours Worked for Part Time | 25 |

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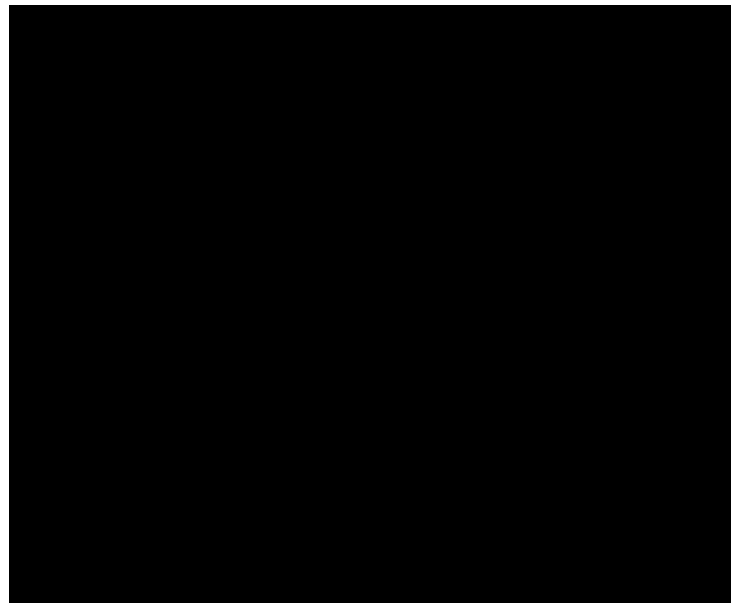
**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus





## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Albany Barn will purchase face coverings to be made available to staff and tenants of the building. We will also increase the scope and frequency of cleaning procedures to ensure safe working spaces for tenants, staff, and members. Hand sanitizer and surface sanitizing sprays will be made available in all shared workspaces and common areas. We will also install antimicrobial coverings on high-touch surfaces like door handles, faucets, and push bars on entry/exit doors.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Albany Barn will bring FUSION, our largest annual showcase of artists-in-residence and single largest source of unrestricted funding to a virtual platform called Hopin, which will allow us to create a hybrid event where people can participate in hands on activities led in a virtual conference format with simultaneous classes, performances, and demonstrations. This platform will allow us to bring many of our other events and educational programs into a virtual/hybrid model including after school programming for youth and teens, and arts programming for seniors. Additionally, we can record and stream live performances without endangering audience members. We will leverage our large open performance and gallery spaces which are currently under utilized by event and exhibition patrons to lessen the density of our meeting and co-working spaces, adding more workstations spread out across a larger portion of our building, and incorporating partitions in formerly shared work/conference spaces. Finally, we will implement storage spaces for members and tenants store tools and materials after use to be sanitized before being returned to the common/shared workspaces. We will also increase our regular marketing to focus on the new event formats, webinar offerings, and expansion of co-working and online sales services available to local creatives, to strengthen our membership base and maximize facility utilization under the new socially distanced co-working focused model.**

### Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **9000**

### Q24

No

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

### Q25

Please describe how the anticipated use of the grant funds will benefit your business:

With over 7,000 square feet of underutilized performance and exhibition space, expanding our co-working offerings with adequately distanced, flexible workstations will allow us to improve earned revenue through monthly membership dues for co-working space and associated add-on services such as business consulting, program development, and printing services. We believe the flexibility and affordability of our memberships and co-working space offerings appeal to a demographic not currently well-served in the co-working market locally, while also being attractive to individuals who have recently transitioned to remote work and may be looking for occasional workspace. The addition of 10 new work stations and associated safety barriers will allow us to accommodate up to 50 new members, increasing monthly revenue by \$1500. The installation of sanitizing stations, physical barriers, and well distanced workspaces with clearly defined areas for work, storage, and sanitization will make potential customers feel confident in returning to a collaborative work environment while being able to maintain personal health and safety.

Access to webinar and virtual events platforms will allow us to adapt a portion of our in-person programming to virtual or hybrid models that will allow us to serve as many, or even more patrons, without compromising safety. Programs are in late planning stages with Albany Public Libraries and a number of local schools and community organizations, so the technology to implement these plans will result in better services to our community, as well as an increase in earned revenue of \$4,700 monthly. Additionally, the ability to bring our largest fundraiser, FUSION, which has typically drawn over 350 people in person, to a virtual platform will allow us to retain some of our important corporate sponsors while also keeping our patrons engaged at a time when they are not visiting our spaces as frequently. Showcasing the continued mission-driven work the organization and our artist-in-residence have completed during these uncertain times is important to maintaining the brand awareness and momentum we have created over the past 7 years, and ensure we have a robust and active membership and donor base, and a positive reputation for serving the creative needs of our communities.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies**

**Q28**

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

Albany Barn was founded as a grassroots organization dedicated to assisting creatives in Albany and the surrounding areas to achieve sustainable livelihoods from their creative skills, while facilitating meaningful opportunities for artists to engage with community members - particularly those who otherwise may not have access to diverse arts and cultural programming. Albany Barn has been a strong advocate for the growth of the creative economy in the City of Albany, and has worked to champion and support myriad public art projects, while also producing a wide variety of live arts and cultural events drawing thousands of visitors to the City's Arbor Hill neighborhood each year, and providing youth, seniors, and everyone in between opportunities to explore their own creativity, enjoy live music, art, and theatre, and engage in meaningful discussion and action around community revitalization.

In addition to serving hundreds of youth annually through partnerships with schools, faith organizations, libraries, and community groups, Albany Barn offers affordable live.work space, technical assistance, fiscal sponsorship, and professional development services to nearly 50 artists-in-residence, and dozens of partnering creative micro enterprises, making us an important source of support to the creative freelancers that make up nearly 20% of the region's creative workforce.

While our live events and exhibitions have been on hold, Albany Barn has assisted in the production of multiple public arts projects, raised over \$15,000 to provide emergency relief to creative freelancers in response to COVID-19, and helped to launch a web-sales platform and streaming TV channel that allows low-barrier access to creatives from all disciplines to share and sell their work. Being able to re-open our doors safely, and reassure artists and patrons alike that we are able to pivot our operations to continue to bring quality creative arts programming to our communities safely is vital at this time when the return of traditional live events is uncertain at best.

Finally, Albany Barn occupies a beloved historic building in one of the City's most challenged neighborhoods. The Barn has been a sign of hope for revitalization, and the end to decades long stigma surrounding the Arbor Hill neighborhood, and the ability to keep our doors open and invite the community back safely is an important sign to the community that the City does care to invest in the resurgence of our neighborhood, and in the quality of life of its residents.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Albany Barn serves predominantly low-income individuals and families, and more specifically emerging creative artists, many of whom are self-employed or supplement their freelance work with service industry work that has been hit most significantly during this time. In response to the knowledge that creatives would be severely impacted by the cancellation of live events and elective community based programming, Albany Barn was an early leader in an initiative to support creatives financially and develop tools to allow artists to continue to create, share, and sell work - even as the state was on PAUSE.

Albany Barn has always thrived on bringing people together, and at this time we can't do what we do best without implementing new safety measures and pivoting some of our gatherings to a virtual space. This funding is essential to our organization and will dramatically impact our ability to earn enough revenue and raise enough gift revenue to keep our doors open and remain a space for the community to come together for arts and cultural programming now and into the future.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Other / Multiracial**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>2</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |   |
|--|---|
| Full-Time                                    | 0 |
| Part-Time                                    | 0 |
| Average Hours Worked for Part-Time Employees | 0 |

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## Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

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## Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

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## Page 16: Disclosures

**Q43**

**No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

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**Q44**

**No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

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**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

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**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

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**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Kristen M. Holler**

Title

**Elective Director**

Date

**9.17.2020**



#100

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 12, 2020 3:15:10 PM  
**Last Modified:** Friday, August 14, 2020 11:51:29 AM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

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Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Albany Center Gallery  
**Name of Contact:** Karina Wojnar  
**Address:** 488 Broadway Suite 107  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12207  
**Country:** USA  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

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**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

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**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$2,500

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We will be applying for equipment to help minimize touching of the space and items within the space for our Retail Store space. As well as reimagining our current programming to expand and adapt to the new market demands. This means tools necessary for virtual programming and social distanced events.

---

#98

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 3:53:14 PM  
**Last Modified:** Friday, September 18, 2020 2:56:15 PM  
**Time Spent:** Over a week  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Business or Not-For-Profit | <b>Albany Center Gallery</b> |
| Name of Business Contact           | <b>Karina Wojnar</b>         |
| Business Address                   | <b>488 Broadway</b>          |
| Business Address 2                 | <b>Suite 107</b>             |
| City/Town                          | <b>Albany</b>                |
| State/Province                     | <b>NY</b>                    |
| ZIP/Postal Code                    | <b>12207</b>                 |
| Country                            | <b>USA</b>                   |
| Email Address                      | [REDACTED]                   |
| Phone Number                       | [REDACTED]                   |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Fairbanks Property**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



Page 7: Business Information

**Q5**

**Not-For-Profit Organization**

Type of Business (Choose One)

**Q6**

Other (please specify):

Business Structure

501 c3

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



**Q9**

On what date did the Applicant begin operations?

April 1, 1977

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Yes, 12 - 5pm, Tuesday - Saturday, to the public**

**Q11**

**Respondent skipped this question**

Identify all owners of the business with a 20% ownership share or greater below

**Q12**

Respondent skipped this question

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

**Q13**

No

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/13/2020

**Q15**

Yes

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time 2

Part Time 1

Average Hours Worked for Part Time 5

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |   |
|------------------------------------|---|
| Full Time                          | 3 |
| Part Time                          | 1 |
| Average Hours Worked for Part Time | 5 |

**Q20**

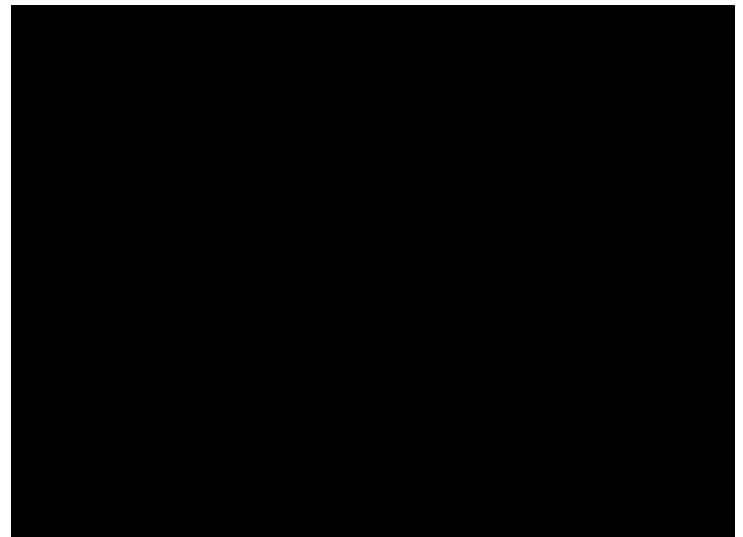
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We are asking for funding for supplies to keep our space safe and clean- Paper towels, disinfecting sprays and wipes, hand sanitizers, masks, gloves, etc. for a year**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We are asking for funding to "revamp" our Retail Store space (local affordable and functional artwork) to make it more organized with hands-free viewing and transactions (for safety and to increase sales), supplies (signage & technology) to help us share with people that we are open and can implement social distancing, as well as tools required to do programming, but virtually.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**1015**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**5430**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?



**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

The grant funds will allow us to maintain and better adapt to the COVID19 requirements for our patrons to stay safe (so we can stay open to the public), as well as help us continue to share art programming, public art, and projects with the locals of the Capital Region.

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**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies**

---

**Q28**

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

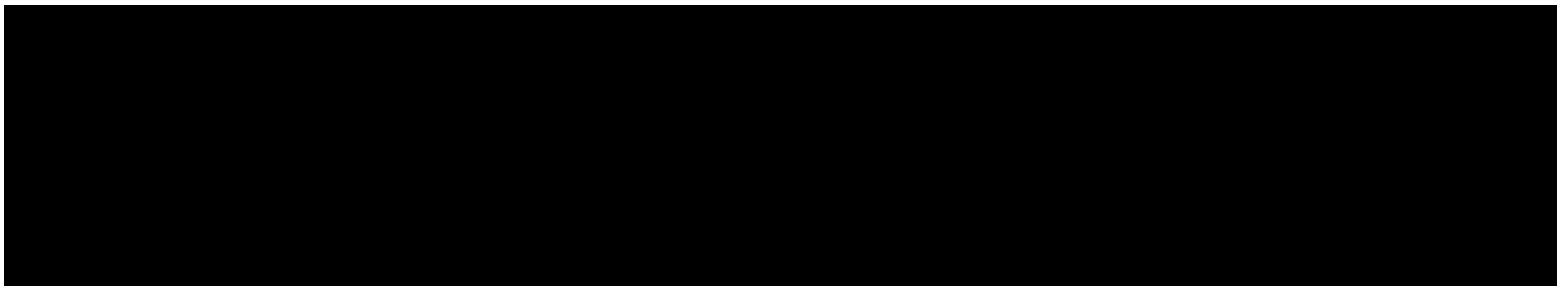
At Albany Center Gallery (ACG), we believe that art should be accessible to everyone. For this reason, all of ACG's exhibitions, receptions, and artist interviews are free and open to the public. By providing opportunities for artists to exhibit and be commissioned for their work, ACG is providing job opportunities for members of the creative class, an important group in the community. These exhibits are an example of Albany's cultural identity and contemporary, diverse heritage.

ACG has been in Albany for over 40 years, and works every day to be an inclusive, representational art space for the region. There are a few great local art institutions and centers in the Capital Region, but ACG is more than "just a gallery" and provides unique, free programming as well. Albany Center Gallery's mission as a non-profit art space is to showcase and promote artists within a 100mi radius of downtown Albany, NY.

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**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

ACG actively participates in the community, collaborating with businesses and local government on local community events. ACG provides a space for youth education through its anticipated LOOK! Youth Art Program, this year it turned into the Summer Youth Employment Program with the City of Albany. The Gallery hosts artist talks and other events that provide cultural enrichment opportunities for low-income families and children. It brings art to people who may not otherwise have access. In the last FY alone, ACG held 7 high-quality exhibits, curated 9 murals in downtown Albany and 15 "moveable murals", created 10 free community programs, and paid over \$10,000 back to local artists. This request will ensure that ACG can continue to do this work in supporting the creative community, as well as those affected by the local culture and art scene. Art has been proven by countless scholarly articles to build self-confidence, foster dialogue, promote exploration of society and the individual, provide economic opportunity, and so much more. The long term impact of maintaining arts and culture at all times, but especially during times of crisis (like now), is essential to humanity and positive change. As we say at ACG, "More Art Everywhere!"

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

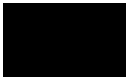
For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention  
(Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38**

**White**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |   |
|-----------|---|
| Full-Time | 2 |
|-----------|---|

---

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|           |   |
|-----------|---|
| Full-Time | 0 |
|-----------|---|

|           |   |
|-----------|---|
| Part-Time | 0 |
|-----------|---|

|  |   |
|--|---|
| Average Hours Worked for Part-Time Employees | 0 |
|--|---|

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

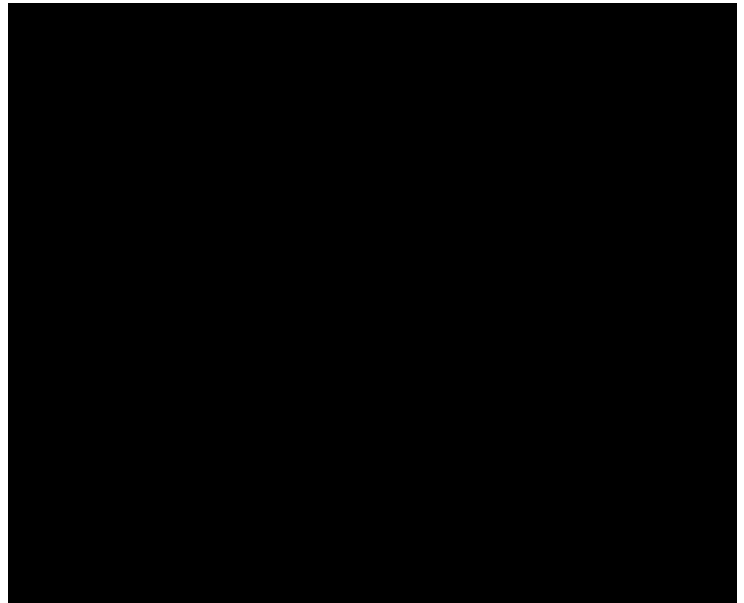
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

A large black rectangular box redacting the application details for Program/Agency 1 and Program/Agency 2.

Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Karina Wojnar**

Title

**Development & Membership Manager**

Date

**9/18/20**

#17

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 3:01:48 PM  
**Last Modified:** Monday, August 10, 2020 3:04:12 PM  
**Time Spent:** 00:02:24  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Albany Symphony  
**Name of Contact:** Sophie Moss  
**Address:** 19 Clinton Ave.  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12207  
**Country:** USA  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---



**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$10,000

---

**Q9**

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

The Albany Symphony respectfully requests support for streaming and audio engineering as we reimagine our 2020-21 concert season from in-person performances to online digital events. Though COVID-19 has restricted in-person gatherings, we are committed to providing exceptional musical programs for our community. To convert our annual in-person performances into live virtual events that can be attended from home, the Symphony will need to pay approximately \$55,000 for the virtual concert platform, audio engineering, streaming, and production. A grant of \$10,000 would support costs for three virtual concerts, providing work for our musicians and supporting the orchestra's business reopening plan.

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#184

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, September 18, 2020 7:40:39 AM  
**Last Modified:** Friday, September 18, 2020 1:41:05 PM  
**Time Spent:** 06:00:25  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |  |
|------------------------------------|--|
| Name of Business or Not-For-Profit | <b>Albany Symphony Orchestra, Inc.</b> |
| Name of Business Contact           | <b>Sophie Moss</b>                     |
| Business Address                   | <b>19 Clinton Ave.</b>                 |
| City/Town                          | <b>Albany</b>                          |
| State/Province                     | <b>NY</b>                              |
| ZIP/Postal Code                    | <b>12207</b>                           |
| Country                            | <b>United States</b>                   |
| Email Address                      | [REDACTED]                             |
| Phone Number                       | [REDACTED]                             |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

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## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

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## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Palace Theatre**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



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Page 7: Business Information

**Q5**

**Not-For-Profit Organization**

Type of Business (Choose One)

**Q6**

Business Structure

Other (please specify):

Not-for-profit organization

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



**Q9**

On what date did the Applicant begin operations?

Founded in 1930; received 501(c)3 status in July 1959

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**YES - admin & box office open 9am-5pm and by appointment**

### Q11

Identify all owners of the business with a 20% ownership share or greater below

|   |    |
|---|----|
| Name of Business Owner:                                 | NA |
| Percent Ownership of Above-Named Owner:                 | NA |
| Title of Above-Named Owner:                             | NA |
| Name of Additional Business Owner (if applicable):      | NA |
| Percent Ownership of Above-Named Owner (if applicable): | NA |
| Title of Above-Named Owner (if applicable):             | NA |

### Q12

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

Non-Profit Board of Directors: Jerry Golub, Chair; Beth Beshaw and Faith Takes, Vice Chairs; David Rubin, Treasurer; John Regan, Secretary; Kaweeda Adams, Gemma Allen, Guha Bala, Melody Bruce, Charles Buchanan, Ben Chi, Marcia Cockrell, Ellen Cole, David Duquette, Marisa Eisemann, Nicholas Faso, Alan Goldberg, Joseph Gravini, Jahkeen Hoke, Anthony Hazapis, Ted Jennings, Daniel Kredentser, Mark Lasch, Cory Martin, Anne Older, Dush Pathmanandam, Barry Richman, John Riley, David Rubin, Faith Takes, Micheileen Treadwell, Darrell Wheeler

### Q13

No

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

### Q14

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/14/2020

### Q15

Yes

Has your decline resulted in more than a 25% decrease in revenue?

### Q16

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 9  |
| Part Time                          | 72 |
| Average Hours Worked for Part Time | 10 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 10 |
| Part Time                          | 72 |
| Average Hours Worked for Part Time | 10 |

**Q20**

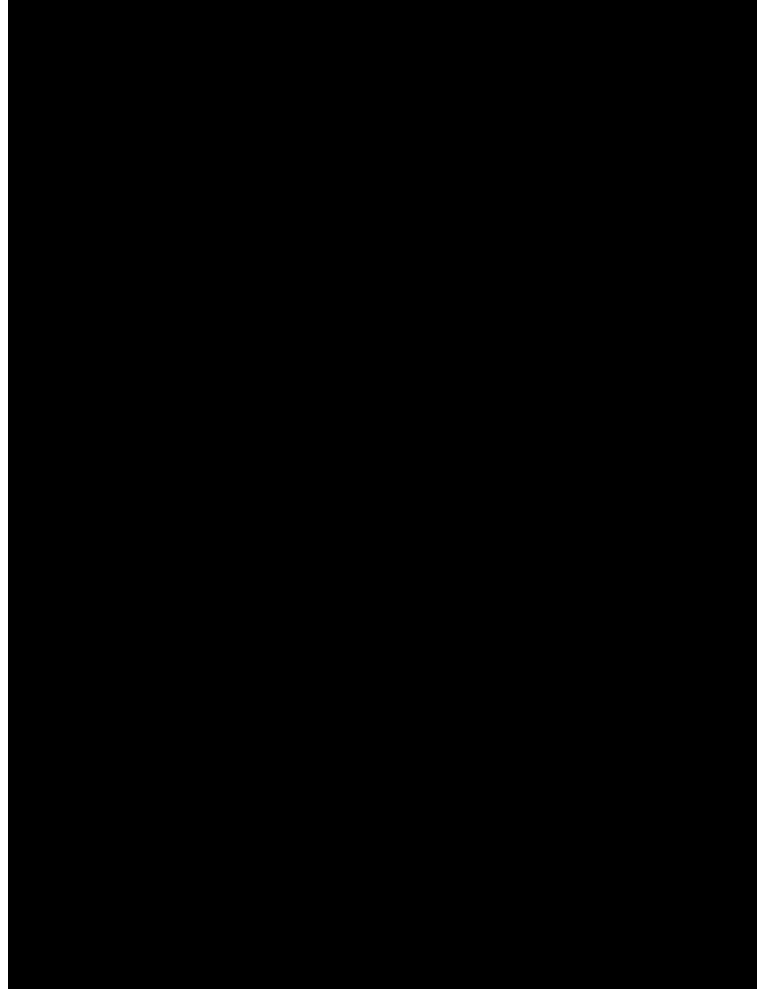
How many future layoffs do you anticipate as a result of COVID-19, if any?

[REDACTED]

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**The orchestra will resume concerts in October 2020, with minimal to no in-person audience but to be streamed virtually to subscribers. Orchestra musicians will be co-located to rehearse and perform together in socially-distanced indoor settings. In order to resume performances, the Albany Symphony needs to purchase appropriate PPE equipment for our musicians and administrative staff, including plexiglass partitions between musicians to manage airflow, hand sanitizer, cleaning wipes, thermometers, gloves, and disposable masks.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**N/A**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,/). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**5925**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?



## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

Funding from the SBAP will allow us to purchase critical PPE equipment for our orchestra, without which we would not be able to perform for our subscribers and community. Without the ability to perform, we would lose significant subscription income and donations, forcing the orchestra to close our doors for the year and reduce staffing.

## Q26

Yes

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

## Page 10: Reopening Projects

## Q27

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

Other forms of PPE, please identify:

Plexiglass sneeze shields to control airflow between orchestra musicians, especially brass and woodwind players who are blowing wind out of their instruments (ex. trumpet, tuba)

## Q28

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

The Albany Symphony was established as a community orchestra by Professor John Carabella in 1930. For the past 20+ years, the orchestra has had its home at the Palace Theatre in downtown Albany, where it performs multiple times per season including classical repertoire, family concerts, a holiday spectacular, and pops. The Albany Symphony also regularly provides free outdoor performances at Jennings Landing as part of its annual American Music Festival. The Albany Symphony is a vital part of the arts and entertainment district of downtown Albany, driving business to local restaurants and hotels. Through its in-school programs (this year offered virtually), the Albany Symphony serves all elementary students grades 2-4 in the Albany City School District for free to schools and students, as well as programs for middle- and high-school students, providing supplemental music education that has helped to increase student interest in orchestra and band programs and to support literacy, teambuilding, and social and emotional learning.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Funding from the CAIDA will ensure that the Albany Symphony has the vital PPE equipment necessary for us to resume performances in October 2020, which will be broadcast virtually to households across the Capital Region. In addition to concerts for paid subscribers, the Albany Symphony will televise its annual Magic of Christmas spectacular from the Palace Theatre for free in December 2020. PPE equipment will also make it possible for Albany Symphony musicians to gather in smaller configurations to create educational content for our virtual programs for Albany City Schools. Without this equipment, the Albany Symphony risks shutting down for the year, which would severely impact our ability to return to live performances in our subsequent season, putting the livelihoods of our musicians and administrative staff at risk. The performing arts is one of the industries most negatively impacted by the COVID-19 pandemic, and the Albany Symphony is a vital part of the City of Albany's cultural life. We sincerely appreciate your consideration and hope that you will support our orchestra in its efforts to reopen and provide meaningful music and art to our Albany community.

**Q31****No**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32****Respondent skipped this question**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Q33****Respondent skipped this question**

For which CDBG track will your business qualify?

## Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

Respondent skipped this question

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

Respondent skipped this question

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38**

Respondent skipped this question

What best describes the owner's race?

## Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

Respondent skipped this question

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

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**Q40**

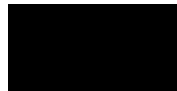
Respondent skipped this question

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

---

Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

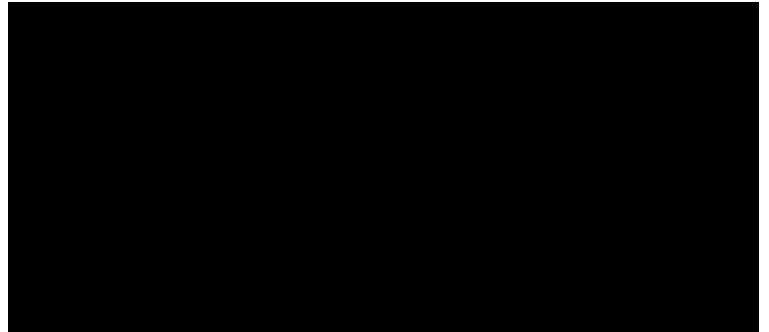
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46****No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Sophie Moss**

Title

**Director of Development**

Date

**9/18/20**

#122

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 31, 2020 9:33:54 PM  
**Last Modified:** Monday, August 31, 2020 11:10:04 PM  
**Time Spent:** 01:36:10  
**IP Address:** [REDACTED]

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## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                               |
|------------------------------------|-------------------------------|
| Name of Business or Not-For-Profit | <b>Allie B's Cozy Kitchen</b> |
| Name of Business Contact           | <b>Kizzy Williams</b>         |
| Business Address                   | <b>353 Clinton Ave.</b>       |
| City/Town                          | <b>Albany</b>                 |
| State/Province                     | <b>NY</b>                     |
| ZIP/Postal Code                    | <b>12206</b>                  |
| Country                            | <b>United States</b>          |
| Email Address                      | [REDACTED]                    |
| Phone Number                       | [REDACTED]                    |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information



**Q4**

Landlord Contact Information

Name of Landlord

**Linbergh Johnson**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

**LLC**

Business Structure

---

**Q7**

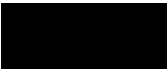
Business Federal Employer Identification Number (EIN):



---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



---

**Q9**

On what date did the Applicant begin operations?

3/30/2014

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Wed-Sat, 1pm-Close**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                              |
|---|------------------------------|
| Name of Business Owner:                 | <b>Kizzy Williams</b>        |
| Percent Ownership of Above-Named Owner: | <b>100</b>                   |
| Title of Above-Named Owner:             | <b>Owner, Executive Chef</b> |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/11/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

**[REDACTED]**

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

**[REDACTED]**

---

### Q18

How many employees does your business currently employ (including any owners)?

|                                    |   |
|------------------------------------|---|
| Full Time                          | 1 |
| Part Time                          | 0 |
| Average Hours Worked for Part Time | 0 |

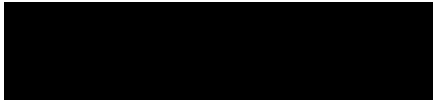
### Q19

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |   |
|------------------------------------|---|
| Full Time                          | 1 |
| Part Time                          | 0 |
| Average Hours Worked for Part Time | 0 |

### Q20

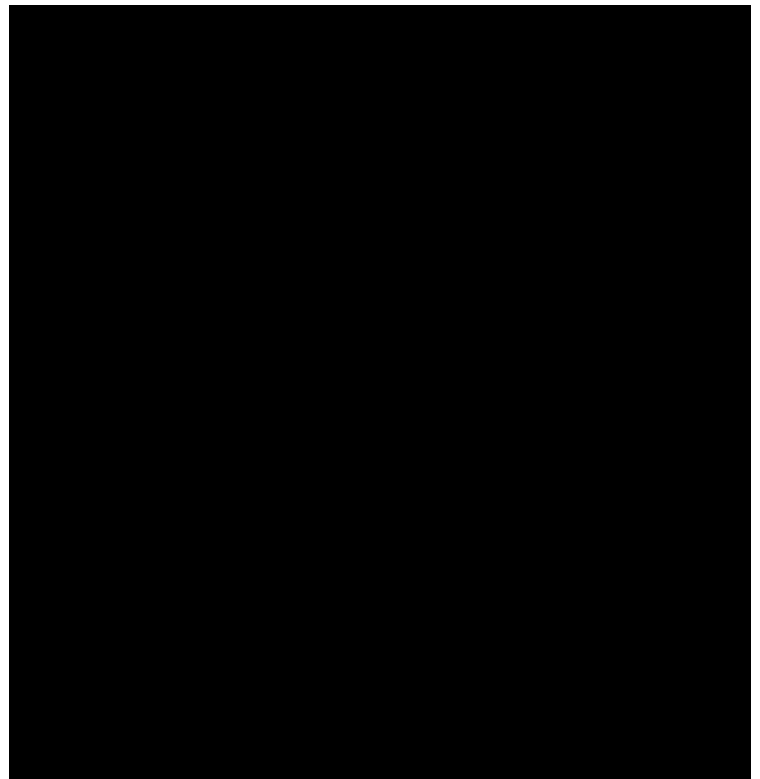
How many future layoffs do you anticipate as a result of COVID-19, if any?



### Q21

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Totaling approximately \$400, a case of nitrile glove, face masks and face shields will be purchased.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**To prevent the spread of covid-19 and ensure a sanitary environment surrounding the preparation, cooking and packaging of all food products, a Brixwell self-closing, sliding transaction (service) window will be installed on the front of the restaurant. Above the window, an Air Curtain heater will be installed to warm the employee working at the window and a sneeze guard will be put in place to further safety during the exchange of product and payment. To create sit-down dining without putting anyone at risk, three lots will be purchased (all located within one block of the restaurant) to create outdoor seating (which is currently not feasible in front of Allie B's). 333, 331 and 312 Clinton Ave will be purchased and turned into its own outdoor restaurant space. A deck/patio will be placed, picnic tables with umbrellas and propane heaters will be placed and hand sanitizing stations will be installed. An accessory structure (12'x18') will be positioned to hold the cooking appliances needed (propane fryers, refrigerator, heated holding cabinet). To maintain safety, social distancing signs will be displayed and retractable barriers will be placed to ease the flow of traffic. - Many perishable products used to satisfy caterings and recurring contracts need to be replaced and an advertisement to showcase our reopening and our new focus of individualized meals for events and occasions needs to be purchased. Banners and a booth kit to draw attention to our new outdoor space will be vital as well.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **10000**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

The use of these funds will double the amount of customers we are able to serve, our usable space, the amount of product we can produce and the types of events we can provide services for. The protective equipment and barriers will also reduce our effect on the spread of coronavirus to near zero. Through this, we can restore the faith our customers previously had in Allie Bs and in the utilization of all restaurants and similar businesses.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

Face coverings (including N95 masks, cloth, disposable, face shields)  
,  
Disposable gloves,  
Protective eyewear,  
Hand sanitizer,  
Cleaning materials and disinfecting supplies,  
Specialized packaging for shipping

**Q28**

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

For over 6 years, Allie B's has been a integral part of the City of Albany. Not only has the restaurant donated to over 100 events and organizations, but has also used revenues to better the City for everyone. A few examples include The Allie B's Thanksgiving Giveaway which provides over 300 individual meals on the holiday and also selects one needy family to receive a fully catered feast - and the Allie B's sponsored Cultural Center on the corner of First & Quail were various community-building events are conducted including voter registration, home/land ownership workshops, clothing/shoe giveaways, Food Panties mass distributions, career and college fairs - all with the goal of uplifting Albany's most vulnerable and reducing crime on a volatile corner. ALL profits from Allie B's are redirected right back into our neighborhoods that need it most.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

While protecting Allie B's customers and reducing possible infections to zero, the restaurant can resume its community and charitable work and also resume its role as an ambassador representing the diversity and culture Albany has to offer. Part of the Allie B's business model is providing a positive outlook on the City, its people and its government. When the City is viewed favorably, all businesses and citizens win.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

For which CDBG track will your business qualify?

**Microenterprise** (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)

,

**Low and Moderate Income Job Creation and Retention** (Applicant will retain or employ low-moderate income employees)

,

**Both**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Black / African American**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>0</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |          |
|--|----------|
| Full-Time                                    | <b>1</b> |
| Part-Time                                    | <b>0</b> |
| Average Hours Worked for Part-Time Employees | <b>0</b> |

---

Page 14: Other Financial Assistance



**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

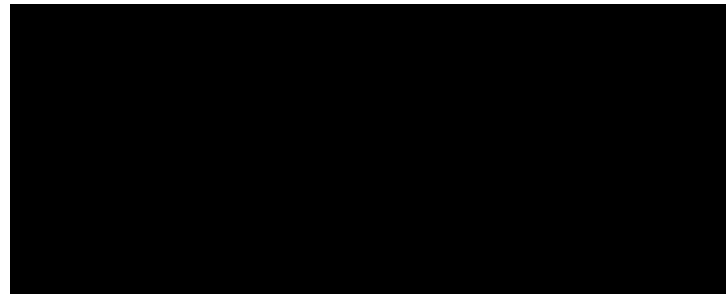
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Kizzy Williams**

Title

**Owner, Executive Chef**

Date

**08/31/2020**

#41

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 8:08:14 PM  
**Last Modified:** Monday, August 10, 2020 8:43:26 PM  
**Time Spent:** 00:35:11  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

Applicant Business Contact Information

|                                     |   |
|-------------------------------------|---|
| Name of Business or Not-For-Profit: | ArtPartners/Tsehaya & Company, Inc.           |
| Name of Contact:                    | Tsehaya D. Smith                              |
| Address:                            | 103 Ontario St. The Firestation-Old Ladder #3 |
| Address 2:                          | P.O. Box 6265                                 |
| City/Town:                          | Albany  |
| State/Province:                     | New York                                      |
| ZIP/Postal Code:                    | 12206   |
| Country:                            | USA   |
| Email Address:                      | [REDACTED]                                    |
| Phone Number:                       | [REDACTED]                                    |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3**

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority,  
Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

10,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Our dance program students began to fall unusually ill as early as November 2019, by January 2020 those students returning were still not feeling normal as they reported. By March 2020 we were struggling to figure this out. Adult classes had ended. Most of our youth were getting sick with the flu. Dance Programs and Classes were cancelled due to participant cancellation. We lost all income from scheduled performances, registration and public events. We must re-market/re-plan our programs, train staff for viral instruction, etc.. Once fully reopening the dance facility we must accommodate 6 ft distancing measures for at least 10 students per class@ 50+ students, we must therefore purchase appropriate PPE supplies for youth and be able to redesign the facility with barriers. b-lines, etc...

---

#171

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, September 16, 2020 7:41:44 AM  
**Last Modified:** Thursday, September 17, 2020 1:45:22 AM  
**Time Spent:** 18:03:38  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

## Q1

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |  |
|------------------------------------|--|
| Name of Business or Not-For-Profit | ArtPartners/Tsehaya & Company, Inc.          |
| Name of Business Contact           | Tsehaya D Smith                              |
| Business Address                   | 103 Ontario St The Firestation-Old Ladder #3 |
| Business Address 2                 | P.O. Box 6265                                |
| City/Town                          | Albany                                       |
| State/Province                     | New York                                     |
| ZIP/Postal Code                    | 12206  |
| Country                            | USA  |
| Email Address                      | [REDACTED]                                   |
| Phone Number                       | [REDACTED]                                   |

---

## Q2

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                                     |
|------------------|-------------------------------------|
| Name of Business | ArtPartners/Tsehaya & Company, Inc. |
| Address          | P.O. Box 6265                       |
| City/Town        | Albany                              |
| State/Province   | New York                            |
| ZIP/Postal Code  | 12206-0265                          |
| Country          | USA                                 |

---

## Page 5: Real Estate Information

**Q3**

**Lease**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**City of Albany**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease

---

Page 7: Business Information

**Q5**

**Not-For-Profit Organization**

Type of Business (Choose One)

---

**Q6**

**Sole-Proprietorship**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

May 12, 1993

---



**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Tuesday/Thursday/ 10am-3pm Saturday 10am-4pm**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Tsehaya D Smith**

Percent Ownership of Above-Named Owner:

**100%**

Title of Above-Named Owner:

**Executive Artistic Director/CEO**

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

01/18/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:



**Q18**

How many employees does your business currently employ (including any owners)?

Part Time 4

Average Hours Worked for Part Time 9

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Part Time 12

Average Hours Worked for Part Time 25

**Q20**

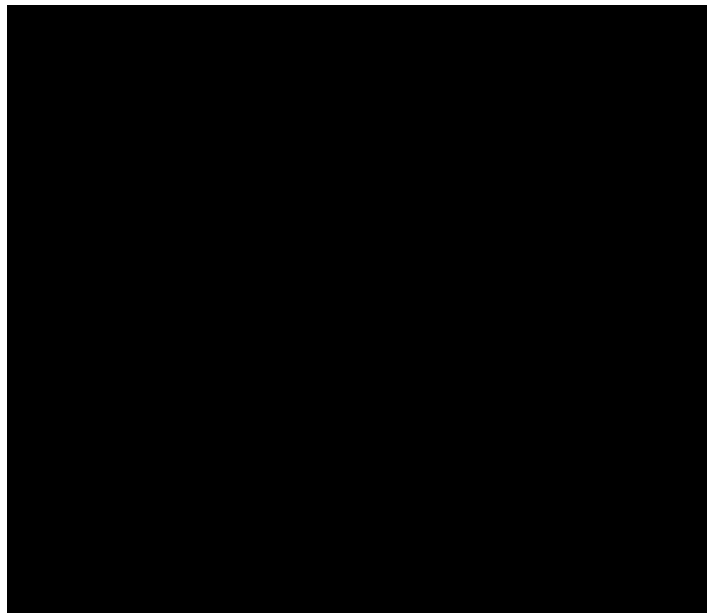


How many future layoffs do you anticipate as a result of COVID-19, if any?

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Reopening PPE specialized health and wellness supplies are most necessary due to our service oriented activites (dance/performing arts) and tutoring. Office and Infrastructure items such as air flow panels provide a safe quality of life (air) staff/participants in open spaces. New sanitary precautions and healthcare demand applicable updated equipment. To enhance the reopening of programs Outdoor lighted marquee signage is required to alert community of safe programming and to increase community social cohesion thru posted reminders of precations.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Retraining of health/wellness/dance instructors & academic tutors is essential in providing virtual classes and in-person learning to adapt to new social/academic protocols with students. Restocking of lost inventory and staples due to COVID-19 pandemic program closure. Reorganizing tutoring & dance space; the handling of learning tools and dancewear demands new equipment for reorganizing and reimanging our building.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **3037**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **6963**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

As we move out of the timetable of present funding, the necessity for additional specialized PPE supplies that are unique to our service oriented health and wellness activities for the coming seasons become dire. These funds will allow for required adaptive improvements to be made for a holistic open space reimagined urban design. Grant Funds will benefit our business with transforming and rebuilding our business operations.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

Other forms of PPE, please identify:

Disinfecting Wipes; Celephane wrap rolls; disposable toilet covers; disposable chair covers; disposable placemats

**Q28**

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

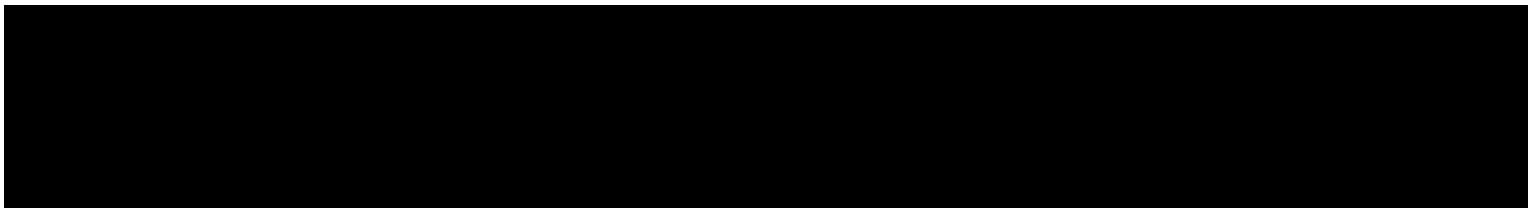
ArtPartners/Tsehay & Company, Inc. founded in 1993, is a 501 (c) 3 non profit tax-exempt community-based performing arts organization focused on pre-professional dance training for youth ages 6+ thru teens/young adults.

Dance Program and Performances represent the multi-cultural landscape of arts in Albany and has a rich history of partnerships with visiting International dancers and companies coming to the Capital District. Utilizing the performing arts as a weapon for social change we blend Arts-In-Education strategies with Dance (Health, Wellness & Nutrition). Since 2003 ArtPartners/Tsehay & Company has been featured annually at Albany's TulipFest; During the years of 2017-2019 hosted "Toys4Tots" serving 403 families in the Arbor Hill/ West Hill & Pine Hills community.

The Alternatives For Youth Dance Program provides free Saturday Dance classes; The Albany Living Arts Project provides youth internships and workforce opportunities, while offering Skillz Labs for young adults and our most prudent and important program is new due to COVID-19 and it provides Academic Tutoring both virtual and in-person for students grades 4-12. "Fit4Dance" provides safe dance activities and academic tutoring during the school year and arts camps during summer & school breaks. We seek to continue to provide professional development for artists and allow youth of our low income and crime-ridden neighborhoods to have a safe house giving them an opportunity to achieve goals, develop skills and academic success.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

This request will immediately benefit the organization by aiding in the acquiring adaptive needs for reopening. Funds will provide opportunity to renovate spaces; update software; rebuild & reorganize program materials; Reimagine the dance facility to be an innovative artistic bubble. Staff Artists will benefit with safe open classroom space design with improved quality air control and ventilation. The City of Albany benefits with having gained sustained bldg. adaptations/renovations and a lasting resilient infrastructure. Community residents have the opportunity to participate in a healthy holistically improved open space for activities which provides for better safety. This grant will fundamentally help rebuild, restock and reimagine our business operations so we can better serve our community youth. The long term benefits to our organization is that this grant will launch adaptive improvements; preserve the property and keep business operations growing.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Black / African American**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>8</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Part-Time                                    | 2  |
| Average Hours Worked for Part-Time Employees | 20 |

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance



**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

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**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

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**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Tsehaya D Smith**

Title

**Executive Artistic Director/CEO**

Date

**September 16, 2020**

#2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 12:19:23 PM  
**Last Modified:** Monday, August 10, 2020 12:26:21 PM  
**Time Spent:** 00:06:58  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Betty Boops Diner  
**Name of Contact:** Teresa Soto  
**Address:** 115 Philip street  
**City/Town:** Albany  
**State/Province:** New York  
**ZIP/Postal Code:** 12202  
**Country:** USA  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

15,000

---

**Q9**

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Would like to hire new staff and train employees to work with this virus and safety for our employees and customers.i would also like to pay up my utilities and back rent due to virus business is down 70percent had to let all employees go and I'm a woman doing everything by myself waiting tables ,cooking,prepping food and doing delivery and staying clean on top of everything else need help to keep my diner open I have been in Albany for the past 8years and would love to stY here another 10 years

---



## City of Albany COVID-19 Small Business Adaptation Program Application

Welcome to the Small Business Adaptation Program Home Page

Capitalize Albany Corporation, in partnership with the City of Albany, has developed the COVID-19 Small Business Adaptation Program ("Program") in direct response to the state disaster emergency declared on March 7, 2020 and the impacts that COVID-19 has made on businesses and their continuing operations. Capitalize Albany Corporation, through financial assistance from the City of Albany Community Development (ACDA) and Industrial Development Agencies (CAIDA), will provide up to \$10,000 in direct reimbursement grants to assist with the recovery efforts of City of Albany small businesses, helping businesses affected by the COVID-19 health emergency with distinct business expenses necessary to resume regular operations of the business or adapt their business for the new regulatory environment and strengthen or expedite their growth and recovery, while maintaining the health and safety of their employees and customers. Disadvantaged business enterprises (minority, woman or veteran-owned businesses) may be eligible for up to \$20,000.

Specifically, this program is designed to provide reimbursement grants of up to \$10,000 (\$20,000 for qualifying DBE's) to help small businesses with the following COVID-19 adaptation-related expenses in order to avoid job loss caused by potential business closure related to social distancing:

- **Reopening:** The purchase of personal protective equipment (PPE) such as face coverings, disposable gloves and protective gowns necessary to minimize the spread of COVID-19
- **Retraining:** The development and implementation of programs to train new employees, or re-train existing workforce on new business practices
- **Restocking:** The purchase of perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts
- **Reorganizing:** The purchase of furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19
- **Reimagining:** The development and implementation of new programs or product lines to expand/adapt operations to meet new market demands

This program is funded through ACDA and CAIDA resources and administered by the City's economic development entity, Capitalize Albany Corporation. Funding allocated by CAIDA will be used solely for reimbursement of the purchase of PPE. Funding allocated by ACDA will be used for fixtures, furniture and equipment and other non-PPE adaptation projects/activities. Funding through ACDA has been made possible per the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant - Coronavirus funding (CDBG-CV), and therefore must meet a HUD national objective such as benefit to low- and moderate-income persons.

A single application may be submitted to request both eligible PPE and non-PPE business expenses. Certain eligibility criteria must be met in order to be eligible for the program, as determined by federal



and/or state regulations pertaining to each of the funding sources. Assistance is in the form of a grant. Grants may be required to be repaid, if the terms of the grant agreement are not met.

On the next page, Capitalize Albany has highlighted several of the principal eligibility criteria for the Program. This is not an exhaustive list of all program requirements. Applicants are responsible for reading and understanding the full program guidelines on the Capitalize Albany website: [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants). At the end of this application, applicants will be required to certify that they understand and agree to abide by the program requirements. If you have any questions regarding the Program, any of its requirements or require any special accommodations to complete the application, please contact Capitalize Albany staff at



## City of Albany COVID-19 Small Business Adaptation Program Application

### Program Eligibility

**All applicants must meet the following minimum criteria:**

1. Applicant must be a legal entity, which is registered and licensed (if required) to operate in New York State
2. Applicant must be a small business or not-for-profit corporation, with no greater than 50 full-time equivalent employees, that has been in operation prior to March 7, 2020
3. Applicant must have a physical commercial presence located in the City of Albany, New York and conduct business in the City of Albany, New York
4. Applicant must have been negatively affected by the COVID-19 state disaster emergency
5. Applicant must have documentable negative impact on their business or organization - this can be established through the application and supplemental documentation detailing volume of business loss and impacts
6. Project Costs requested under this program must not have been incurred prior to August 18, 2020 or as requested by the funding sources.

**Additional eligibility criteria is further detailed in the program guidelines.**

**Applicants may be prioritized for funding, provided the business or project meets any of the following criteria:**



- Businesses that are at least 51% owned by a disadvantaged business enterprise (DBE) (e.g. minority, woman or veteran-owned). Certification is not required.
- Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)
- Businesses in which 51% of employees of the business qualify as low- to moderate-income persons
- Businesses serving target geography (defined as being physically located in a distressed census tract, neighborhood strategy area, jurisdiction of restricted funding sources, ensuring geographic diversity, Opportunity Zone)
- Businesses that have experienced at least a 25% revenue loss due to the impacts of COVID-19
- Applications that include projected tangible benefits to the City, such as annual sales, number of jobs created, etc.
- Businesses in a target cluster/industry (e.g. restaurant, hospitality)



## City of Albany COVID-19 Small Business Adaptation Program Application

### Interested in Applying?

This Program consists of a two-part application process. If you have yet to do so, please complete the pre-application available at [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants). Once your pre-application has been submitted, please proceed with completing the full application below. In addition to this questionnaire, the full application includes a number of required documents. Please visit [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants) to obtain the application checklist and submit the required documents to [development@capitalizealbany.com](mailto:development@capitalizealbany.com). In order for an application to be considered for award, the pre-application and the full application with any and all required documents need to be submitted by the deadline and determined to be complete by Capitalize Albany, in its sole discretion.

To facilitate the application process for applicants, Capitalize Albany has established the pre-application and accompanying application to collect the required information from applicants and enable staff to determine whether or not applicants meet the eligibility and prioritization criteria of one or both of the available funding sources. Applicants are not required to choose a program in order to proceed – the above program details are provided for informational purposes only.

The ensuing application will ask questions on a variety of topics pertaining to the business, owners, and employees. Please know that all information included in this document is here for a specific purpose. Applicants should endeavor to complete all of the application fields to the best of their abilities. Incomplete or missing responses may negatively impact the review of an application, which can result in a lower grant amount or even disqualification for the program with no further contact required of Capitalize Albany. Please review the application notes throughout the application

for additional guidance/clarification on the questions and/or contact Capitalize Albany for assistance.

Relevant sections of applications requesting funding for the purchase of PPE through the Reopening portion of the program will be processed through the City of Albany Industrial Development Agency and will appear on the CAIDA website and be discussed at a public meeting with opportunity for public comment. Any and all sensitive information on applications will be kept confidential, except to the extent required for program approvals or released by the applicant in subsequent certifications.

Please note: responses are saved and submitted when an applicant clicks the Next or Done button on each page of the survey. Responses do not automatically save as each question is answered—they are saved and submitted page by page as respondents progress through the survey. Applicants are not required to complete the full application in a single session and should be able to return to the application to continue where they left off, up until the application deadline. However, applicants should ensure to provide themselves with ample time to complete the application process prior to the deadline.

The deadline for the full application and the required documents on the application checklist is 4:00 pm on September 18, 2020.

If you have any questions, please contact us at (518) 434-2532 ext. 25 or [development@capitalizealbany.com](mailto:development@capitalizealbany.com).



City of Albany COVID-19 Small Business Adaptation Program Application

Contact Information

\* 1. Applicant Business Contact Information

Please provide the address of the physical commercial location of the Applicant Business below:

Name of Business or Not-For-Profit

Betty Boops Diner

Name of Business Contact

Teresa Soto

Business Address

115 Philip Street

Business Address 2

City/Town

Albany

State/Province

NY

ZIP/Postal Code

12202

Country

USA

2. If the mailing address of the Applicant differs from the above, please provide the mailing address below:

Name of Business

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country



CAPITALIZE ALBANY  
CORPORATION

City of Albany COVID-19 Small Business Adaptation Program Application

Real Estate Information



\* 3. Do you Lease or Own the Property?

☒ Lease

☐ Own



CAPITALIZE ALBANY  
CORPORATION

City of Albany COVID-19 Small Business Adaptation Program Application

Real Estate Information

\* 4. Landlord Contact Information

Name of Landlord

Empire Real Estate



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City of Albany COVID-19 Small Business Adaptation Program Application

Business Information

\* 5. Type of Business (Choose One)

- ☐ Convenience Retail Store
- ☐ Grocery/Specialty Food Store
- ☐ Not-For-Profit Organization
- ☐ Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)
- ☐ Professional Services (e.g. doctors, lawyers, accountants, architects)
- ☒ Restaurant/Tavern
- ☐ Soft Goods Retail (e.g. Apparel/Shoes/Home Furnishings/Books/Gifts/Novelties)
- ☐ Industrial/Warehouse
- ☐ Other (please specify)

\* 6. Business Structure

- ☒ Sole-Proprietorship
- ☐ Partnership
- ☐ LLC
- ☐ Other (please specify)

\* 7. Business Federal Employer Identification Number (EIN):

8. DUNS Number (if known):

Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html>

Funding may require grant recipients to obtain a DUNS number.

\* 9. On what date did the Applicant begin operations?

\* 10. Are you currently open?

If Yes, please provide your  
days and hours of  
operation

If No, please explain

yes Mon. 7-5 PM Tues. closed

Wed-Sun  
7:00-5:00 PM

11. Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:  
Percent Ownership of

Teresa Soto

Above-Named Owner:

100%

Title of Above-Named  
Owner:

Name of Additional  
Business Owner (if  
applicable):

Percent Ownership of  
Above-Named Owner (if  
applicable):

Title of Above-Named  
Owner (if applicable):

12. If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

\* 13. Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

☒ No

☐ Yes (please explain)



City of Albany COVID-19 Small Business Adaptation Program Application

### COVID-19 Impacts

Both the CDBG and IDA funding require that grantees have been affected by COVID-19. The following questions will help Capitalize Albany to determine the extent to which your business was directly impacted.

\* 14. When did your business start declining as a result of COVID-19?

Please provide the date (MM/DD/YYYY):

March 15, 2020

\* 15. Has your decline resulted in more than a 25% decrease in revenue?

☒ Yes

☐ No

\* 16. What was your average monthly revenue pre-COVID-19?

Please provide approximate dollar amounts of business revenues:

[Redacted]

\* 17. What is your most recent monthly revenue?

Please provide approximate dollar amounts of business revenues:

[Redacted]

\* 18. How many employees does your business currently employ (including any owners)?

Full Time

1

Part Time

Average Hours Worked for

Part Time

20 hrs.

\* 19. Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Full Time

3

Part Time

Average Hours Worked for

Part Time

\* 20. How many future layoffs do you anticipate as a result of COVID-19, if any?

[Redacted]

\* 21. Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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.

Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

1) Actual revenue loss over the last several weeks

2) Any reduction in the volume of customers/consumers and transactions

3) The number of canceled events resulting in direct or indirect loss

4) Details on how your business has been disproportionately affected by travel or logistics

*Diner* 5) Details on how your ~~supply chain~~ has been substantially disrupted by the coronavirus



City of Albany COVID-19 Small Business Adaptation Program Application

Adaptation Project Description



\* 22. Please provide a description of the proposed project to be completed with the requested grant assistance below.

In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

gloves, sanitizer, had to put plexiglass for social distancing, had to do marking for limited seating capacity

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant -CV Program):

Losing inventory not selling product going bad due to no business because of Covid-19

\* 23. How much funding in total do you require from this grant program for your business?

20,000

Note:

This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses.

This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses.

Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant-CV Program, and may not exceed \$10,000.00)

\* 24. Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

☒ No

☐ Yes (please explain):

\* 25. Please describe how the anticipated use of the grant funds will benefit your business:

upgrade equipment, more advertising  
Rent & utilities more stock for lost due to Covid

\* 26. Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

☒ Yes

☐ No



### City of Albany COVID-19 Small Business Adaptation Program Application

#### Reopening Projects

**Reopening projects include the purchase of PPE and will be considered under City of Albany Industrial Development Agency funding. The following questions are required specifically by this funding source.**

\* 27. If purchase of PPE is required, which of the following do you need to purchase?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

☒ Face coverings (including N95 masks, cloth, disposable, face shields)

☒ Disposable gloves

☐ Protective gowns or uniforms

☐ Protective eyewear

☒ Hand sanitizer

☒ Cleaning materials and disinfecting supplies

☒ No-contact thermometers for employees and customers

☐ Specialized packaging for shipping

☐ COVID testing kits

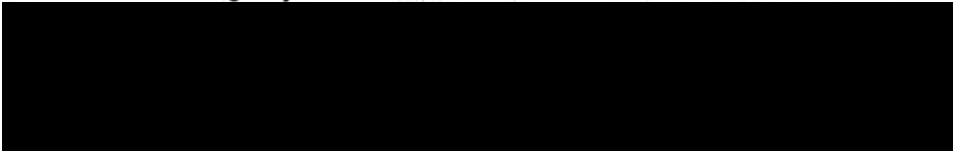
Other forms of PPE, please identify

\* 28. Please describe in detail the history and nature of your business or organization and its ties to the City of Albany (the "City") community and the impact of your business/organization's work in the City community.

I always had Albany P.R., State workers and DGS workers as customers



- \* 29. Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



- \* 30. The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Hoping to revive the business I have  
built for the past 8 years that  
has drastically declined due to Covid.

- \* 31. Does your project description and budget include non-PPE purchases?

☐ Yes

☐ No



CAPITALIZE ALBANY  
CORPORATION

#### City of Albany COVID-19 Small Business Adaptation Program Application

##### Retraining, Restocking, Reorganizing, and Reimagining Projects

**Retraining, Restocking, Reorganizing and Reimagining projects include non-PPE expenditures and will be considered under the United States Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. The following questions are required specifically by this funding source. Eligibility for this program can be determined two ways, either by qualifying as an eligible microenterprise or by creating or retaining a low/moderate income job.**

**Please be assured that this information will remain confidential and will be used only to meet the application evaluation and record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing this funding to assist small businesses. The City of Albany, Capitalize Albany Corporation, Albany Community Development Agency, and City of Albany Industrial Development Agency do not discriminate in their programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.**

\* 32. If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

- ☒ Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices
- ☒ Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts
- ☒ Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19
- ☐ Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

\* 33. For which CDBG track will your business qualify?

- ☐ Microenterprise (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)
- ☐ Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)
- ☐ Both
- ☐ Applicant cannot qualify under either Microenterprise or Low and Moderate Income Job Creation and Retention.
- Note: If you select this response, it is highly likely your application will be deemed ineligible; please contact Capitalize Albany to assist you with this determination.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.



City of Albany COVID-19 Small Business Adaptation Program Application

### Microenterprise

Applicants seeking to qualify under this track must be microenterprises majority-owned by low to moderate income individuals. For the purposes of this program, a microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application. Low to moderate income is defined as a family income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living



in the same household. See chart below for reference.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

\* 34. What is your estimated total annual family income?

Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

\* 35. How many people live in your (business owner's) household?

A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

\* 36. Based on your responses above, are you a low- or moderate-income business owner?

Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

☒ Yes

☐ No

\* 37. What best describes the owner's ethnicity?

Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

☐ Hispanic / Latino

☒ Not Hispanic / Latino

\* 38. What best describes the owner's race?

- ☐ Black / African American
 ☐ Asian  
☒ White
 ☐ American Indian / Alaskan Native  
☐ Native Hawaiian / Other Pacific Islander
 ☐ American Indian / Alaskan Native & White  
☐ Asian & White
 ☐ Black / African American & White  
☐ American Indian / Alaskan Native & Black / African American
 ☐ Other / Multiracial



### City of Albany COVID-19 Small Business Adaptation Program Application

#### Low and Moderate Income Job Creation and Retention

Applicants seeking to qualify under this track must commit to retaining or employing low to moderate income individuals. Low to moderate income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living in the same household. See chart below for reference. The application/grant process will require you to provide certified family income forms for each position to be committed to be created or retained as part of this application. Successful applicants will be required to report on each position committed to be created or retained under the application for the duration of the monitoring period.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

\* 39. How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any?

Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Full-Time

Part-Time

\* 40. How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs.

Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Full-Time

Part-Time

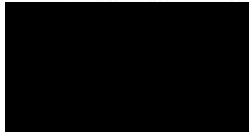
Average Hours Worked for  
Part-Time Employees



City of Albany COVID-19 Small Business Adaptation Program Application

Other Financial Assistance

\* 41. Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



City of Albany COVID-19 Small Business Adaptation Program Application

Other Financial Assistance



\* 42. If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com).

Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Disclosures

The following set of questions are required disclosures. You must answer all of these questions. If you answer "yes" to any of the below questions, please provide details of each of the "yes" responses in the field immediately following the "yes" response.

- \* 43. Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

☒ No

☐ Yes (please specify)

- \* 44. Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

☒ No

☐ Yes (please specify)

- \* 45. Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

☒ No

☐ Yes (please specify)

- \* 46. Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

☒ No

☐ Yes (please specify)

- \* 47. If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

- \* 48. If you are the owner of the property, are there any violations against the building?

☒ No

☐ Yes (indicate Building, Fire Department, or other please explain)

- \* 49. If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

☒ No

☐ Yes (please specify)

- \* 50. If you are the owner of the property, are there any current real estate property tax abatements on the property?

☒ No

☐ Yes (Indicate the type and amount of abatement and when it expires. Describe any recent (i.e. past ten years) improvements which have been made to the building, indicating item, year, completed, and approximate cost below):

- \* 51. 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?



City of Albany COVID-19 Small Business Adaptation Program Application

#### Required Documents

Please visit [www.capitalizealbany.com/grants/](http://www.capitalizealbany.com/grants/) to obtain the application checklist, which contains the list of required documents that will accompany this application. The pre-application, full application, and all required documents need to be submitted to [development@capitalizealbany.com](mailto:development@capitalizealbany.com) prior to the 4:00pm deadline on September 18, 2020.



City of Albany COVID-19 Small Business Adaptation Program Application

## Certifications

By submitting this grant application, the undersigned hereby certifies to Capitalize Albany Corporation that he/she is authorized to sign on behalf of the applicant entity, has read the program guidelines and supplemental program materials, understands the terms and conditions of the grant, and agrees to abide by the program rules and requirements, if awarded funds from the program. Further, the applicant certifies that it has disclosed all sources of assistance for which it has applied for the expenses and activities included in the SBAP application and budget; and that the applicant has not requested funding for expenses for which it has already received financial assistance from any federal, state, local or private source. The applicant further certifies that he/she is not in arrears for any federal, state, local, business, property, sales and payroll taxes. The applicant further certifies that the grant pre-application, application and supporting documents are true, complete, and accurate in all respects as of the stated date. The applicant understands that the application will not be accepted unless deemed complete by staff. The applicant agrees that the acceptance of this grant application does not commit Capitalize Albany Corporation to enter into an agreement to pay any costs incurred in its preparation or to participate in subsequent negotiations. Further, the acceptance of this grant application does not constitute an agreement by Capitalize Albany Corporation that any grant will actually be approved. Capitalize Albany Corporation expressly reserves the right to reject any or all grant applications for any or no reason, or to request more information from the applicant.



\* 52. Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award:

- Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion.
- Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation.
- The approved project must be in compliance with all federal, state, and local laws.
- The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program.
- Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses.
- The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses.
- The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

*Irena Soto*

Title

*owner*

Date

*Aug 20, 2020*

#138

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 10:58:46 AM  
**Last Modified:** Tuesday, August 18, 2020 11:07:32 AM  
**Time Spent:** 00:08:46  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |   |
|-------------------------------------|---|
| Name of Business or Not-For-Profit: | <b>Jimpos Burrito Bar Albany, Inc DBA Bombers Burrito Bar</b> |
| Name of Contact:                    | <b>James Vann</b>   |
| Address:                            | <b>258 Lark St</b>  |
| City/Town:                          | <b>Albany</b>   |
| State/Province:                     | <b>NY</b>   |
| ZIP/Postal Code:                    | <b>12210</b>  |
| Country:                            | <b>United States</b>  |
| Email Address:                      | [REDACTED]  |
| Phone Number:                       | [REDACTED]  |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

10,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Mostly new fixtures for restrooms, such as touchless dispensers, PPE for staff, janitorial supplies, re-imagine concepts to make to-go and delivery seamless or contact-less, New POS software for contact free menus and/or contact free payment options.

---



#83

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, September 17, 2020 1:28:10 PM  
**Last Modified:** Thursday, September 17, 2020 3:22:14 PM  
**Time Spent:** 01:54:03  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |   |
|------------------------------------|---|
| Name of Business or Not-For-Profit | <b>Jimpos Burrito Bar Albany, Inc DBA Bombers Burrito Bar</b> |
| Name of Business Contact           | <b>Jimpos Burrito Bar Albany, Inc DBA Bombers Burrito Bar</b> |
| Business Address                   | <b>258 Lark St</b>  |
| City/Town                          | <b>Albany</b>   |
| State/Province                     | <b>NY</b>   |
| ZIP/Postal Code                    | <b>12210</b>  |
| Country                            | <b>United States</b>  |
| Email Address                      | [REDACTED]  |
| Phone Number                       | [REDACTED]  |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

Matthew Baumgartner

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Restaurant/Tavern

Type of Business (Choose One)

**Q6**

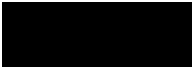
Other (please specify):

Business Structure

Corporation

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

Respondent skipped this question

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

**Q9**

On what date did the Applicant begin operations?

05-03-2017

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

M-S 11am-10pm (Take-Out Only)

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**James Vann**

Percent Ownership of Above-Named Owner:

**100%**

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/17/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 5  |
| Part Time                          | 8  |
| Average Hours Worked for Part Time | 23 |

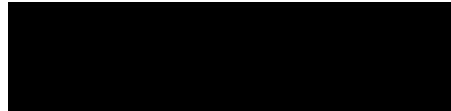
**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 15 |
| Part Time                          | 20 |
| Average Hours Worked for Part Time | 23 |

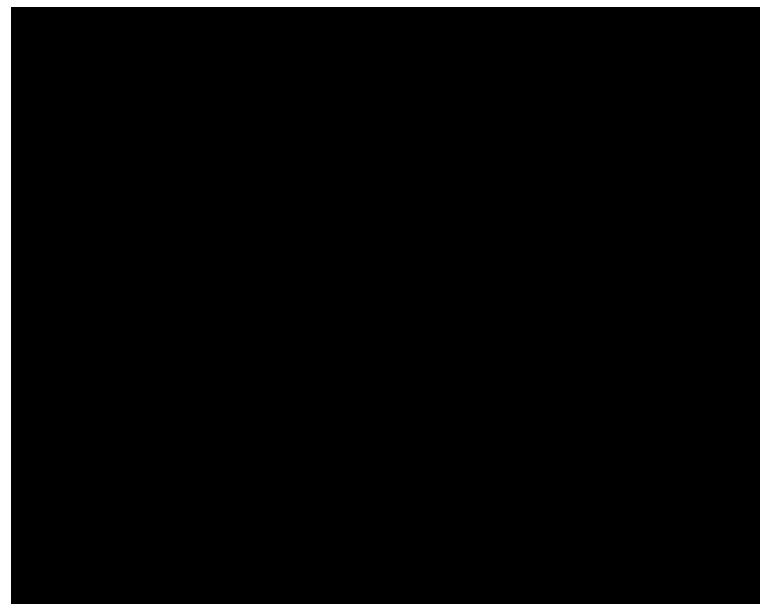
**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**The purchase of 500 disposable face coverings for employees. The purchase of 20,000 food service gloves. 30 cases of individual hand sanitizer packets for guests. Two touch-less hand sanitizer floor dispensers/touch-less paper towel dispensers for guests and employees. 10 cases of sanitizer to refill stations. I will buy them from Restaurant Depot and U.S. Foods.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**In order to meet consumer demands, I need a touch-less sales platform (POS System) In order to open indoor dining, rearranging seating to meet guidelines we need electrical work to relocate lighting, sanitizer stations and plastic partitions.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**5520**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**3805**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

Digital marketing will reach a wider audience. The new POS system puts customers and staff at ease during this time by being touch-less. New PPE allows for us to properly socially distance and sanitize. Sanitizing measures will enable us to open indoor dining safely. This is critical to retaining customers and staff.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies**

**Q28**

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

Bombers Burrito Bar has been a destination on Lark St for almost 25 years. We are known for our giant burritos, awesome wings and the infamous Birthday Margarita. We support the Lark St. BID in any way we can. We often donate food and gift certificates to the local community whenever asked. We are more than a burrito, we celebrate people through inclusion and welcome.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

It will alleviate stress of some of the financial burden of trying to keep my staff and customers safe. I get weekly emails asking when we will be open for dining again so people can celebrate their Birthdays. Opening will also create approximately 15 jobs.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

**Page 13: Low and Moderate Income Job Creation and Retention**
**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Full-Time

**3****Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Full-Time

**3**

Part-Time

**6**

Average Hours Worked for Part-Time Employees

**25**


---

**Page 14: Other Financial Assistance**



**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Amount of Application

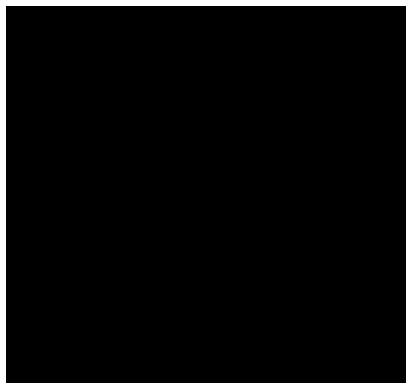
Purpose of Application

Amount of Award

Program/Agency 2

Amount of Application

Amount of Award




---

Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

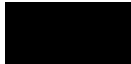
**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**James Vann**

Title

**CEO**

Date

**9/17/2020**

#149

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 6:39:09 PM  
**Last Modified:** Tuesday, August 18, 2020 6:55:24 PM  
**Time Spent:** 00:16:14  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Capitol Food Truck, Inc  
**Name of Contact:** Anna Renna  
**Address:** 50 yardboro Ave  
**City/Town:** Albany  
**State/Province:** ny  
**ZIP/Postal Code:** 12205  
**Country:** usa  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We have to buy all new product to fill our new menu. We have to buy PPE and sanitizing products. We have to retrain our employees on new business practices for covid. Also we have to buy product to support our new menu.

---

#56

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 20, 2020 9:07:52 PM  
**Last Modified:** Thursday, August 20, 2020 9:40:56 PM  
**Time Spent:** 00:33:04  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                         |
|------------------------------------|-------------------------|
| Name of Business or Not-For-Profit | Capitol Food Truck, Inc |
| Name of Business Contact           | Anna Renna              |
| Business Address                   | 50 yardboro Ave         |
| Business Address 2                 | capitol park            |
| City/Town                          | Albany                  |
| State/Province                     | ny                      |
| ZIP/Postal Code                    | 12205                   |
| Country                            | United States           |
| Email Address                      | [REDACTED]              |
| Phone Number                       | [REDACTED]              |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3**

Lease

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

Oman Industries, LLC

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

caterer and food truck

**Q6**

Business Structure

Other (please specify):

c corp

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

na

**Q9**

On what date did the Applicant begin operations?

1/2016

**Q10**

Are you currently open?

If No, please explain

no, because our customers are working from home. We are working by cleaning to use our PPP but the business is not open to customers



**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                   |
|---|-------------------|
| Name of Business Owner:                 | <b>anna Renna</b> |
| Percent Ownership of Above-Named Owner: | <b>100</b>        |
| Title of Above-Named Owner:             | <b>trustee</b>    |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/30/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

**[REDACTED]**

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

**[REDACTED]**

---

**Q18**

How many employees does your business currently employ (including any owners)?

|           |   |
|-----------|---|
| Part Time | 2 |
|-----------|---|

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 2  |
| Part Time                          | 2  |
| Average Hours Worked for Part Time | 30 |

---

**Q20**

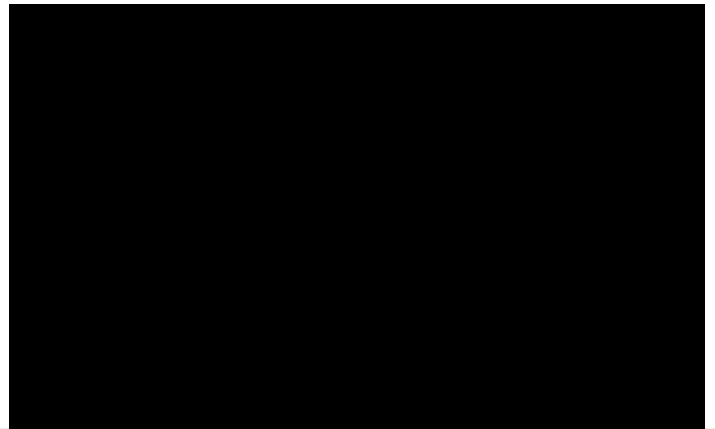
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**masks, sanitizers, cleaners, gloves**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We lost all of our product. We were planning on opening March 30. We bought product and we were ready to go. We are going to shift gears and go in to catering and to go/drop off catering. We have to buy catering equipment and product to get us up and running**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

We are starting an entire new branch of our existing business. Without the grant, we will run out of PPP and layoff our employees

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Disposable gloves,**

**Protective eyewear,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**Specialized packaging for shipping**

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**Q28**

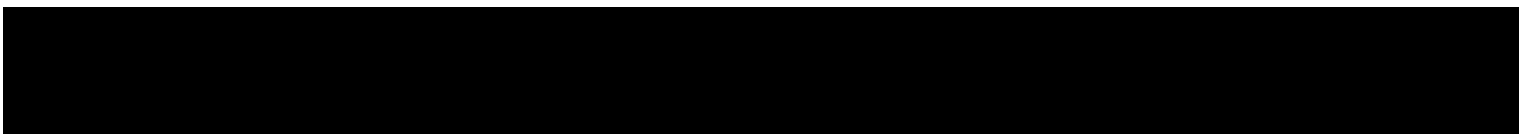
Please describe in detail the history and nature of your business or organization and its ties to the City of Albany (the "City") community and the impact of your business/organization's work in the City community.

We are a member of the Capitol Park Food Vendor Community. We take pride in serving our city, county , state and federal workers everyday. We offer a healthy, affordable lunch and a festive atmosphere for Capitol Park. Mayor Sheehan and her staff are frequent visitors. There is no other place like Capitol Park for lunch. We are very lucky and proud to be a part of it!

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

This grant will immediately be put to use. We have the plan, we just need funding. Our product is already tested, we just have to transfer it to a different clientele. We have to but catering equipment and product to get this off the ground. We want to keep our team working. We will not fail!

---

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

---

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q33**

**Both**

For which CDBG track will your business qualify?

---

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Full-Time

**2****Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Full-Time

**2**

Part-Time

**1**

Average Hours Worked for Part-Time Employees

**20**


---

Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

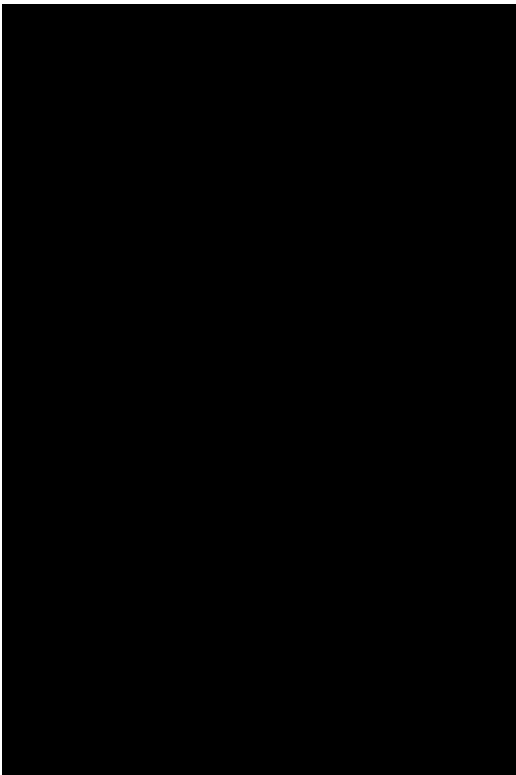
Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

**No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

---

**Q44**

**No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---



**Q51**

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?

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Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Anna Renna**

Title

**Manager**

Date

**08/20/2020**

---

#190

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 11, 2020 9:42:11 PM  
**Last Modified:** Tuesday, August 25, 2020 11:09:03 AM  
**Time Spent:** Over a week  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |                       |
|-------------------------------------|-----------------------|
| Name of Business or Not-For-Profit: | Cider Belly Doughnuts |
| Name of Contact:                    | Jennifer Novak        |
| Address:                            | CIDER BELLY DOUGHNUTS |
| Address 2:                          | 25 NORTH PEARL STREET |
| City/Town:                          | Albany                |
| State/Province:                     | NY                    |
| ZIP/Postal Code:                    | 12207                 |
| Country:                            | United States         |
| Email Address:                      | [REDACTED]            |
| Phone Number:                       | [REDACTED]            |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3**

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Cider Belly is asking for assistance to help modify 25 North Pearl Street to insure employee and customer safety. This will include the purchase of PPE and better sanitizing equipment, protective barriers, and an exterior structure which will protect customers outside (while waiting in line). during inclement weather. Cder Belly has also requested funds for re-training; as well as expanding our menu and merchandise lines.

---

#80

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, August 21, 2020 10:49:59 AM  
**Last Modified:** Monday, August 24, 2020 5:25:27 PM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                       |
|------------------------------------|-----------------------|
| Name of Business or Not-For-Profit | Cider Belly Doughnuts |
| Name of Business Contact           | jennifer novak        |
| Business Address                   | CIDER BELLY DOUGHNUTS |
| Business Address 2                 | 25 NORTH PEARL STREET |
| City/Town                          | Albany                |
| State/Province                     | NY                    |
| ZIP/Postal Code                    | 12207                 |
| Country                            | United States         |
| Email Address                      | [REDACTED]            |
| Phone Number                       | [REDACTED]            |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3**

Lease

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Costev Inc**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

doughnut shop

---

**Q6**

Business Structure

**LLC**

---

**Q7**

Business Federal Employer Identification Number (EIN):



---

**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

---

**Q9**

On what date did the Applicant begin operations?

8/1/2014

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Thurs-Sunday 8-12 for curbside**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                             |
|---|-----------------------------|
| Name of Business Owner:                                 | <b>Jennifer Jones Novak</b> |
| Percent Ownership of Above-Named Owner:                 | <b>48%</b>                  |
| Title of Above-Named Owner:                             | <b>member</b>               |
| Name of Additional Business Owner (if applicable):      | <b>Peter Andrew Novak</b>   |
| Percent Ownership of Above-Named Owner (if applicable): | <b>48%</b>                  |
| Title of Above-Named Owner (if applicable):             | <b>member</b>               |

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

Cherril Young

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/01/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

██████████

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:



**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 2  |
| Part Time                          | 9  |
| Average Hours Worked for Part Time | 20 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 5  |
| Part Time                          | 12 |
| Average Hours Worked for Part Time | 30 |

**Q20**

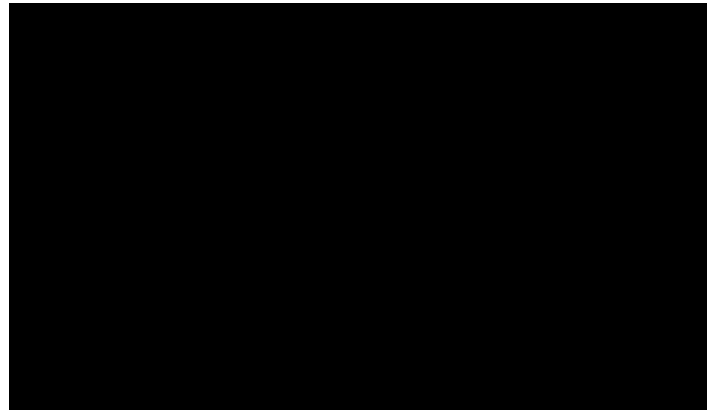
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus





**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Purchase of PPE: Disposable Gloves and Masks. Two Scanning Thermometers. Washable N95 masks. Disinfectant Cleaners and Wipes. Spray Bottles.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Trainings: Personal Health & Safety. Conflict Resolution. Materials: to create Protective Barriers and Planters (to help with social Distancing). Materials to build an Exterior Shelter to protect customers from inclement weather. Outdoor furniture to expand outdoor seating. Purchase of beverage equipment and baking equipment to expand our product line. Better signage. Marketing Materials to help re-engage customers.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,/.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**3680**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

Here is a break down of what we would use the FFE grant funding for.

### Part 1 - Interior Re-design

The interior design of Cider Belly makes it difficult for customers to socially distance, while protecting our staff. In an effort to adhere to CDC and NYS guidelines, a portion of grant funding we have requested would be used to:

- 1.) create custom protective barriers between the staff and customers
- 2.) purchase stanchions to help establish a completely new traffic flow inside the store.

### Part 2 - Exterior re-design

Cider Belly is also requesting funds to help us expand our outdoor seating area. Currently, space in front of our store is being used as a temporary cashier station for Curbside Pick up. An expanded seating area will make Cider Belly much more visible to passers by, while providing an inviting socially distanced outdoor space for our customers to enjoy their coffee and doughnuts. We expect the addition of an outdoor seating will entice a lot more of our to Cider Belly. This project would include:

- 1.) A temporary patio covering, to protect customers and the outdoor cashier from inclement weather.
- 2.) Outdoor furniture (tables and chairs).
- 3.) Decorative planters to help ensure social distancing.
- 4.) A walkie talkie system, to help streamline our Curbside Pickup service.
- 5.) Signage

### Part 3 - Menu Re-imagined

As you can see by our financials, the onset of Covid has decimated our sales and customer traffic flow. In an effort to re-engage and excite our customers, we plan on introducing some new product lines this fall.

- 1.) Expansion of our beverage menu by purchasing:
  - a.) an ice machine
  - b.) a smoothie blender
  - c.) an espresso machine and grinder

The addition of this equipment would enable us to triple our beverage offerings, while still keeping our product inventory low. An expanded beverage menu would make us more competitive with other downtown shops like Starbucks and Dunkin.

- 2.) Creation of additional Grab-and-Go baked goods by purchasing a:
  - A.) countertop convection oven

### Part 4 - Addition of Branded Merchandise

Another way Cider Belly is looking to increase revenue is by adding Branded and Local-themed Merchandise. Our artistic staff is designing Cider Belly merchandise, as well as 518-themed and doughnut themed merchandise to sell online and in-store. The branded products would include post cards, greeting cards, mugs, water bottles, ornaments, t-shirts and etc. Cider Belly will also market these products to other local cafes, museum stores, and gift shops around the area. We would like to use a small portion of the grant funding to offset the upfront cost of printing and producing said merchandise.

### Part 5 - Safety First Training

Finally, we are requesting a small portion of grant funding to be used for training. Covid has not only brought financial hardships, it has also brought its share of personal and professional safety challenges for our employees. Our staff is constantly bombarded with insults from aggressive individuals who refuse to wear masks. On a daily basis, our staff members are harassed for money; and this weekend were robbed (at Cider Belly) by a passerby who wouldn't take no for an answer. The fear over personal safety (due to Covid, and to angry people) has increased exponentially in the last 5 months. To combat this fear, Cider Belly would like to offer staff training in conflict resolution, self defense, SafeServ and First Aid. This will provide our staff with the skills they need to handle Covid protocol, as well as difficult customer interactions. We also believe it will give them some peace of mind when interacting with customers in Downtown.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Disposable gloves,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers**

---

## Q28

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

Cider Belly has been located in Downtown Albany since 2014, and quickly became an Albany "Must-See" destination. Pre-covid, we would attract between 4,000-6,000 visitors a month from across the globe. And another 4,000 regional fans. Our Belly Lovers (fans) are our greatest asset, and have brought visitors to Albany, who may not have come otherwise. But beyond being a essential destination, Cider Belly has become part of the fabric of Albany in many other ways.

You will find our doughnuts bringing joy to patients in Children's Cancer ward, and being sent as thank you gifts to the drs and nurses who treat them. If you attend a meeting in Downtown, you better bring Cider Belly (and not those other doughnuts) or you may be asked to leave. We delight families and friends at birthdays and Bat Mitzvas. Couples celebrate with Cider Belly at 350+ weddings a year. We are feeding your midnight munchies, and complimenting your Sunday brunch. We make the holidays a little less hectic. And we are there to comfort your friend after a break up. We have become part of the Capital District vocabulary, and a tradition for many around the region. In reverse, our Belly Lovers inspire us. They offer us honest feedback and new flavor ideas. They bring us joy and jokes. And they are our best advocates and marketing team on the planet. Knowing how much Cider Belly affects them, and how much joy our product brings them... makes us strive to be better.

Part of our mission has always been to give back to the community we live in. This takes on many different forms. But two of the most important ways we give back is through donations and partnerships.

Each week we quietly "dough"-nate to our local first responders, nonprofits, service workers and unsung heroes. We have been doing this since day 1, through a program we call "we feel your pain campaign." Cider Belly has brought doughnuts and smiles to people all over the Capital Region. From the third shift workers at the Rensselaer Electric Plant, to the St. Peter's Call center personnel who operate out of the windowless basement of St. Peters, to the volunteers at the Day Laborer office. We have tried to bring a little happiness each week to the unsung heroes no one thanks or celebrates.

When Covid hit, we had to close our doors to the public, but it didn't mean we went into hiding. Each week, we donated thousands of doughnuts to nursing home residents and staff, hospitals, grocery store workers, the police, firemen, ambulance drivers, utility workers, DGS... the list goes on. And unlike our competitors, we didn't need a press release to do it. We just jumped in and went to work. While it probably wasn't the most sound financial decision, it was the right one.

When we went into lockdown, we reached out to all of our employees, past and present, as well as some of our more vulnerable customers and neighboring businesses to see if they needed assistance. We delivered food, pet supplies and masks until their unemployment kicked in. Over the last 5 months, we checked in with them via calls, texts, and social media. Why? Because that is who we are, and that is one of many ways we support our community.

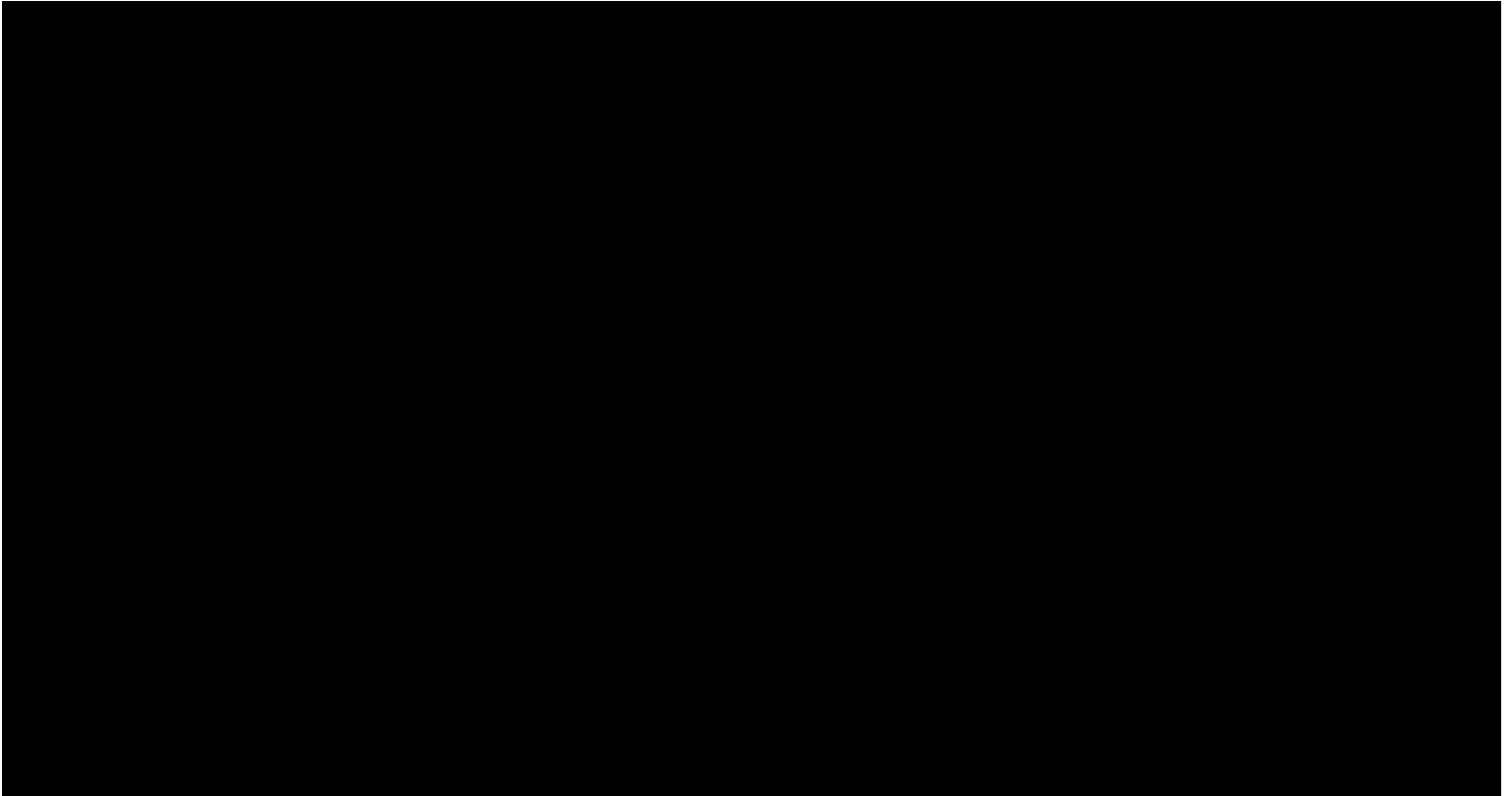
It is our belief that we will only survive if we collaborate rather than compete. From the start, we have made it our mission actively partner with and promote other local businesses and nonprofits. We have had hundreds of partnerships and cross-promotional campaigns with fellow small businesses and organizations. Some of the more notable have been with the Honest Weight Food Coop, Nine Pin Hard Cider, the Ten Broeck Mansion, Griffin Elementary Authors Day Programming, Death Wish Coffee, Albany Distilling, Snowman Ice Cream, and Historic Albany Foundation. Cider Belly, both owners and staff, are constantly looking for ways to partner or promote small businesses and organizations we love.

Collaborating and promoting local businesses is our essential to our communities survival.

These are just a few examples of ways we have woven ourselves into the fabric of our community. If you need more information, please feel free to ask.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Cider Belly has been completely decimated financially by the Covid-19 pandemic. But it has not broken our spirit. The owners and staff have worked together to find a solution for each obstacle we have faced thus far. Although sales are getting better as the weeks go on, we still do not have the extra cash necessary to implement projects which could generate additional income. This grant would enable us to immediately start work on the re-design of our outdoor seating area. We anticipate many more customers would be willing to come down, and enjoy a morning at Cider Belly if there was an inviting place to sit and relax while enjoying their doughnut. An exterior re-design would also generate visibility and buzz in the media.

Second, the purchase of beverage equipment would enable us to substantially expand our drink menu which should increase our profit by at least 25%.

Part of why Cider Belly has been so successful (apart from delish doughnuts) is the Cider Belly Experience. You come in, you are greeted by friendly staff, the powerful (but pleasant) smell of Cinnamon and Sugar, you can grab a sample (well not in covid), and you can delight in the 40+ flavors we have in the case. If we can obtain grant money to help us re-design the interior space in a way which is safe for staff and customer, we could bring that experience back to Albany. The fact that people can see, smell, taste and experience is what sells so many doughnuts. That in itself will serve to generate more income. This will enable us to provide our current staff with more hours, take them off Shared Work, and hire up to 4 more staffers.

Although I do not foresee us going back to being open 7 days a week before Covid ends. The additional revenue we can generate on the weekends will be monumental.

In the long run, all of the physical additions to the location will benefit us for years to come. But what will really make a big impact for Cider Belly's long term survival, is the development of an online store and branded merchandise. Both Cider Belly and Albany-centric merchandise can be sold online even if we have to go into a lockdown again. The funding to get this program started will enable us to offset our income for years to come.

Although it may not be quantifiable financially, another long term benefit of our grant request will be the investment in our staff through implementing safety measures training. Not only will it help with employee retention, it will give our staff a better foundation on how to deal with difficult situations in life, with how to deal with Covid's challenges, and will let our staff know we are invested in them and their personal safety.

---

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

---

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

### Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |   |
|-----------|---|
| Full-Time | 2 |
| Part-Time | 4 |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Full-Time                                    | 2  |
| Part-Time                                    | 4  |
| Average Hours Worked for Part-Time Employees | 20 |

---

### Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

### Page 15: Other Financial Assistance



**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

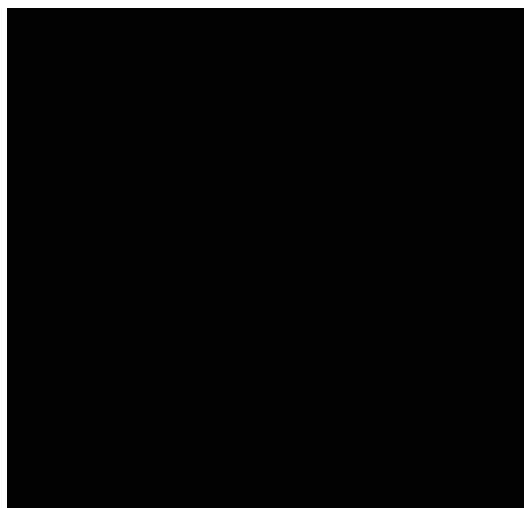
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award




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Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---


**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**jennifer jones novak**

Title

**member**

Date

**8/24/2020**

#170

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, September 17, 2020 12:18:58 AM  
**Last Modified:** Thursday, September 17, 2020 12:58:35 AM  
**Time Spent:** 00:39:37  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                   |
|------------------------------------|-------------------|
| Name of Business or Not-For-Profit | Color 89 LLC      |
| Name of Business Contact           | Miller Young      |
| Business Address                   | 89 South Lake Ave |
| City/Town                          | Albany            |
| State/Province                     | NY                |
| ZIP/Postal Code                    | 12203             |
| Country                            | United States     |
| Email Address                      | [REDACTED]        |
| Phone Number                       | [REDACTED]        |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |              |
|------------------|--------------|
| Name of Business | Color 89 LLC |
| Address          | PO Box 88    |
| City/Town        | Sand Lake    |
| State/Province   | NY           |
| ZIP/Postal Code  | 12153        |

---

## Page 5: Real Estate Information

**Q3****Own**

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information



Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

Rental Apartments

**Q6**

Business Structure

LLC

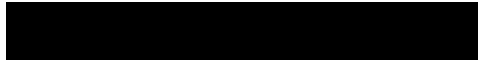
**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



**Q9**

On what date did the Applicant begin operations?

10/12/2017

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

Mon-Fri 9am to 7pm Sat 9am to 3pm Sun CLOSED

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                |
|---|----------------|
| Name of Business Owner:                                 | Miller Young   |
| Percent Ownership of Above-Named Owner:                 | 40             |
| Title of Above-Named Owner:                             | LLC Manager    |
| Name of Additional Business Owner (if applicable):      | Color Lo Young |
| Percent Ownership of Above-Named Owner (if applicable): | 40             |
| Title of Above-Named Owner (if applicable):             | LLC Member     |

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

David Young, 20% LLC Member

---

**Q13**

No

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/31/2020

---

**Q15**

Yes

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 0  |
| Average Hours Worked for Part Time | 30 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |   |
|------------------------------------|---|
| Full Time                          | 1 |
| Part Time                          | 1 |
| Average Hours Worked for Part Time | 5 |

**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

[REDACTED]

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus

[REDACTED]

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Get proper PPE for our employees to decrease the spread of Covid-19. Had PT employee test positive but him and I had to quarantine for 2-weeks which slowed down renovation.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Social Distancing and PPE may help prevent the spread or help ease the mind of positive tests of Covid-19.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,/.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?



**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

Planning on opening up space for the common area to limit close contact with tenants in the building. Create a partition for limitless contact with tenants for rent payments in the office.

The PPE purchased will help employees, applicants and tenants from affecting each other upon arrival to the building. When renovating, the masks along with social distancing will help the contractors on the job site .

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Protective gowns or uniforms,**

**Protective eyewear,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

**COVID testing kits**

**Q28**

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

We have an apartment across from Washington Park. We cater to the students, employees of AMC, SUNY Albany, and the Capital District. They can be high risk tenants for COVID. We would like to protect them and us from spreading COVID. Create a safe zone for their home especially in the common area.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Short-term: Be able to work with our employees with proper PPE to clean and renovate the building. To increase the showing of our apartments for new tenants. Clean the area in between showing in a timely matter so it does not take as long in between showings.

Long-term: Create a safe environment for our tenants with the open space in the hallways to lower risk of Covid with greater social distancing. Office with partition and glass/plexi-glass to create a contact-less payments or transmission of rent or bulletin boards with apartment activities.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Asian**

What best describes the owner's race?

## Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>1</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>1</b>  |
| Part-Time                                    | <b>2</b>  |
| Average Hours Worked for Part-Time Employees | <b>10</b> |

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

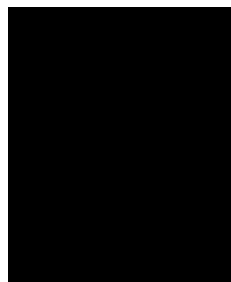
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

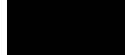
**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Miller Young**

Title

**LLC Manager**

Date

**09/17/2020**

#108

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, August 14, 2020 4:34:59 PM  
**Last Modified:** Friday, August 14, 2020 4:50:08 PM  
**Time Spent:** 00:15:09  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

## Q1

## Applicant Business Contact Information

|                                     |                        |
|-------------------------------------|------------------------|
| Name of Business or Not-For-Profit: | Distinguished Cuts Inc |
| Name of Contact:                    | Donnell Watkins        |
| Address:                            | 255 Central Avenue     |
| City/Town:                          | Albany                 |
| State/Province:                     | New York               |
| ZIP/Postal Code:                    | 12206                  |
| Country:                            | United States          |
| Email Address:                      | [REDACTED]             |
| Phone Number:                       | [REDACTED]             |

---

## Q2

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

## Q3

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

10,000

---



**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

\$7400 is due in past rent Verizon services are \$1784. Any remaining funds will be used for PPE as well as supplies and minimal fixtures.

---

#50

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 20, 2020 2:05:04 AM  
**Last Modified:** Thursday, August 20, 2020 4:49:50 PM  
**Time Spent:** 14:44:45  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                               |
|------------------------------------|-------------------------------|
| Name of Business or Not-For-Profit | <b>Distinguished Cuts Inc</b> |
| Name of Business Contact           | <b>Donnell Watkins</b>        |
| Business Address                   | <b>255 Central ave</b>        |
| City/Town                          | <b>Albany</b>                 |
| State/Province                     | <b>New York</b>               |
| ZIP/Postal Code                    | <b>12206</b>                  |
| Country                            | <b>U.S.A</b>                  |
| Email Address                      | [REDACTED]                    |
| Phone Number                       | [REDACTED]                    |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

Jawad Bhatti

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



Page 7: Business Information

**Q5**

Type of Business (Choose One)

**Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)**

**Q6**

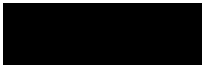
Business Structure

Other (please specify):

Incorporation

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



**Q9**

On what date did the Applicant begin operations?

04/17/2013

**Q10**

Are you currently open?

If No, please explain

**No. Unable to pay back rent of \$8250 backpay of 6months of rent. the national grid bill is \$1874.64 as well as Verizon \$774.89 as well as no funding for PPE and extra sanitary supplies and minor renovations.**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                        |
|---|------------------------|
| Name of Business Owner:                 | <b>Donnell Watkins</b> |
| Percent Ownership of Above-Named Owner: | <b>100%</b>            |
| Title of Above-Named Owner:             | <b>C.E.O</b>           |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

01/01/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

### Q18

How many employees does your business currently employ (including any owners)?

|                                    |   |
|------------------------------------|---|
| Full Time                          | 0 |
| Part Time                          | 0 |
| Average Hours Worked for Part Time | 0 |

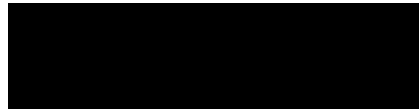
### Q19

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 4  |
| Part Time                          | 1  |
| Average Hours Worked for Part Time | 20 |

### Q20

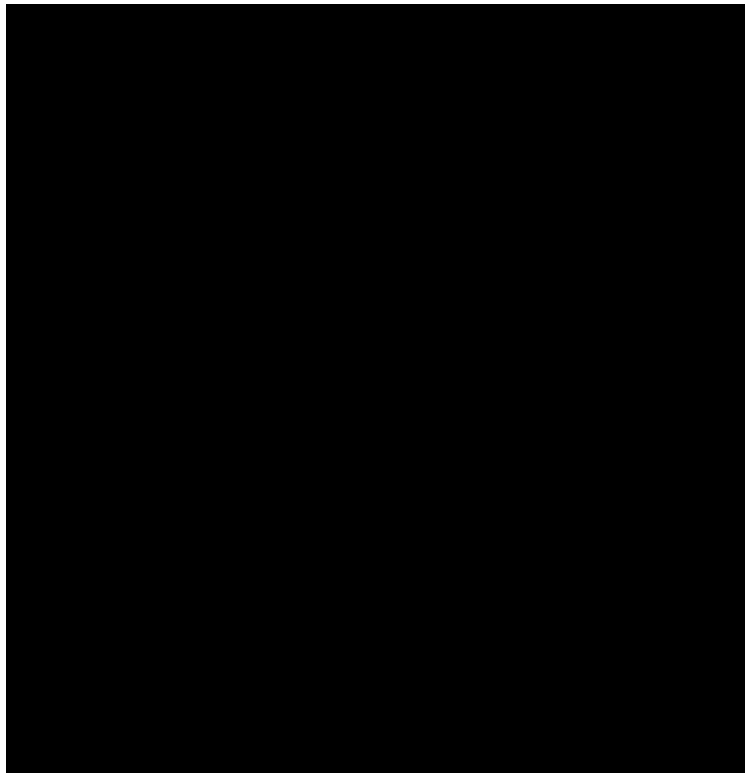
How many future layoffs do you anticipate as a result of COVID-19, if any?



### Q21

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Page 9: Adaptation Project Description

## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**All clients will be tempratured by CDC rules and regulations all amsk will be worn either by the client or the service provider. Alcohol and Antiseptics are used religously in our establishmnet and will need plenty of mask and shileds and washable smocks to provide better care and service for our clients and their safety.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**besides the \$11,200 due for back rent and any rents moving forward rent the national grid bill is \$1789.24 \$787.69 for Verizon as well as floor replacement for floor damaged from leak unattended to due to closing of covid19**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

## Q24

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

the funds will be used to pay back rent of \$11,200 \$1847.64 is due for national grid. \$787.69 is due for Verizon, painting for the ceiling to replace tiles and lighting \$2184.29 the floors were damaged due to a leak at the property that wasn't attended to \$3900 for the cost of the poor and labor the remaining funds will will be used to purchase PPE and new cleaning tools and supplies. to further conduct business

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Protective gowns or uniforms,**

**Protective eyewear,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

**Specialized packaging for shipping,**

**COVID testing kits,**

Other forms of PPE, please identify:

Any and all CDC regulated items and supplies noted by NYS Dept OF Health

**Q28**

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

WE ARE THE COMMUNITY... Our establishment is a barbershop first and foremost we grew and evolved into a Spa4Men. we opened in March of 2013 one chair that created 6 more jobs 3 other barbers a beautician a massage therapist and added a nail tech. We did free hair cuts at The Jewish Community Center Stop the Violence Marches and protest where we did free haircuts to local kids we held book bag and school and school supply give aways. We moved to lower Central where we've been for the last 6yrs pioneering what is now known to be the Midtown District. We have only become more of a powerhouse or steeple if you will of the community since relocating we have gotten rid of abandoned buildings and turned dilapidated lots into festive environments where we Hold our annual Community event Cultivation where we celebrate our anniversary of the shop with the public and make it a customer appreciation day and we partnered with all the local small businesses tout on this event. This year would have been our 4th annual Cultivation Festival as well as our 7th yr anniversary of being in business. Amongst other things . We been able to stay open because of our work in the community now we just need help getting back open to continue our mission

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

It will allow us to create 10 plus more jobs helping out 10 other households. It will allow us to continue to nurture our community garden where we grow and give out fresh fruits and vegetables to local residents. We can educate and display to the community how to have covid safe functions in the community as we educate them on horticulture and financial stability. This what we really do. I built this company from the ground up and even in this dreadful economy we've been out here on the front lines Covid free. any left over proceeds will go to the families of our establishment who didn't get any government funding and still need help with rent

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?



**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

For which CDBG track will your business qualify?

**Microenterprise** (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Black / African American**

What best describes the owner's race?

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Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>4</b> |
| Part-Time | <b>3</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>2</b>  |
| Part-Time                                    | <b>1</b>  |
| Average Hours Worked for Part-Time Employees | <b>20</b> |

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Page 14: Other Financial Assistance

**Q41**

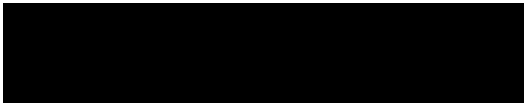
Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

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Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.



## Page 16: Disclosures

**Q43**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

Yes (please specify):

No leans or judgments just back rent due to lanlord for not being open and decline of business per Covid 19

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

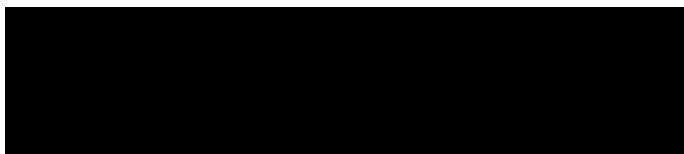
**Q46**

No

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?



**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Donnell Watkins**

Title

**C.E.O**

Date

**08/20/2020**

#183

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 24, 2020 9:05:04 AM  
**Last Modified:** Monday, August 24, 2020 9:11:47 AM  
**Time Spent:** 00:06:43  
**IP Address:** [REDACTED]

---

## Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

Name of Business or Not-For-Profit: **DUKE'S BARBER SHOP**  
Name of Contact: **MICHAEL DUKER**  
Address: **807 MADISON AVENUE**  
City/Town: **ALBANY**  
State/Province: **NY**  
ZIP/Postal Code: **12208**  
Country: **USA**  
Email Address: [REDACTED]  
Phone Number: [REDACTED]

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

10000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

HAD TO REIMAGINE THE BARBER SHOP SPACE AND PURCHASE PPE, CLEANING SUPPLIES AND BARRIERS TO PROTECT CUSTOMERS AND BARBERS.

---

#117

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 31, 2020 8:54:43 AM  
**Last Modified:** Monday, August 31, 2020 9:27:02 AM  
**Time Spent:** 00:32:19  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

## Q1

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                    |
|------------------------------------|--------------------|
| Name of Business or Not-For-Profit | Duke's Barber Shop |
| Name of Business Contact           | Michael Duker      |
| Business Address                   | 807 Madison Avenue |
| City/Town                          | albany             |
| State/Province                     | New York           |
| ZIP/Postal Code                    | 12208              |
| Country                            | United States      |
| Email Address                      | [REDACTED]         |
| Phone Number                       | [REDACTED]         |

---

## Q2

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

## Q3

Own

Do you Lease or Own the Property?

## Page 6: Real Estate Information

## Q4

Landlord Contact Information

## Page 7: Business Information



**Q5**

Type of Business (Choose One)

**Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)**

**Q6**

Business Structure

**Sole-Proprietorship**

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

**Q9**

On what date did the Applicant begin operations?

10/2007

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**yes, tuesday-friday 9am-7pm, sat 9am-3pm**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**michael duker**

Percent Ownership of Above-Named Owner:

**100**

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/21/2020

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time 0

Part Time 0

Average Hours Worked for Part Time 0

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

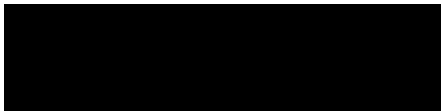
Full Time 0

Part Time 0

Average Hours Worked for Part Time 0

**Q20**

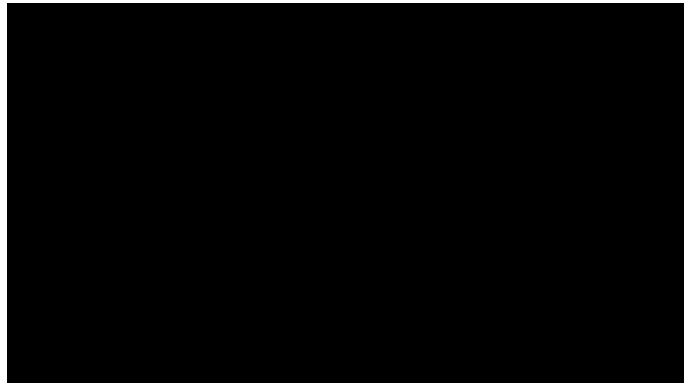
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Purchase masks & shield**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Retraining barbers & purchase of cleaning supplies.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **1500**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **7500**

**Q24**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::  
purchase of PPE & supplies

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

Plan to use to purchase ongoing supplies and PPE as needed.

**Q26**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Yes**

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Protective gowns or uniforms,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers**

**Q28**

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

Opened in 2007 in the City of Albany. A staple in the community, that is not only men's grooming, but a social gathering place to come together and get away from the day to day activity of life. It is an inclusive environment and builds community in an organic setting. In the past, I've provided discounted services for less fortunate children in the City of Albany. Provides a one-stop shop for product and hair cutting.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

This grant would enable my business to comply with state and federal laws more easily and provide me with funds to pay for the required PPE to keep the community safe.

**Q31**

**No**

Does your project description and budget include non-PPE purchases?

**Q32**

Respondent skipped this question

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Q33**

Respondent skipped this question

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

Respondent skipped this question

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

Respondent skipped this question

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38**

Respondent skipped this question

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

Respondent skipped this question

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

---

**Q40**

Respondent skipped this question

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

---

Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

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Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

---

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46****No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---



**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**michael duker**

Title

**owner**

Date

**8/31/2020**

#2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, September 16, 2020 4:30:29 PM  
**Last Modified:** Wednesday, September 16, 2020 4:52:11 PM  
**Time Spent:** 00:21:42  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                                 |
|------------------------------------|---------------------------------|
| Name of Business or Not-For-Profit | <b>Ebabil Photo &amp; Video</b> |
| Name of Business Contact           | <b>Sefa Karatekin</b>           |
| Business Address                   | <b>460 Madison Ave</b>          |
| Business Address 2                 | <b>Ground Level</b>             |
| City/Town                          | <b>Albany</b>                   |
| State/Province                     | <b>NY</b>                       |
| ZIP/Postal Code                    | <b>12208</b>                    |
| Country                            | <b>United States</b>            |
| Email Address                      | [REDACTED]                      |
| Phone Number                       | [REDACTED]                      |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                       |
|------------------|-----------------------|
| Name of Business | <b>Sefa Karatekin</b> |
| Address          | <b>214 Tampa Ave</b>  |
| City/Town        | <b>Albany</b>         |
| State/Province   | <b>NY</b>             |
| ZIP/Postal Code  | <b>12208</b>          |
| Country          | <b>USA</b>            |

---

## Page 5: Real Estate Information

**Q3**

**Lease**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Idris Yildirim**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease

---

Page 7: Business Information

**Q5**

Other (please specify):

Type of Business (Choose One)

Photography & Videography Services

---

**Q6**

**Partnership**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

March 1, 2016

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Monday-Friday 12-5pm**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                             |
|---|-----------------------------|
| Name of Business Owner:                                 | <b>Yunus Yildirim</b>       |
| Percent Ownership of Above-Named Owner:                 | <b>70</b>                   |
| Title of Above-Named Owner:                             | <b>President</b>            |
| Name of Additional Business Owner (if applicable):      | <b>Sefa Karatekin</b>       |
| Percent Ownership of Above-Named Owner (if applicable): | <b>30</b>                   |
| Title of Above-Named Owner (if applicable):             | <b>Secretary, treasurer</b> |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

02/01/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 3  |
| Part Time                          | 4  |
| Average Hours Worked for Part Time | 10 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 5  |
| Part Time                          | 14 |
| Average Hours Worked for Part Time | 24 |

**Q20**

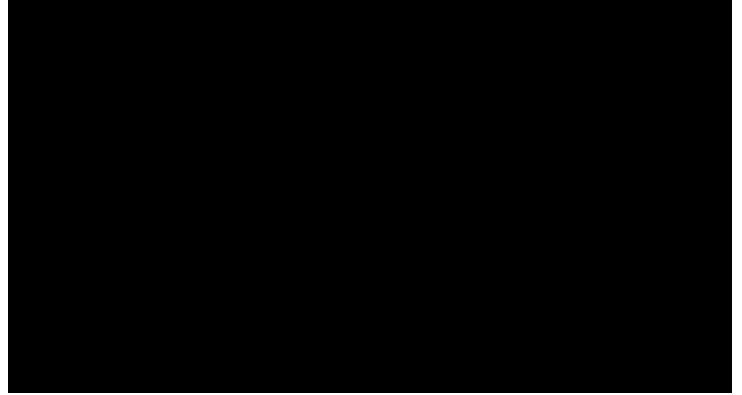
How many future layoffs do you anticipate as a result of COVID-19, if any?

[REDACTED]

## Q21

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Page 9: Adaptation Project Description

## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Masks and Hand Sanitizers for our studio and the professionals**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We need to buy live streaming equipment and make advertisement for that service as most backyard weddings request it during the pandemic**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Retraining, Restocking, Reorganizing and Reimagining **10000**  
Activities: The purchase of non-PPE products and services  
(These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

Sanitizing equipment will ensure the safety of our professionals and our guests. And live streaming seems to be the future of wedding videography because of the pandemic. We would like to open that service as soon as possible in order to survive the business during the pandemic.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**  
'  
**Hand sanitizer**

**Q28**

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

Our city has been a local Albany business since 2016. We sponsor Lark St Bid's events with our services and have been coverings events in our local area for families, businesses and organizations.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Entertainment and arts are affected the most by Covid as it is considered non essential. And in order for us to survive this decline, we need to set our equipment to the new needs of the market. Live streaming seems to be the future of weddings as most people are not allowed to attend them. This will be requested in the future too and will be a new medium in wedding videography.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Microenterprise (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)**

,

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise



**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>4</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Part-Time                                    | 3  |
| Average Hours Worked for Part-Time Employees | 16 |

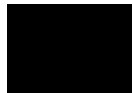
---

## Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---



## Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Amount of Award

Program/Agency 2

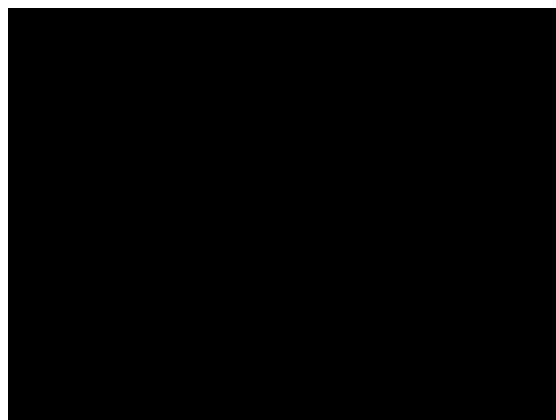
Date of Application

Amount of Award

Program/Agency 3

Date of Application

Amount of Award



## Page 16: Disclosures

**Q43**

**No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

---

**Q44**

**No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---



**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**

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?



Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Sefa Karatekin**

Title

**Secretary, Treasurer**

Date

**08/24/2020**

#1

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, September 18, 2020 12:44:26 PM  
**Last Modified:** Friday, September 18, 2020 2:14:04 PM  
**Time Spent:** 01:29:38  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

Q1

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                       |
|------------------------------------|-----------------------|
| Name of Business or Not-For-Profit | Edens Rose Foundation |
| Name of Business Contact           | Edens Rose Foundation |
| Business Address                   | 465 Central Avenue    |
| City/Town                          | Albany                |
| State/Province                     | New York              |
| ZIP/Postal Code                    | 12206                 |
| Country                            | United States         |
| Email Address                      | [REDACTED]            |
| Phone Number                       | [REDACTED]            |

---

Q2

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

Q3

Own

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information

Q4

Landlord Contact Information

---

## Page 7: Business Information

**Q5**

**Not-For-Profit Organization**

Type of Business (Choose One)

---

**Q6**

Business Structure

Other (please specify):

501 c-3 Non profit Public Charity

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

2008

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**monday through thursday 10 - 4 off site**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**There are no beneficial owners.**

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/01/2020

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 2  |
| Part Time                          | 1  |
| Average Hours Worked for Part Time | 16 |

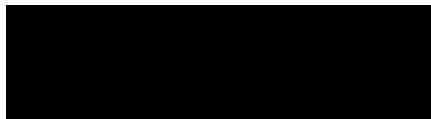
**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|           |   |
|-----------|---|
| Full Time | 1 |
|-----------|---|

**Q20**

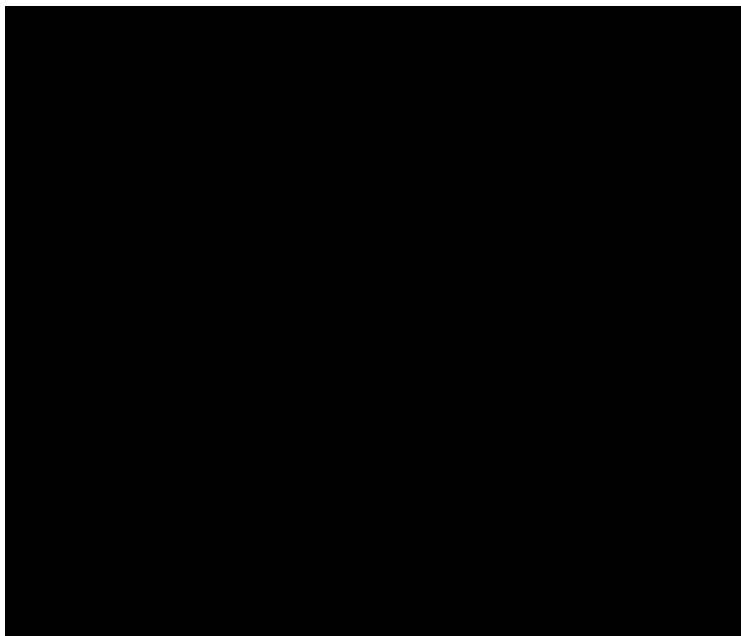
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
  
- 2) Any reduction in the volume of customers/consumers and transactions
  
- 3) The number of canceled events resulting in direct or indirect loss
  
- 4) Details on how your business has been disproportionately affected by travel or logistics
  
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

|  |        |
|--|--------|
| Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency): | 10,000 |
| Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):        | 10,000 |



**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **10000**

**Q24****No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

The purchase of locally made sanitizer and PPE will help us protect the community and individuals we serve in the West End, West Hill, and Arbor Hill neighbors.

The reimagining funds will be used to retrofit our building with access to an outdoor meeting space to facilitate social distancing for our employees, volunteers, and for individuals we serve. Allowing for adaptation in the methods we use to create access to services will diminish obstacles for those most at risk from COVID.

**Q26****Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

**Hand sanitizer**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

---

**Q28**

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

Our organization was founded in 2008 and has maintained its base of operations in the City of Albany from its inception. We provide large scale food access and capacity development programs in the West Hill and our base of operations for new service programs is located in the West End neighborhood in a previously vacant building we have brought back to productive commercial and non profit use.

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

---

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

The purchase of hand sanitizer made locally will allow us to provide PPE to thousands of individuals we serve and potentially aid in curbing the spread as well as protecting those most at risk. Through our weekly food access programs, we are serving up to 150 families with an average of 5 persons per household. These individuals all reside in the West End, West Hill, and Arbor Hill neighborhoods and would be direct recipients of the grant-funded PPE

---

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

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**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Other / Multiracial**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |   |
|-----------|---|
| Full-Time | 0 |
| Part-Time | 0 |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Full-Time                                    | 1  |
| Part-Time                                    | 1  |
| Average Hours Worked for Part-Time Employees | 16 |

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

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Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

---

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46****No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Gregory Sheldon**

Title

**Executive Director**

Date

**9/18/2020**

## #4

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 1:14:06 PM  
**Last Modified:** Monday, August 10, 2020 1:25:45 PM  
**Time Spent:** 00:11:39  
**IP Address:** [REDACTED]

---

## Page 2: Interested in Applying?

## Q1

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** El Mariachi Tapas  
**Name of Contact:** Patty Bermejo Bhola  
**Address:** 271 Lark Street  
**City/Town:** Albany  
**State/Province:** New York  
**ZIP/Postal Code:** 12210  
**Country:** USA  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

## Q2

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

## Q3

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority,  
Woman,  
Veteran**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---



### Q9

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

### Q10

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Will reopen normal scheduled hours . Currently only operating 3 days (Thursday, Friday Saturday) due to lack funds to hire and train new employees. To purchase PPE equipment. To restock goods and to replace those that were lost due to COVID-19. To purchase fixtures to minimize spread of COVID-19.

---

#2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, September 18, 2020 1:24:58 PM  
**Last Modified:** Friday, September 18, 2020 3:28:12 PM  
**Time Spent:** 02:03:13  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |   |
|------------------------------------|---|
| Name of Business or Not-For-Profit | <b>El Mariachi Mexican Restaurant LLC</b> |
| Name of Business Contact           | <b>Patty Bermejo Bhola</b>                |
| Business Address                   | <b>271 Lark Street</b>                    |
| City/Town                          | <b>Albany</b>                             |
| State/Province                     | <b>New York</b>                           |
| ZIP/Postal Code                    | <b>12210</b>                              |
| Country                            | <b>USA</b>                                |
| Email Address                      | [REDACTED]                                |
| Phone Number                       | [REDACTED]                                |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

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## Page 5: Real Estate Information

**Q3****Own**

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

---

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## Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

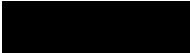
**Q6**

**LLC**

Business Structure

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

**Q9**

On what date did the Applicant begin operations?

11/15/2017

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Tuesday -Saturday 4-10pm**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner: **Patricia Bermejo Bhola**

Percent Ownership of Above-Named Owner: **50**

Title of Above-Named Owner: **president**

Name of Additional Business Owner (if applicable): **Bharath Bhola**

Percent Ownership of Above-Named Owner (if applicable): **50**

Title of Above-Named Owner (if applicable): **vice president**

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

no

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/17/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |           |
|------------------------------------|-----------|
| Full Time                          | <b>1</b>  |
| Part Time                          | <b>2</b>  |
| Average Hours Worked for Part Time | <b>20</b> |

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 3  |
| Average Hours Worked for Part Time | 30 |

**Q20**

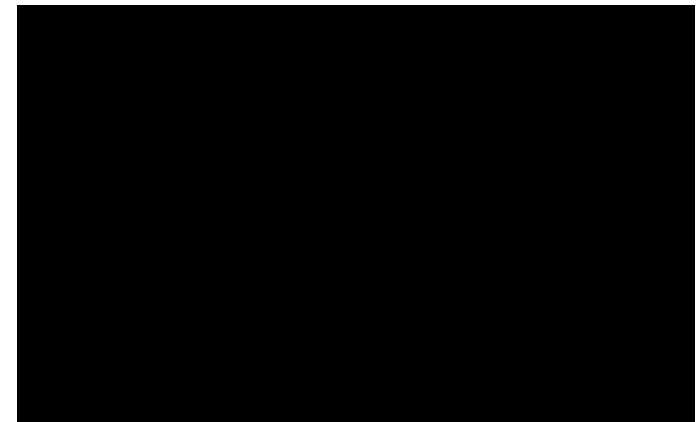
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**purchase of PPE supplies including but not limited to protective shields, sanitizing products, update patio dining to comply with necessary equipment to minimize the spread of COVID 19**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Retraining staff with safety plan, restocking and reorganizing restaurant to provide customers with a plan of safe dining to minimize spread of COVID19**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**7000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**7000**

## Q24

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

Use of grant funds will benefit my business in a positive way to provide the community a safe environment and protect employees and customers and minimize the spread of COVID 19

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Protective eyewear,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies**

**Q28**

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

El Mariachi has been in business in the city of Albany since June of 1996. We have been very fortunate to have survived thru hard times and many good times thanks to the support of the Capital Region and the city of Albany. Owning a restaurant is not an easy job to survive in, specially under the circumstances we are all currently facing, but with the hard work and support of my family we manage to survive. El Mariachi Restaurant has engaged in many community/charity events from helping to feed the homeless to donating to community organizations in need within the capital region area. I strongly feel that working together we will make it thru these unpredictable circumstances.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Resources provided will definitely benefit the restaurant to make a comeback creating workforce and avoiding the possibility of permanently shutting down. With the opportunity of getting the help to purchase PPE products and other equipment necessary to continue to provide a healthy dining environment We will open our regular schedule

**Q31**

**No**

Does your project description and budget include non-PPE purchases?

---

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

**Respondent skipped this question**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

---

**Q33**

**Respondent skipped this question**

For which CDBG track will your business qualify?

---

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

---

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

---

**Q36**

**Respondent skipped this question**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

---



**Q37**

Respondent skipped this question

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

---

**Q38**

Respondent skipped this question

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

Respondent skipped this question

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

---

**Q40**

Respondent skipped this question

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

---

Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Purpose of Application

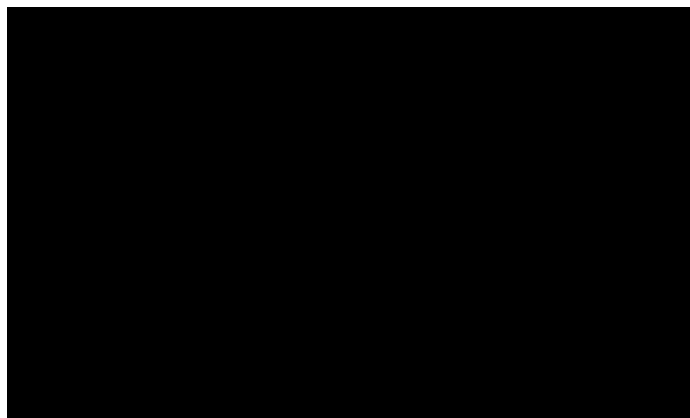
Amount of Award

Program/Agency 2

Date of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46****No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Patricia Bermejo Bhola**

Title

**president**

Date

**9/18/2020**

#117

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 17, 2020 12:56:46 AM  
**Last Modified:** Monday, August 17, 2020 1:10:32 AM  
**Time Spent:** 00:13:46  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Emack & Bolio's  
**Name of Contact:** Amy Riddell  
**Address:** 366 DELAWARE AVE  
**Address 2:** Emack & Bolio's  
**City/Town:** ALBANY  
**State/Province:** NY  
**ZIP/Postal Code:** 12209  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3**

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$15,350

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Hello ... I have looked at the expenses I have had over the past 5 months and have divided them below approximately. Reopen - \$40 a week PPE. Retrain. \$350, approx 30 hours of training 25 staff in new health. procedures. Reorganize: Purchased a ductless split AC system for cleaner air throughout store \$7000 plus \$350 i plexiglass and sanitizing stations. Reimagine: We've had to switch to 1/3 full menu delivery service that overcharges us in fees. For 5 months this overcharge of 10% is \$3120. (Grubhub and Doordash) they should take 20% but they take 30% leaving no profit but it keeps my staff employed.

---

#85

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, September 17, 2020 7:32:54 PM  
**Last Modified:** Thursday, September 17, 2020 9:29:59 PM  
**Time Spent:** 01:57:04  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                            |
|------------------------------------|----------------------------|
| Name of Business or Not-For-Profit | <b>Emack &amp; Bolio's</b> |
| Name of Business Contact           | <b>Amy Riddell</b>         |
| Business Address                   | <b>366 DELAWARE AVE</b>    |
| Business Address 2                 | <b>Emack &amp; Bolio's</b> |
| City/Town                          | <b>ALBANY</b>              |
| State/Province                     | <b>NY</b>                  |
| ZIP/Postal Code                    | <b>12209</b>               |
| Country                            | <b>United States</b>       |
| Email Address                      | [REDACTED]                 |
| Phone Number                       | [REDACTED]                 |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information



**Q4**

Landlord Contact Information

Name of Landlord

Ken Young

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Grocery/Specialty Food Store

Type of Business (Choose One)

**Q6**

Other (please specify):

Business Structure

S-Corporation

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

Respondent skipped this question

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

**Q9**

On what date did the Applicant begin operations?

6/5/2008

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

Yes 7 days a week 12-10pm Mon-Sat, 12-9pm Sun

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Amy Riddell**

Percent Ownership of Above-Named Owner:

**100%**

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/13/2020

**Q15**

**No**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 25 |
| Average Hours Worked for Part Time | 15 |

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 20 |
| Average Hours Worked for Part Time | 15 |

---

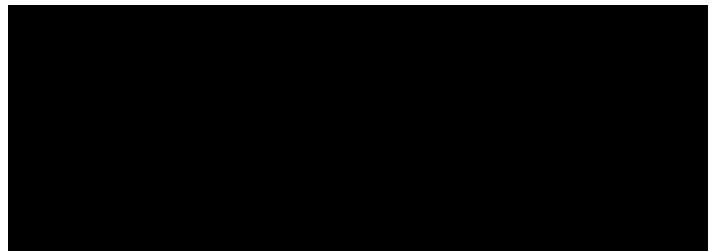
**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We are hoping to obtain some grant money for the unexpected expenses this year. We have spent approximately \$4800 on gloves and masks over the past 6 months. Also sanitizing stations, floor markers, new sanitizing cleaning products and supplies. Hours explaining new procedures to staff cost approximately \$350.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We have lost 75% of our ice cream truck catering/ festival business this season. Our ice cream shop remained open but we did have to reimagine. We've put most of our menu online on Grubhub & Door Dash. It allowed me to keep my staff, but I have to spend more and earn less. To serve the line and online I actually need more staff in the after dinner hours. These services however take 27% of the sales which gives you "no margins", but my staff stays employed. Reinventing, with ice cream season slowing, I'm hoping to get my toys and gifts online before the holiday season in a program called "Neighborgoods" including holiday shopping deliveries. That requires some website investment, and hoping to be considered for \$3500 or so to do that.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**8500**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program, and may not exceed \$10,000.00)

**3500**

**Q24**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::

PPE/Sanitizing has been spent totaling 5150, asking for 3350 more for PPE for the rest of the year. Then 3500 for the new online toy and gift portion of our store.

---

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

By creating an online toy/gift and chocolate shop at Emack & Bolio's in time for the Holidays, we will get through the tough winter season ahead. We used to bring in winter business with live music and a packed house. We can't do that any longer, we will be relying on online sales, sweets delivery and take-out in our slower season.

These funds will help us catch up and create an online store that we can use for future winter seasons.

---

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers**

---

**Q28**

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

Our ice cream & toy shop, Emack & Bolio's opened in 2008 on the Delaware Avenue corridor in the City of Albany. We offer a joyful family and community experience. We have indoor seating with a fireplace, and an abundance of outdoor garden seating seasonally, Pre-Covid, our live music weekends year-round and open mic night would bring in people for a wonderful night out.

We have readjusted and provide our ice cream, chocolates, pastries, smoothies and espresso with social distancing and masks take-out. We have joined Grub-Hub and Door-Dash to get more sweets out to the people.

Our local ice cream truck is a staple at the city festivals, Tulip Fest, Upper Madison Street Fair, July 4th & more.

Hoping to bring more unique sweets & gifts to the community with expanded online options!

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Emack & Bolio's has one of the only operating toy, gift and sweet shops in Downtown Albany. If we are successful in marketing and developing a Local Gift Curbside/Delivery Website for the holidays, we can continue this permanently in the future.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Applicant cannot qualify under either Microenterprise or Low and Moderate Income Job Creation and Retention. Note: If you select this response, it is highly likely your application will be deemed ineligible; please contact Capitalize Albany to assist you with this determination.**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>3</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Full-Time                                    | 0  |
| Part-Time                                    | 0  |
| Average Hours Worked for Part-Time Employees | 15 |

---

## Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

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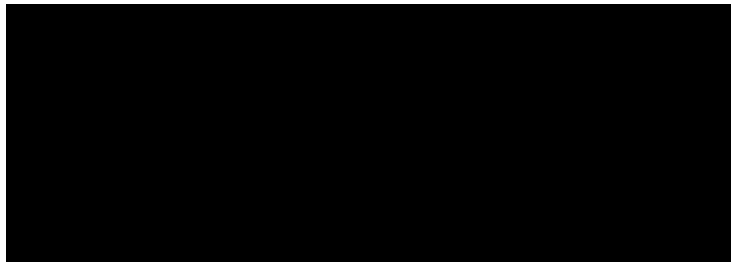
## Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1  
 Date of Application  
 Amount of Application  
 Purpose of Application  
 Amount of Award

---



## Page 16: Disclosures



**Q43**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

Yes (please specify):

I have business debts as loans with SSFCU and NYSTRS approximately 110,000.

**Q44**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

Yes (please specify):

Back in 2011, a co-owned second ice cream closed in Guilderland. We have settled and paid off all debts regarding that business.

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**

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?

---

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Amy Riddell**

Title

**Owner**

Date

**09/17/2020**

#232

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 27, 2020 11:56:05 PM  
**Last Modified:** Friday, August 28, 2020 12:26:37 AM  
**Time Spent:** 00:30:31  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Faith Creative Names Inc.  
**Name of Contact:** Deanalee Campbell  
**Address:** 257 Central Avenue  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12206  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$20,000

---

**Q9**

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Faith Creative Names, Inc. (FCN), an MWBE corporation, is interested in "re imagining" its current operations. FCN needs to expand the work uniforms portion of its business to compensate for the impact of the school closings. The hopeful uptick in activity will allow FCN to continue the participation of Albany's high school students in our operations. Our grant will allow us to expand our marketing efforts through the development of an industrial/commercial focused website, develop a social media advertising program, internet search engine marketing, participation in B2B expos, and to design and distribute printed corporate identity material and expo graphic displays.

---

## City of Albany COVID-19 Small Business Adaptation Program Application

### Welcome to the Small Business Adaptation Program Home Page

Capitalize Albany Corporation, in partnership with the City of Albany, has developed the COVID-19 Small Business Adaptation Program ("Program") in direct response to the state disaster emergency declared on March 7, 2020 and the impacts that COVID-19 has made on businesses and their continuing operations. Capitalize Albany Corporation, through financial assistance from the City of Albany Community Development (ACDA) and Industrial Development Agencies (CAIDA), will provide up to \$10,000 in direct reimbursement grants to assist with the recovery efforts of City of Albany small businesses, helping businesses affected by the COVID-19 health emergency with distinct business expenses necessary to resume regular operations of the business or adapt their business for the new regulatory environment and strengthen or expedite their growth and recovery, while maintaining the health and safety of their employees and customers. Disadvantaged business enterprises (minority, woman or veteran-owned businesses) may be eligible for up to \$20,000.

Specifically, this program is designed to provide reimbursement grants of up to \$10,000 (\$20,000 for qualifying DBE's) to help small businesses with the following COVID-19 adaptation-related expenses in order to avoid job loss caused by potential business closure related to social distancing:

- Reopening: The purchase of personal protective equipment (PPE) such as face coverings, disposable gloves and protective gowns necessary to minimize the spread of COVID-19
- Retraining: The development and implementation of programs to train new employees, or re-train existing workforce on new business practices
- Restocking: The purchase of perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts
- Reorganizing: The purchase of furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19
- Reimagining: The development and implementation of new programs or product lines to expand/adapt operations to meet new market demands

This program is funded through ACDA and CAIDA resources and administered by the City's economic development entity, Capitalize Albany Corporation. Funding allocated by CAIDA will be used solely for reimbursement of the purchase of PPE. Funding allocated by ACDA will be used for fixtures, furniture and equipment and other non-PPE adaptation projects/activities. Funding through ACDA has been made possible per the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant Coronavirus funding (CDBG-CV), and therefore must meet a HUD national objective such as benefit to low- and moderate-income persons.

A single application may be submitted to request both eligible PPE and non-PPE business expenses. Certain eligibility criteria must be met in order to be eligible for the program, as determined by federal and/or state regulations pertaining to each of the funding sources. Assistance is in the form of a grant. Grants may be required to be repaid, if the terms of the grant agreement are not met.

On the next page, Capitalize Albany has highlighted several of the principal eligibility criteria for the Program. This is not an exhaustive list of all program requirements. Applicants are responsible for reading and understanding the full program guidelines on the Capitalize Albany website: [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants). At the end of this application, applicants will be required to certify that they understand and agree to abide by the program requirements. If you have any questions regarding the Program, any of its requirements or require any special accommodations to complete the application, please contact Capitalize Albany staff at [development@capitalizealbany.com](mailto:development@capitalizealbany.com) or (518) 434-2532 ext. 25.

## **City of Albany COVID-19 Small Business Adaptation Program Application**

### **Program Eligibility**

All applicants must meet the following minimum criteria:

- 1.** Applicant must be a legal entity, which is registered and licensed (if required) to operate in New York State
- 2.** Applicant must be a small business or not-for-profit corporation, with no greater than 50 full-time equivalent employees, that has been in operation prior to March 7, 2020
- 3.** Applicant must have a physical commercial presence located in the City of Albany, New York and conduct business in the City of Albany, New York
- 4.** Applicant must have been negatively affected by the COVID-19 state disaster emergency
- 5.** Applicant must have documentable negative impact on their business or organization - this can be established through the application and supplemental documentation detailing volume of business loss and impacts
- 6.** Project Costs requested under this program must not have been incurred prior to August 18, 2020 or as requested by the funding sources.

Additional eligibility criteria is further detailed in the program guidelines.

Applicants may be prioritized for funding, provided the business or project meets any of the following criteria:

- Businesses that are at least 51% owned by a disadvantaged business enterprise (DBE) (e.g. minority, woman or veteran-owned). Certification is not required.
- Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)
- Businesses in which 51% of employees of the business qualify as low- to moderate-income persons
- Businesses serving target geography (defined as being physically located in a distressed census tract, neighborhood strategy area, jurisdiction of restricted funding sources, ensuring geographic diversity, Opportunity Zone)
- Businesses that have experienced at least a 25% revenue loss due to the impacts of COVID-19 Applications
- that include projected tangible benefits to the City, such as annual sales, number of jobs created, etc.
- Businesses in a target cluster/industry (e.g. restaurant, hospitality)

## City of Albany COVID-19 Small Business Adaptation Program Application

### Interested In Applying?

This Program consists of a two-part application process. If you have yet to do so, please complete the pre-application available at [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants). Once your pre-application has been submitted, please proceed with completing the full application below. In addition to this questionnaire, the full application includes a number of required documents. Please visit [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants) to obtain the application checklist and submit the required documents to [development@capitalizealbany.com](mailto:development@capitalizealbany.com). In order for an application to be considered for award, the pre-application and the full application with any and all required documents need to be submitted by the deadline and determined to be complete by Capitalize Albany, in its sole discretion.

To facilitate the application process for applicants, Capitalize Albany has established the pre- application and accompanying application to collect the required information from applicants and enable staff to determine whether or not applicants meet the eligibility and prioritization criteria of one or both of the available funding sources. Applicants are not required to choose a program in order to proceed – the above program details are provided for informational purposes only.

The ensuing application will ask questions on a variety of topics pertaining to the business, owners, and employees. Please know that all information included in this document is here for a specific purpose. Applicants should endeavor to complete all of the application fields to the best of their abilities. **Incomplete or missing responses may negatively impact the review of an application, which can result in a lower grant amount or even disqualification for the program with no further contact required of Capitalize Albany.** Please review the application notes throughout the application for additional guidance/clarification on the questions and/or contact Capitalize Albany for assistance.

Relevant sections of applications requesting funding for the purchase of PPE through the Reopening portion of the program will be processed through the City of Albany Industrial Development Agency and will appear on the CAIDA website and be discussed at a public meeting with opportunity for public comment. Any and all sensitive information on applications will be kept confidential, except to the extent required for program approvals or released by the applicant in subsequent certifications.

Please note: responses are saved and submitted when an applicant clicks the Next or Done button on each page of the survey. Responses do not automatically save as each question is answered—they are saved and submitted page by page as respondents progress through the survey. Applicants are not required to complete the full application in a single session and should be able to return to the application to continue where they left off, up until the application deadline. However, applicants should ensure to provide themselves with ample time to complete the application process prior to the deadline.

**The deadline for the full application and the required documents on the application checklist is 4:00 pm on September 18, 2020.**

If you have any questions, please contact us at (518) 434-2532 ext. 25 or [development@capitalizealbany.com](mailto:development@capitalizealbany.com).



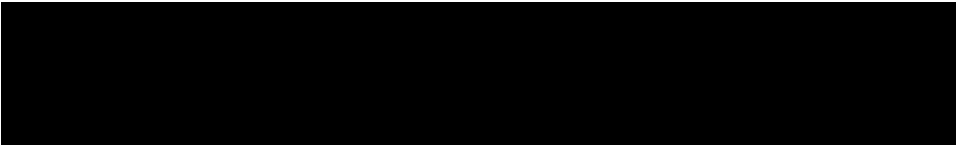
## City of Albany COVID-19 Small Business Adaptation Program Application

### Contact Information

#### \* 1. Applicant Business Contact Information

Please provide the address of the physical commercial location of the Applicant Business below:

|  |   |
|--|---|
| Name of Business or<br>Not-For- Profit | <input type="text" value="Faith Creative Names"/> |
| Name of Business Contact               | <input type="text" value="Deanalee Campbell"/>    |
| Business Address                       | <input type="text" value="257 Central Avenue"/>   |
| Business Address 2                     | <input type="text"/>                              |
| City/Town                              | <input type="text" value="Albany"/>               |
| State/Province                         | <input type="text" value="NY"/>                   |
| ZIP/Postal Code                        | <input type="text" value="12206"/>                |
| Country                                | <input type="text"/>                              |



2. If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                                  |
|------------------|----------------------------------|
| Name of Business | <input type="text" value="N/A"/> |
| Address          | <input type="text"/>             |
| Address 2        | <input type="text"/>             |
| City/Town        | <input type="text"/>             |
| State/Province   | <input type="text"/>             |
| ZIP/Postal Code  | <input type="text"/>             |
| Country          | <input type="text"/>             |

## City of Albany COVID-19 Small Business Adaptation Program Application

### Real Estate Information

\* 3. Do you Lease or Own the Property?

☒ Lease

☐ Own

\* 4. Landlord Contact Information

Name of Landlord

Elliott Jay Rosen

\* 10. Are you currently open?

If Yes, please provide your  
days and hours of  
operation

Yes

If No, please explain

11. Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner: Deanalee Campbell

Percent Ownership of  
Above-Named Owner:

50%

Title of Above-Named  
Owner:

President

Name of Additional  
Business Owner (if  
applicable):

John Campbell

Percent Ownership of  
Above-Named Owner (if  
applicable):

50%

Title of Above-Named  
Owner (if applicable):

Vice President

12. If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

N/A

\* 13. Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?



No



Yes (please explain)

## City of Albany COVID-19 Small Business Adaptation Program Application

### Business Information

**\* 5. Type of Business (Choose One)**

- ☒ Convenience Retail Store
- ☐ Grocery/Specialty Food Store
- ☐ Not-For-Profit Organization
- ☐ Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)
- ☐ Professional Services (e.g. doctors, lawyers, accountants, architects)
- ☐ Restaurant/Tavern
- ☐ Soft Goods Retail (e.g. Apparel/Shoes/Home Furnishings/Books/Gifts/Novelties)
- ☐ Industrial/Warehouse
- ☐ Other (please specify)

**\* 6. Business Structure**

- ☐ Sole-Proprietorship
- ☐ Partnership
- ☐ LLC
- ☒ Other (please specify)

Corporation

**\* 7. Business Federal Employer Identification Number (EIN):**

**8. DUNS Number (if known):**

Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html>

Funding may require grant recipients to obtain a DUNS number.

June 2008

**\* 9. On what date did the Applicant begin operations?**

## City of Albany COVID-19 Small Business Adaptation Program Application

### COVID-19 Impacts

Both the CDBG and IDA funding require that grantees have been affected by COVID-19. The following questions will help Capitalize Albany to determine the extent to which your business was directly impacted.

\* 14. When did your business start declining as a result of COVID-19?

Please provide the date (MM/DD/YYYY):

April

\* 15. Has your decline resulted in more than a 25% decrease in revenue?

☒ Yes

☐ No

\* 16. What was your average monthly revenue pre-COVID-19?

Please provide approximate dollar amounts of business revenues:

[Redacted]

\* 17. What is your most recent monthly revenue?

Please provide approximate dollar amounts of business revenues:

[Redacted]

\* 18. How many employees does your business currently employ (including any owners)?

Full Time

1

Part Time

Average Hours Worked for  
Part Time

\* 19. Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Full Time

1

Part Time

Average Hours Worked for  
Part Time

\* 20. How many future layoffs do you anticipate as a result of COVID-19, if any?

A large black rectangular redaction box covering the answer to question 20.

\* 21. Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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.

Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

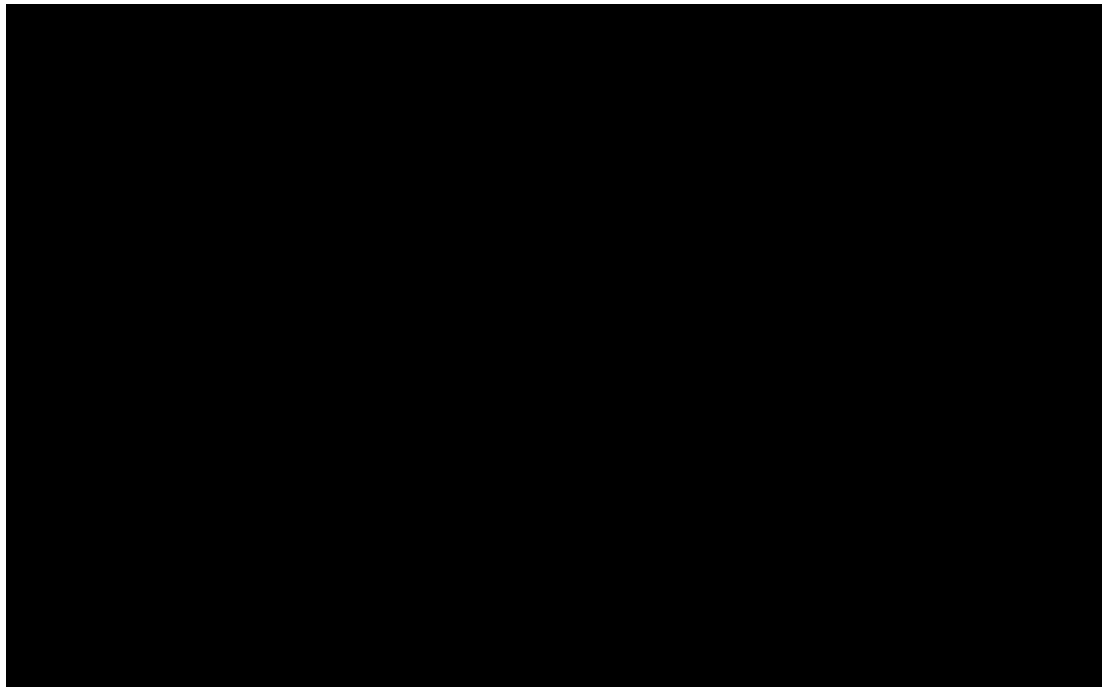
1) Actual revenue loss over the last several weeks

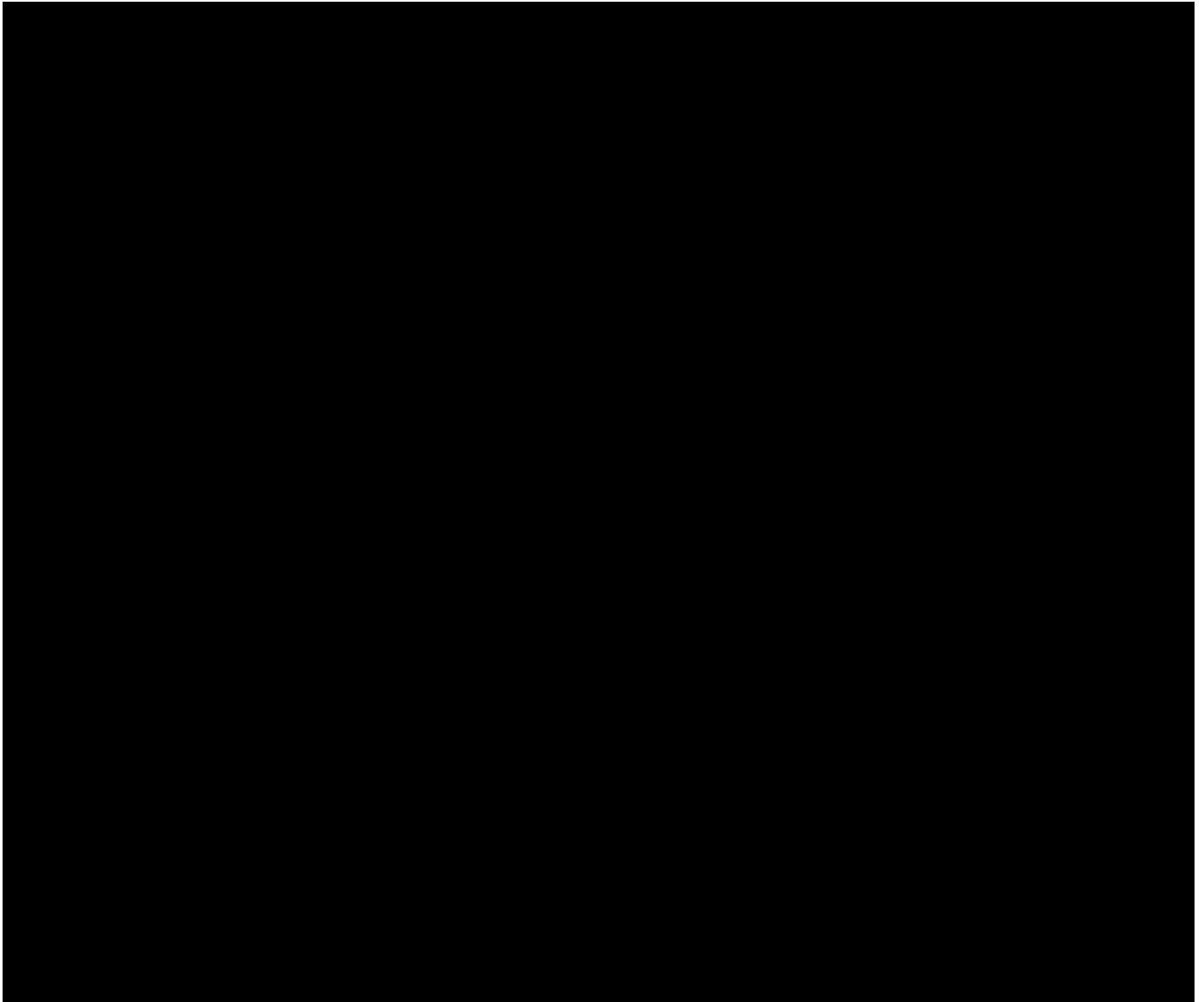
2) Any reduction in the volume of customers/consumers and transactions

3) The number of canceled events resulting in direct or indirect loss

4) Details on how your business has been disproportionately affected by travel or logistics

5) Details on how your supply chain has been substantially disrupted by the coronavirus

A large black rectangular redaction box covering the answer to question 21.



## City of Albany COVID-19 Small Business Adaptation Program Application

### Adaptation Project Description

\* 22. Please provide a description of the proposed project to be completed with the requested grant assistance below.

In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

Faith Creative Names, Inc. (FCN) has been a retail business located in the City of Albany since 2008. This WMBE business retails professional business uniforms for service workers and also school uniforms for private and parochial school children in and around the Capital Region. FCN has built its customer loyalty by being available to provide products that are not immediately accessible to the underserved Albany community.

FCN's goals are to become the premier school and work uniform supplier in the New York State tri-state region. As an MWBE, we see tremendous opportunity to expand into government contracts not well represented by qualified MBE/DWE suppliers.

FCN goals include participating in local employment programs that provide jobs & real life training to Albany high School students. The students learn many real life skills through hands-on opportunities while gaining experience in: inventory management, product customization, embroidery, order fulfillment, supply chain, and customer service.

Traditionally, expenditures for educational purposes have weathered previous economic conditions. However, due to COVID-19 many schools are closed or moved to online for the immediate time being. We know local students will be at a great disadvantage going forward, if we can not provide these same services when school returns in the near future. It's likely local families would have the resources to travel to other cities or move to an online process, which presents undue financial issues and complications or they move to other cities.

We believe we can pivot and grow to sustain our business with a slight pivot. After participating in the Graduate student Hackathon in partnership with the Central Avenue BID and the School of business at the U of Albany, FCN could experience increased revenues if a greater focus was applied to the work uniform portion of the business to compensate for these academic losses.

FCN is interested in funding to provide for "reimagining". The funds will assist in the expansion of the work uniforms facet of the business. This grant program would allow us to pivot and begin purchasing professional work attire and accessories including PPP to sell to the local workforce and online.



\* 23. How much funding in total do you require from this grant program for your business?

Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses.

This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: *The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)*

Retraining, Restocking, Reorganizing and Reimagining Activities: *The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant-CV Program, and may not exceed \$10,000.00)*

\* 24. Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

☒

No

☐

Yes (please explain):

\* 25. Please describe how the anticipated use of the grant funds will benefit your business:

The grant will allow us to expand our marketing efforts through the development of an industrial/commercial focused website, develop a social media advertising program, internet search engine marketing participation in B2B expos, and to design and distribute printed corporate identity material and expo graphic displays and purchasing of inventory and equipments.

\* 26. Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Note: If yes, proceed to question 27. If no, please skip to question 31.

☐

Yes

☒

No

## City of Albany COVID-19 Small Business Adaptation Program Application

### Reopening Projects

Reopening projects include the purchase of PPE and will be considered under City of Albany Industrial Development Agency funding. The following questions are required specifically by this funding source.

\* 27. If purchase of PPE is required, which of the following do you need to purchase?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

☐ Face coverings (including N95 masks, cloth, disposable, face shields)

☐ Disposable gloves

☐ Protective gowns or uniforms

☐ Protective eyewear

☐ Hand sanitizer

☐ Cleaning materials and disinfecting supplies

☐ No-contact thermometers for employees and customers

☐ Specialized packaging for shipping

☐ COVID testing kits

☐ Other forms of PPE, please identify

\* 28. Please describe in detail the history and nature of your business or organization and its ties to the City of Albany (the "City") community and the impact of your business/organization's work in the City community.

\* 29. Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

\* 30. The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

\* 31. Does your project description and budget include non-PPE purchases?

Note: If yes, proceed to question 32. If no, please skip to question 41.

☒ Yes

☐ No

## City of Albany COVID-19 Small Business Adaptation Program Application

### Retraining, Restocking, Reorganizing, and Reimagining Projects

Retraining, Restocking, Reorganizing and Reimagining projects include non-PPE expenditures and will be considered under the United States Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. The following questions are required specifically by this funding source. Eligibility for this program can be determined two ways, either by qualifying as an eligible microenterprise or by creating or retaining a low/moderate income job.

Please be assured that this information will remain confidential and will be used only to meet the application evaluation and record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing this funding to assist small businesses. The City of Albany, Capitalize Albany Corporation, Albany Community Development Agency, and City of Albany Industrial Development Agency do not discriminate in their programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.

\* 32. If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

- ☐ Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices
- ☐ Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts
- ☐ Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19
- ☒ Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

\* 33. For which CDBG track will your business qualify?

Note: If Microenterprise or both are selected, please proceed to question 34. If Low and Moderate is selected, please skip to question 39. If you cannot qualify for either, please skip to question 41.

- ☐ Microenterprise (*A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application*)
- ☐ Low and Moderate Income Job Creation and Retention (*Applicant will retain or employ low-moderate income employees*)
- ☒ Both
- ☐ Applicant cannot qualify under either Microenterprise or Low and Moderate Income Job Creation and Retention.

Note: If you select this response, it is highly likely your application will be deemed ineligible; please contact Capitalize Albany to assist you with this determination.

*2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:*

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

## City of Albany COVID-19 Small Business Adaptation Program Application

### Microenterprise

Applicants seeking to qualify under this track must be microenterprises majority-owned by low to moderate income individuals. For the purposes of this program, a microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application. Low to moderate income is defined as a family income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living in the same household. See chart below for reference.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

\* 34. What is your estimated total annual family income?

Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

\* 35. How many people live in your (business owner's) household?

A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

\* 36. Based on your responses above, are you a low- or moderate-income business owner?

Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

☒ Yes

☐ No

\* 37. What best describes the owner's ethnicity?

Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and an ethnic group when this ethnic group is selected.

☐ Hispanic / Latino

☒ Not Hispanic / Latino

\* 38. What best describes the owner's race?

☒ Black / African American

☐ White

☐ Native Hawaiian / Other Pacific Islander

☐ Asian & White

☐ American Indian / Alaskan Native & Black / African American

☐ Asian

☐ American Indian / Alaskan Native

☐ American Indian / Alaskan Native & White

☐ Black / African American & White

☐ Other / Multiracial

## City of Albany COVID-19 Small Business Adaptation Program Application

### Low and Moderate Income Job Creation and Retention

Applicants seeking to qualify under this track must commit to retaining or employing low to moderate income individuals. Low to moderate income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living in the same household. See chart below for reference. The application/grant process will require you to provide certified family income forms for each position to be committed to be created or retained as part of this application. Successful applicants will be required to report on each position committed to be created or retained under the application for the duration of the monitoring period.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

*2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:*

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

- \* 39. How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any?

Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |   |
|-----------|---|
| Full-Time | 1 |
| Part-Time | 1 |

- \* 40. How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs.

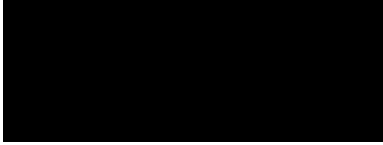
Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |   |
|--|---|
| Full-Time                                    | 1 |
| Part-Time                                    | 1 |
| Average Hours Worked for Part-Time Employees |   |

## City of Albany COVID-19 Small Business Adaptation Program Application

### Other Financial Assistance

- \* 41. Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



- \* 42. If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com).

Note: If the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

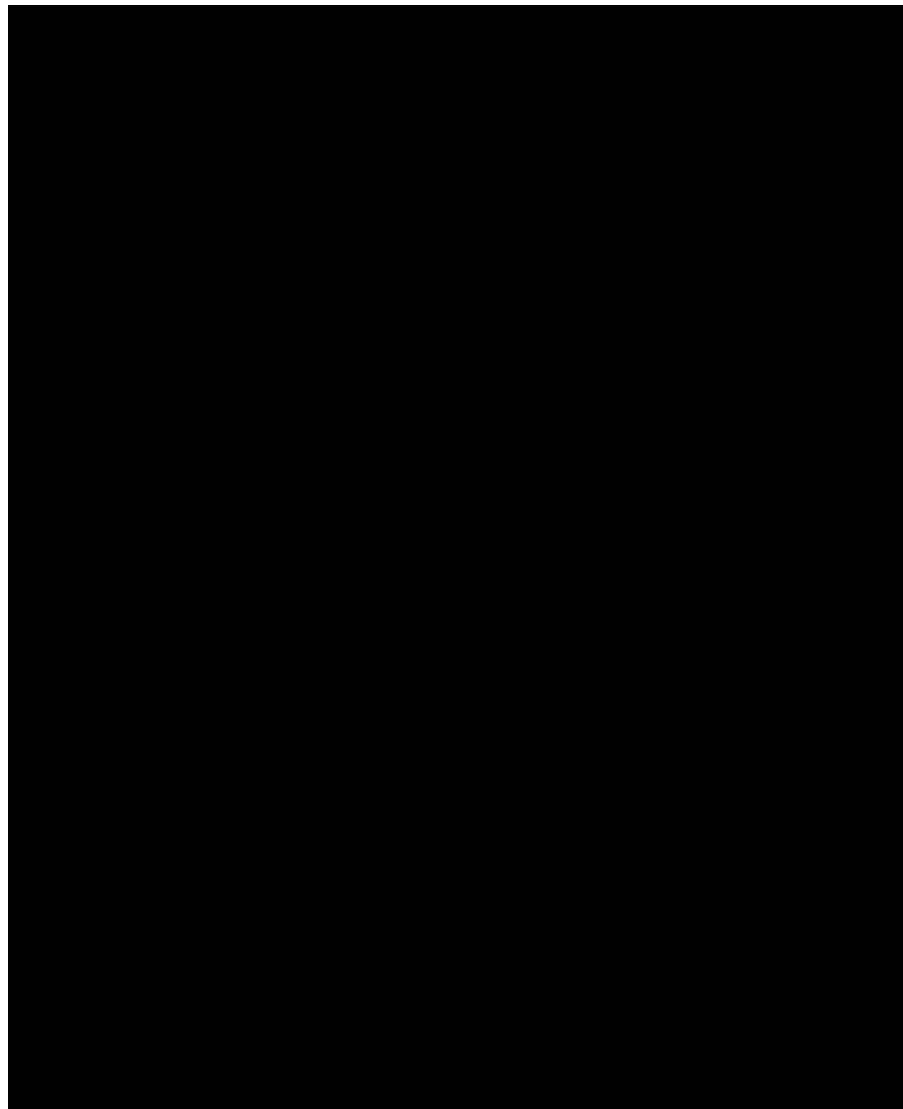
Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award





## City of Albany COVID-19 Small Business Adaptation Program Application

### Disclosures

The following set of questions are required disclosures. You must answer all of these questions. If you answer "yes" to any of the below questions, please provide details of each of the "yes" responses in the field immediately following the "yes" response.

- \* 43. Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

☒

No

☐

Yes (please specify)

- \* 44. Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

☒

No

☐

Yes (please specify)

- \* 45. Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

☒

No

☐

Yes (please specify)

- \* 46. Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

☒

No

☐

Yes (please specify)

- \* 47. If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

\* 48. If you are the owner of the property, are there any violations against the building?

☐

No

☐

Yes (Indicate Building, Fire Department, or other please explain)

\* 49. If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

☐

No

☐

Yes (please specify)

\* 50. If you are the owner of the property, are there any current real estate property tax abatements on the property?

☐

No

☐

Yes (Indicate the type and amount of abatement and when it expires. Describe any recent (i.e. past ten years) improvements which have been made to the building, indicating item, year, completed, and approximate cost below):

\* 51. 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?

### City of Albany COVID-19 Small Business Adaptation Program Application

#### Required Documents

Please visit [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants) to obtain the application checklist, which contains the list of required documents that will accompany this application. The pre-application, full application, and all required documents need to be submitted to [development@capitalizealbany.com](mailto:development@capitalizealbany.com) prior to the 4:00pm deadline on September 18, 2020

## City of Albany COVID-19 Small Business Adaptation Program Application

### Certification

By submitting this grant application, the undersigned hereby certifies to Capitalize Albany Corporation that he/she is authorized to sign on behalf of the applicant entity, has read the program guidelines and supplemental program materials, understands the terms and conditions of the grant, and agrees to abide by the program rules and requirements, if awarded funds from the program. Further, the applicant certifies that it has disclosed all sources of assistance for which it has applied for the expenses and activities included in the SBAP application and budget; and that the applicant has not requested funding for expenses for which it has already received financial assistance from any federal, state, local or private source. The applicant further certifies that he/she is not in arrears for any federal, state, local, business, property, sales and payroll taxes. The applicant further certifies that the grant pre-application, application and supporting documents are true, complete, and accurate in all respects as of the stated date. The applicant understands that the application will not be accepted unless deemed complete by staff. The applicant agrees that the acceptance of this grant application does not commit Capitalize Albany Corporation to enter into an agreement to pay any costs incurred in its preparation or to participate in subsequent negotiations. Further, the acceptance of this grant application does not constitute an agreement by Capitalize Albany Corporation that any grant will actually be approved. Capitalize Albany Corporation expressly reserves the right to reject any or all grant applications for any or no reason, or to request more information from the applicant.

\*52. Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award:

- Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion.
- Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation.
- The approved project must be in compliance with all federal, state, and local laws.
- The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program.
- Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses.
- The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses.
- The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

Deanalee Campbell

Title

President

Date

9-18-20

#204

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 26, 2020 9:44:34 AM  
**Last Modified:** Wednesday, August 26, 2020 9:49:36 AM  
**Time Spent:** 00:05:01  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** gorgeous antiques  
**Name of Contact:** carolyn starkes  
**Address:** 467 delaware ave  
**City/Town:** albany  
**State/Province:** ny  
**ZIP/Postal Code:** 12209  
**Country:** united states  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

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**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

**Q7**

**Minority,  
Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20000.00

**Q9**

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

rent and all monthly expenses including phone electric

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## City of Albany COVID-19 Small Business Adaptation Program Application

### Interested in Applying?

This Program consists of a two-part application process. If you have yet to do so, please complete the pre-application available at [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants). Once your pre-application has been submitted, please proceed with completing the full application below. In addition to this questionnaire, the full application includes a number of required documents. Please visit [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants) to obtain the application checklist and submit the required documents to [development@capitalizealbany.com](mailto:development@capitalizealbany.com). In order for an application to be considered for award, the pre-application and the full application with any and all required documents need to be submitted by the deadline and determined to be complete by Capitalize Albany, in its sole discretion.

To facilitate the application process for applicants, Capitalize Albany has established the pre-application and accompanying application to collect the required information from applicants and enable staff to determine whether or not applicants meet the eligibility and prioritization criteria of one or both of the available funding sources. Applicants are not required to choose a program in order to proceed – the above program details are provided for informational purposes only.

The ensuing application will ask questions on a variety of topics pertaining to the business, owners, and employees. Please know that all information included in this document is here for a specific purpose. Applicants should endeavor to complete all of the application fields to the best of their abilities. **Incomplete or missing responses may negatively impact the review of an application, which can result in a lower grant amount or even disqualification for the program with no further contact required of Capitalize Albany.** Please review the application notes throughout the application for additional guidance/clarification on the questions and/or contact Capitalize Albany for assistance.

Relevant sections of applications requesting funding for the purchase of PPE through the Reopening portion of the program will be processed through the City of Albany Industrial Development Agency and will appear on the CAIDA website and be discussed at a public meeting with opportunity for public comment. Any and all sensitive information on applications will be kept confidential, except to the extent required for program approvals or released by the applicant in subsequent certifications.

Please note: responses are saved and submitted when an applicant clicks the Next or Done button on each page of the survey. Responses do not automatically save as each question is answered—they are saved and submitted page by page as respondents progress through the survey. Applicants are not required to complete the full application in a single session and should be able to return to the application to continue where they left off, up until the application deadline. However, applicants should ensure to provide themselves with ample time to complete the application process prior to the deadline.

**The deadline for the full application and the required documents on the application checklist is 4:00 pm on September 18, 2020.**

If you have any questions, please contact us at (518) 434-2532 ext. 25 or [development@capitalizealbany.com](mailto:development@capitalizealbany.com).

## City of Albany COVID-19 Small Business Adaptation Program Application

### Contact Information

#### \* 1. Applicant Business Contact Information

Please provide the address of the physical commercial location of the Applicant Business below:

Name of Business or

Not-For- Profit

Gorgeous Antiques

Name of Business Contact

Carolyn Starker

Business Address

467 Delaware Ave

Business Address 2

City/Town

Albany

State/Province

N.Y.

ZIP/Postal Code

12209

Country

USA

2. If the mailing address of the Applicant differs from the above, please provide the mailing address below:

Name of Business

Gorgeous Antiques

Address

142 WEX rd

Address 2

City/Town

Scotia

State/Province

N.Y.

ZIP/Postal Code

12302

Country

USA



City of Albany COVID-19 Small Business Adaptation Program Application

Real Estate Information

\* 3. Do you Lease or Own the Property?

☐ Lease

☐ Own

\* 4. Landlord Contact Information

Name of Landlord

STEVEN ALVAREZ

## City of Albany COVID-19 Small Business Adaptation Program Application

### Business Information

\* 5. Type of Business (Choose One)

- ☐ Convenience Retail Store
- ☐ Grocery/Specialty Food Store
- ☐ Not-For-Profit Organization
- ☐ Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)
- ☐ Professional Services (e.g. doctors, lawyers, accountants, architects)
- ☐ Restaurant/Tavern
- ☒ Soft Goods Retail (e.g. Apparel/Shoes/Home Furnishings/Books/Gifts/Novelties)
- ☐ Industrial/Warehouse
- ☐ Other (please specify)

Antiques, vintage, Gifts,

\* 6. Business Structure

- ☒ Sole-Proprietorship
- ☐ Partnership
- ☐ LLC
- ☐ Other (please specify)

\* 7. Business Federal Employer Identification Number (EIN):

8. DUNS Number (if known):

Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html>

Funding may require grant recipients to obtain a DUNS number.

\* 9. On what date did the Applicant begin operations?

6/25/2013

\* 10. Are you currently open?

If Yes, please provide your  
days and hours of  
operation

If No, please explain

we are not open due to utilities shut off by  
National Grid

11. Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

Carolyn Stokes

Percent Ownership of  
Above-Named Owner:

100%

Title of Above-Named  
Owner:

SOLE OWNERSHIP

Name of Additional  
Business Owner (if  
applicable):

NONE

Percent Ownership of  
Above-Named Owner (if  
applicable):

NONE

Title of Above-Named  
Owner (if applicable):

NONE

12. If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

NONE

\* 13. Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

☒ No

☐ Yes (please explain)

City of Albany COVID-19 Small Business Adaptation Program Application

COVID-19 Impacts

Both the CDBG and IDA funding require that grantees have been affected by COVID-19. The following questions will help Capitalize Albany to determine the extent to which your business was directly impacted.

\* 14. When did your business start declining as a result of COVID-19?

Please provide the date (MM/DD/YYYY):

3/13/2020

\* 15. Has your decline resulted in more than a 25% decrease in revenue?

☒ Yes

☐ No

\* 16. What was your average monthly revenue pre-COVID-19?

Please provide approximate dollar amounts of business revenues:

[REDACTED]

\* 17. What is your most recent monthly revenue?

Please provide approximate dollar amounts of business revenues:

[REDACTED]

\* 18. How many employees does your business currently employ (including any owners)?

☒ Full Time

THREE

☐ Part Time

Average Hours Worked for  
Part Time

[REDACTED]

\* 19. Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

☒ Full Time

THREE

☐ Part Time

Average Hours Worked for  
Part Time

[REDACTED]

\* 20. How many future layoffs do you anticipate as a result of COVID-19, if any?

\* 21. Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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.

Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

1) Actual revenue loss over the last several weeks

2) Any reduction in the volume of customers/consumers and transactions

3) The number of canceled events resulting in direct or indirect loss

4) Details on how your business has been disproportionately affected by travel or logistics

5) Details on how your supply chain has been substantially disrupted by the coronavirus

## City of Albany COVID-19 Small Business Adaptation Program Application

### Adaptation Project Description

\* 22. Please provide a description of the proposed project to be completed with the requested grant assistance below.

In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

Door Bell Installed to ensure 3 customers at a time. Sanitizing stations with masks gloves, hand sanitizer, large acrylic shields at check out. Barrier between customer & staff. Signage enforcing social distancing on door & windows and at counters. Also a thermometer to do temps. Customers & staff. Signage encouraging good hand washing and wear a mask.

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant -CV Program):

Door Bell  
Lap top computer  
Signage  
Education for staff

\* 23. How much funding in total do you require from this grant program for your business?

Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses.

This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: *The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)*

Retraining, Restocking, Reorganizing and Reimagining Activities: *The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant-CV Program, and may not exceed \$10,000.00)*

\* 24. Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

☒ No

☐ Yes (please explain):

\* 25. Please describe how the anticipated use of the grant funds will benefit your business:

It will allow us to safely reopen to the public  
Pay up our rent to Landlord  
have our utilities restored with national Grid

\* 26. Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Note: If yes, proceed to question 27. If no, please skip to question 31.

☒ Yes

☐ No

## City of Albany COVID-19 Small Business Adaptation Program Application

### Reopening Projects

Reopening projects include the purchase of PPE and will be considered under City of Albany Industrial Development Agency funding. The following questions are required specifically by this funding source.

\* 27. If purchase of PPE is required, which of the following do you need to purchase?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

☒ Face coverings (including N95 masks, cloth, disposable, face shields)

☒ Disposable gloves

☐ Protective gowns or uniforms

☐ Protective eyewear

☒ Hand sanitizer

☒ Cleaning materials and disinfecting supplies

☒ No-contact thermometers for employees and customers

☐ Specialized packaging for shipping

☐ COVID testing kits

☐ Other forms of PPE, please identify

\* 28. Please describe in detail the history and nature of your business or organization and its ties to the City of Albany (the "City") community and the impact of your business/organization's work in the City community.

At this time we are the only antique vintage store in Albany. We donate a lot to the community. Displaced homeowners people who have lost everything due to fires, evictions, divorce death of loved one we donate from Gowns, burial gowns for babies. We donate musical instruments to children that cant buy one. We teach the community alot about history, and how to create a beautiful environment on a budget. We save items from going to the landfill.

\* 29. Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



- \* 30. The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

WE CAN SAVE OUR BUSINESS. WE WOULD BE ABLE TO OPEN.  
PAY UP OUR RENT, HAVE OUR UTILITIES PUT BACK ON. RETAIN  
3 EMPLOYEES, AND HIRE ANOTHER FOR THE HOLIDAYS.  
THE COMMUNITY IS EAGER FOR US TO OPEN AGAIN.  
OUR BIZ IS A FRONT, OF BUS STOP SO FOR ELDERLY AND THOSE  
THAT DON'T DRIVE IT IS A CONVENIENCE.  
I AM A LPN SO I DO ALOT OF EDUCATING ABOUT GOOD HAND  
WASHING, HOW TO PROPERLY PUT ON GLOVES, AND TAKE OFF.  
HOW TO LISTEN TO YOUR BODY AND SEEK MEDICAL TX IF  
YOU FEEL SICK.  
HOW TO PROPERLY DISPOSE OF PPE

- \* 31. Does your project description and budget include non-PPE purchases?

Note: If yes, proceed to question 32. If no, please skip to question 41.

☒ Yes Pay up our RENT to hand hold - 22,000  
☐ No Pay our utilities and Put them back on - 5,000  
WE ALSO NEED A LAP TOP COMPUTER TO  
CONDUCT BUSINESS.

## City of Albany COVID-19 Small Business Adaptation Program Application

### Retraining, Restocking, Reorganizing, and Reimagining Projects

Retraining, Restocking, Reorganizing and Reimagining projects include non-PPE expenditures and will be considered under the United States Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. The following questions are required specifically by this funding source. Eligibility for this program can be determined two ways, either by qualifying as an eligible microenterprise or by creating or retaining a low/moderate income job.

Please be assured that this information will remain confidential and will be used only to meet the application evaluation and record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing this funding to assist small businesses. The City of Albany, Capitalize Albany Corporation, Albany Community Development Agency, and City of Albany Industrial Development Agency do not discriminate in their programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.

\* 32. If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

- ☒ Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices
- ☐ Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts
- ☒ Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19
- ☐ Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

\* 33. For which CDBG track will your business qualify?

Note: If Microenterprise or both are selected, please proceed to question 34. If Low and Moderate is selected, please skip to question 39. If you cannot qualify for either, please skip to question 41.

- ☐ Microenterprise (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)
- ☒ Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)
- ☐ Both
- ☐ Applicant cannot qualify under either Microenterprise or Low and Moderate Income Job Creation and Retention.

Note: If you select this response, it is highly likely your application will be deemed ineligible; please contact Capitalize Albany to assist you with this determination.

**2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:**

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

## City of Albany COVID-19 Small Business Adaptation Program Application

### Microenterprise

Applicants seeking to qualify under this track must be microenterprises majority-owned by low to moderate income individuals. For the purposes of this program, a microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application. Low to moderate income is defined as a family income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living in the same household. See chart below for reference.

*2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:*

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

\* 34. What is your estimated total annual family income?

Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

\* 35. How many people live in your (business owner's) household?

A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

\* 36. Based on your responses above, are you a low- or moderate-income business owner?

Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

☒ Yes

☐ No

\* 37. What best describes the owner's ethnicity?

Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and an ethnic group when this ethnic group is selected.

☐ Hispanic / Latino

☐ Not Hispanic / Latino

\* 38. What best describes the owner's race?

☒ Black / African American

☐ White

☐ Native Hawaiian / Other Pacific Islander

☐ Asian & White

☐ American Indian / Alaskan Native & Black / African American

☐ Asian

☐ American Indian / Alaskan Native

☐ American Indian / Alaskan Native & White

☐ Black / African American & White

☐ Other / Multiracial

## City of Albany COVID-19 Small Business Adaptation Program Application

### Low and Moderate Income Job Creation and Retention

Applicants seeking to qualify under this track must commit to retaining or employing low to moderate income individuals. Low to moderate income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living in the same household. See chart below for reference. The application/grant process will require you to provide certified family income forms for each position to be committed to be created or retained as part of this application. Successful applicants will be required to report on each position committed to be created or retained under the application for the duration of the monitoring period.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

*2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:*

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

- \* 39. How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any?

Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Full-Time

~~None~~ 3

Part-Time

- \* 40. How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs.

Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Full-Time

None

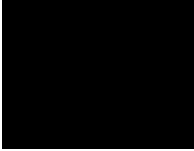
Part-Time

Average Hours Worked for  
Part-Time Employees

## City of Albany COVID-19 Small Business Adaptation Program Application

### Other Financial Assistance

- \* 41. Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



- \* 42. If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com).

Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award

|  |
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|  |

## City of Albany COVID-19 Small Business Adaptation Program Application

### Disclosures

The following set of questions are required disclosures. You must answer all of these questions. If you answer "yes" to any of the below questions, please provide details of each of the "yes" responses in the field immediately following the "yes" response.

- \* 43. Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

☒ No

☐ Yes (please specify)

- \* 44. Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

☒ No

☐ Yes (please specify)

- \* 45. Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

☒ No

☐ Yes (please specify)

- \* 46. Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

☒ No

☐ Yes (please specify)

- \* 47. If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

\* 48. If you are the owner of the property, are there any violations against the building?

☒ No

☐ Yes (indicate Building, Fire Department, or other please explain)

\* 49. If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

☒ No

☐ Yes (please specify)

\* 50. If you are the owner of the property, are there any current real estate property tax abatements on the property?

☒ No

☐ Yes (indicate the type and amount of abatement and when it expires. Describe any recent (i.e. past ten years) improvements which have been made to the building, indicating item, year, completed, and approximate cost below):

\* 51. 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?

## City of Albany COVID-19 Small Business Adaptation Program Application

### Required Documents

Please visit [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants) to obtain the application checklist, which contains the list of required documents that will accompany this application. The pre-application, full application, and all required documents need to be submitted to [development@capitalizealbany.com](mailto:development@capitalizealbany.com) prior to the 4:00pm deadline on September 18, 2020



## City of Albany COVID-19 Small Business Adaptation Program Application

### Certification

By submitting this grant application, the undersigned hereby certifies to Capitalize Albany Corporation that he/she is authorized to sign on behalf of the applicant entity, has read the program guidelines and supplemental program materials, understands the terms and conditions of the grant, and agrees to abide by the program rules and requirements, if awarded funds from the program. Further, the applicant certifies that it has disclosed all sources of assistance for which it has applied for the expenses and activities included in the SBAP application and budget; and that the applicant has not requested funding for expenses for which it has already received financial assistance from any federal, state, local or private source. The applicant further certifies that he/she is not in arrears for any federal, state, local, business, property, sales and payroll taxes. The applicant further certifies that the grant pre-application, application and supporting documents are true, complete, and accurate in all respects as of the stated date. The applicant understands that the application will not be accepted unless deemed complete by staff. The applicant agrees that the acceptance of this grant application does not commit Capitalize Albany Corporation to enter into an agreement to pay any costs incurred in its preparation or to participate in subsequent negotiations. Further, the acceptance of this grant application does not constitute an agreement by Capitalize Albany Corporation that any grant will actually be approved. Capitalize Albany Corporation expressly reserves the right to reject any or all grant applications for any or no reason, or to request more information from the applicant.

\*52. Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award:

- Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion.
- Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation.
- The approved project must be in compliance with all federal, state, and local laws.
- The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program.
- Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses.
- The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses.
- The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

Carolyn Starks Capitalize Albany

Title

SOLE owner

Date

9/17/20

#231

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 27, 2020 11:39:21 PM  
**Last Modified:** Thursday, August 27, 2020 11:56:27 PM  
**Time Spent:** 00:17:06  
**IP Address:** [REDACTED]

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Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Grateful Villages INC  
**Name of Contact:** Jordan Gigliotti  
**Address:** 465 central ave  
**City/Town:** albany  
**State/Province:** NEW YORK  
**ZIP/Postal Code:** 12206  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

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**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

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**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

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**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

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**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

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**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

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**Q7**

**Minority**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

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**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$10,000

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**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

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**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Due to COVID-19, we find our self's having to restructure our community Information center to make it New York state and CDC Compliant. Also, providing PPE (Hand Sanitizer) Equipment for our volunteers and employees.

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## City of Albany COVID-19 Small Business Adaptation Program Application

### Welcome to the Small Business Adaptation Program Home Page

Capitalize Albany Corporation, in partnership with the City of Albany, has developed the COVID-19 Small Business Adaptation Program (“Program”) in direct response to the state disaster emergency declared on March 7, 2020 and the impacts that COVID-19 has made on businesses and their continuing operations. Capitalize Albany Corporation, through financial assistance from the City of Albany Community Development (ACDA) and Industrial Development Agencies (CAIDA), will provide up to \$10,000 in direct reimbursement grants to assist with the recovery efforts of City of Albany small businesses, helping businesses affected by the COVID-19 health emergency with distinct business expenses necessary to resume regular operations of the business or adapt their business for the new regulatory environment and strengthen or expedite their growth and recovery, while maintaining the health and safety of their employees and customers. Disadvantaged business enterprises (minority, woman or veteran-owned businesses) may be eligible for up to \$20,000.

Specifically, this program is designed to provide reimbursement grants of up to \$10,000 (\$20,000 for qualifying DBE’s) to help small businesses with the following COVID-19 adaptation-related expenses in order to avoid job loss caused by potential business closure related to social distancing:

- Reopening: The purchase of personal protective equipment (PPE) such as face coverings, disposable gloves and protective gowns necessary to minimize the spread of COVID-19
- Retraining: The development and implementation of programs to train new employees, or re-train existing workforce on new business practices
- Restocking: The purchase of perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts
- Reorganizing: The purchase of furniture, fixtures, and equipment (FFE) necessary to adapt a business’ space to minimize the spread of COVID -19
- Reimagining: The development and implementation of new programs or product lines to expand/adapt operations to meet new market demands

This program is funded through ACDA and CAIDA resources and administered by the City’s economic development entity, Capitalize Albany Corporation. Funding allocated by CAIDA will be used solely for reimbursement of the purchase of PPE. Funding allocated by ACDA will be used for fixtures, furniture and equipment and other non-PPE adaptation projects/activities. Funding through ACDA has been made possible per the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant Coronavirus funding (CDBG-CV), and therefore must meet a HUD national objective such as benefit to low- and moderate-income persons.

A single application may be submitted to request both eligible PPE and non-PPE business expenses. Certain eligibility criteria must be met in order to be eligible for the program, as determined by federal and/or state regulations pertaining to each of the funding sources. Assistance is in the form of a grant. Grants may be required to be repaid, if the terms of the grant agreement are not met.

On the next page, Capitalize Albany has highlighted several of the principal eligibility criteria for the Program. This is not an exhaustive list of all program requirements. Applicants are responsible for reading and understanding the full program guidelines on the Capitalize Albany website: [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants). At the end of this application, applicants will be required to certify that they understand and agree to abide by the program requirements. If you have any questions regarding the Program, any of its requirements or require any special accommodations to complete the application, please contact Capitalize Albany staff at [development@capitalizealbany.com](mailto:development@capitalizealbany.com) or (518) 434-2532 ext. 25.

## City of Albany COVID-19 Small Business Adaptation Program Application

### Program Eligibility

All applicants must meet the following minimum criteria:

1. Applicant must be a legal entity, which is registered and licensed (if required) to operate in New York State
2. Applicant must be a small business or not-for-profit corporation, with no greater than 50 full-time equivalent employees, that has been in operation prior to March 7, 2020
3. Applicant must have a physical commercial presence located in the City of Albany, New York and conduct business in the City of Albany, New York
4. Applicant must have been negatively affected by the COVID-19 state disaster emergency
5. Applicant must have documentable negative impact on their business or organization - this can be established through the application and supplemental documentation detailing volume of business loss and impacts
6. Project Costs requested under this program must not have been incurred prior to August 18, 2020 or as requested by the funding sources.

Additional eligibility criteria is further detailed in the program guidelines.

Applicants may be prioritized for funding, provided the business or project meets any of the following criteria:

- Businesses that are at least 51% owned by a disadvantaged business enterprise (DBE) (e.g. minority, woman or veteran-owned). Certification is not required.
- Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)
- Businesses in which 51% of employees of the business qualify as low- to moderate-income persons
- Businesses serving target geography (defined as being physically located in a distressed census tract, neighborhood strategy area, jurisdiction of restricted funding sources, ensuring geographic diversity, Opportunity Zone)
- Businesses that have experienced at least a 25% revenue loss due to the impacts of COVID-19 Applications
- that include projected tangible benefits to the City, such as annual sales, number of jobs created, etc.
- Businesses in a target cluster/industry (e.g. restaurant, hospitality)

## City of Albany COVID-19 Small Business Adaptation Program Application

### Interested in Applying?

This Program consists of a two-part application process. If you have yet to do so, please complete the pre-application available at [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants). Once your pre-application has been submitted, please proceed with completing the full application below. In addition to this questionnaire, the full application includes a number of required documents. Please visit [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants) to obtain the application checklist and submit the required documents to [development@capitalizealbany.com](mailto:development@capitalizealbany.com). In order for an application to be considered for award, the pre-application and the full application with any and all required documents need to be submitted by the deadline and determined to be complete by Capitalize Albany, in its sole discretion.

To facilitate the application process for applicants, Capitalize Albany has established the pre-application and accompanying application to collect the required information from applicants and enable staff to determine whether or not applicants meet the eligibility and prioritization criteria of one or both of the available funding sources. Applicants are not required to choose a program in order to proceed – the above program details are provided for informational purposes only.

The ensuing application will ask questions on a variety of topics pertaining to the business, owners, and employees. Please know that all information included in this document is here for a specific purpose. Applicants should endeavor to complete all of the application fields to the best of their abilities. **Incomplete or missing responses may negatively impact the review of an application, which can result in a lower grant amount or even disqualification for the program with no further contact required of Capitalize Albany.** Please review the application notes throughout the application for additional guidance/clarification on the questions and/or contact Capitalize Albany for assistance.

Relevant sections of applications requesting funding for the purchase of PPE through the Reopening portion of the program will be processed through the City of Albany Industrial Development Agency and will appear on the CAIDA website and be discussed at a public meeting with opportunity for public comment. Any and all sensitive information on applications will be kept confidential, except to the extent required for program approvals or released by the applicant in subsequent certifications.

Please note: responses are saved and submitted when an applicant clicks the Next or Done button on each page of the survey. Responses do not automatically save as each question is answered—they are saved and submitted page by page as respondents progress through the survey. Applicants are not required to complete the full application in a single session and should be able to return to the application to continue where they left off, up until the application deadline. However, applicants should ensure to provide themselves with ample time to complete the application process prior to the deadline.

**The deadline for the full application and the required documents on the application checklist is 4:00 pm on September 18, 2020.**

If you have any questions, please contact us at (518) 434-2532 ext. 25 or [development@capitalizealbany.com](mailto:development@capitalizealbany.com).

## City of Albany COVID-19 Small Business Adaptation Program Application

### Contact Information

#### \* 1. Applicant Business Contact Information

Please provide the address of the physical commercial location of the Applicant Business below:

**Name of Business or**

**Not-For- Profit**

Grateful Villages INC

**Name of Business Contact**

Jordan Alexander

**Business Address**

582 Clinton ave

**Business Address 2**

No. 1

**City/Town**

Albany

**State/Province**

NY

**ZIP/Postal Code**

12206

**Country**

US

2. If the mailing address of the Applicant differs from the above, please provide the mailing address below:

**Name of Business**

N/A

**Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Country**



## City of Albany COVID-19 Small Business Adaptation Program Application

### Real Estate Information

\* 3. Do you Lease or Own the Property?

☐ Lease

☒ Own

\* 4. Landlord Contact Information

Name of Landlord

N/A

## City of Albany COVID-19 Small Business Adaptation Program Application

### Business Information

\* 5. Type of Business (Choose One)

- ☐ Convenience Retail Store
- ☐ Grocery/Specialty Food Store
- ☒ Not-For-Profit Organization
- ☐ Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)
- ☐ Professional Services (e.g. doctors, lawyers, accountants, architects)
- ☐ Restaurant/Tavern
- ☐ Soft Goods Retail (e.g. Apparel/Shoes/Home Furnishings/Books/Gifts/Novelties)
- ☐ Industrial/Warehouse
- ☐ Other (please specify)

\* 6. Business Structure

- ☐ Sole-Proprietorship
- ☐ Partnership
- ☐ LLC
- ☒ Other (please specify)

501c3 Non-profit

\* 7. Business Federal Employer Identification Number (EIN):

8. DUNS Number (if known):

Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html>

Funding may require grant recipients to obtain a DUNS number.

\* 9. On what date did the Applicant begin operations?

9/17/20

\* 10. Are you currently open?

If Yes, please provide your  
days and hours of  
operation

Yes - M-F 10:00a.m.- 5:00p.m.

If No, please explain

11. Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner: Grateful Villages

Percent Ownership of  
Above-Named Owner:

100%

Title of Above-Named  
Owner:

Board of Directors

Name of Additional  
Business Owner (if  
applicable):

N/a

Percent Ownership of  
Above-Named Owner (if  
applicable):

Title of Above-Named  
Owner (if applicable):

12. If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

N/A

\* 13. Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?



No



Yes (please explain)

## City of Albany COVID-19 Small Business Adaptation Program Application

### COVID-19 Impacts

**Both the CDBG and IDA funding require that grantees have been affected by COVID-19. The following questions will help Capitalize Albany to determine the extent to which your business was directly impacted.**

- \* 14. When did your business start declining as a result of COVID-19?

Please provide the date (MM/DD/YYYY):

03/20/2020

- \* 15. Has your decline resulted in more than a 25% decrease in revenue?

☒ Yes

☐ No

- \* 16. What was your average monthly revenue pre-COVID-19?

Please provide approximate dollar amounts of business revenues:

[Redacted]

- \* 17. What is your most recent monthly revenue?

Please provide approximate dollar amounts of business revenues:

[Redacted]

- \* 18. How many employees does your business currently employ (including any owners)?

Full Time

1

Part Time

3

Average Hours Worked for

Part Time

40/hrs/week-20/hrs/week

- \* 19. Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Full Time

1

Part Time

Average Hours Worked for

Part Time

40 hrs/week

\* 20. How many future layoffs do you anticipate as a result of COVID-19, if any?

\* 21. Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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.

Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

1) Actual revenue loss over the last several weeks

2) Any reduction in the volume of customers/consumers and transactions

3) The number of canceled events resulting in direct or indirect loss

4) Details on how your business has been disproportionately affected by travel or logistics

5) Details on how your supply chain has been substantially disrupted by the coronavirus

## City of Albany COVID-19 Small Business Adaptation Program Application

### Adaptation Project Description

\* 22. Please provide a description of the proposed project to be completed with the requested grant assistance below.

In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

From the beginning of the pandemic we have focused our efforts on making sure we're not only keep ourselves safe but also, our at-risk members of our community. We were able to recognize that PPE (Hand sanitizer) were very scarce in the beginning, So we made our own hand sanitizer. Grateful Villages Hand Sanitizer is 99.99% pure isopropyl alcohol diluted down to 75% efficacy with aloe. We Requesting \$10,000 from Capitalize Albany to be able to make more Hand sanitizer to keep our employees and volunteers safe year round. With \$10,000 we would be able to purchase enough material to produce 3,831 bottles of Hand sanitizer.

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

We have developed an Innovative service to develop capacity around the expanding focus on land use for private and Community Food production models in our neighborhood.

Through technology transfer and training for personal and entrepreneurial food production of community-based produce, we can adapt as an organization to meet the Urgent health needs of our community in facing the effects of the covid-19 pandemic.

Our food access, nutritional access and information Justice are key focal points in the development of Community Health Equity and the strengthening of our community health and individual health in fighting covid-19.

\* 23. How much funding in total do you require from this grant program for your business?

Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses.

This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: *The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)*

\$9,400

Retraining, Restocking, Reorganizing and Reimagining Activities: *The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)*

\$10,000

\* 24. Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

☒

No

☐

Yes (please explain):

\* 25. Please describe how the anticipated use of the grant funds will benefit your business:

Through the creation of a community job skills program that teaches food production directly within the neighborhood, we can provide minority, low income, and undeserved populations the tools needed to succeed and the fight for both community and personal health.

This teaching kitchen space would provide the basis for numerous community programs run volt through our organization and many partner organizations that serve the West Hill West End Ann Arbor Hill neighborhoods

\* 26. Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Note: If yes, proceed to question 27. If no, please skip to question 31.

☒

Yes

☐

No

## City of Albany COVID-19 Small Business Adaptation Program Application

### Reopening Projects

**Reopening projects include the purchase of PPE and will be considered under City of Albany Industrial Development Agency funding. The following questions are required specifically by this funding source.**

\* 27. If purchase of PPE is required, which of the following do you need to purchase?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

☐ Face coverings (including N95 masks, cloth, disposable, face shields)

☐ Disposable gloves

☐ Protective gowns or uniforms

☐ Protective eyewear

☒ Hand sanitizer

☐ Cleaning materials and disinfecting supplies

☐ No-contact thermometers for employees and customers

☐ Specialized packaging for shipping

☐ COVID testing kits

☐ Other forms of PPE, please identify

Material to make Hand Sanitizer, Isopropyl alcohol, Aloe Juice, bottles, and tops

\* 28. Please describe in detail the history and nature of your business or organization and its ties to the City of Albany (the "City") community and the impact of your business/organization's work in the City community.

Our goal is to relieve the suffering of the most impoverished and marginalized children in the world. Our work to end the cycle of poverty through community-wide empowerment and sustainability projects is rooted in the belief that all children need and deserve the basic provisions of access to clean water, nutritious food, education, hope, and a safe sanctuary.

Our goal is not only to survive but to thrive, to live the highest reaches of the human experience as we learn and grow together. Each of us plays a unique and necessary part as our hearts guide us, inciting immediate and lasting social

\* 29. Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



- \* 30. The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

This grant will help ensure the health and safety of Grateful Villages volunteers and employees for the next 2 years.

- \* 31. Does your project description and budget include non-PPE purchases?

Note: If yes, proceed to question 32. If no, please skip to question 41.

☒ Yes

☐ No

## City of Albany COVID-19 Small Business Adaptation Program Application

### Retraining, Restocking, Reorganizing, and Reimagining Projects

Retraining, Restocking, Reorganizing and Reimagining projects include non-PPE expenditures and will be considered under the United States Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. The following questions are required specifically by this funding source. Eligibility for this program can be determined two ways, either by qualifying as an eligible microenterprise or by creating or retaining a low/moderate income job.

Please be assured that this information will remain confidential and will be used only to meet the application evaluation and record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing this funding to assist small businesses. The City of Albany, Capitalize Albany Corporation, Albany Community Development Agency, and City of Albany Industrial Development Agency do not discriminate in their programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.

\* 32. If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

- ☒ Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices
- ☐ Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts
- ☒ Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19
- ☒ Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

\* 33. For which CDBG track will your business qualify?

Note: If Microenterprise or both are selected, please proceed to question 34. If Low and Moderate is selected, please skip to question 39. If you cannot qualify for either, please skip to question 41.

- ☐ Microenterprise (*A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application*)
- ☒ Low and Moderate Income Job Creation and Retention (*Applicant will retain or employ low-moderate income employees*)
- ☒ Both

☐ Applicant cannot qualify under either Microenterprise or Low and Moderate Income Job Creation and Retention.

Note: If you select this response, it is highly likely your application will be deemed ineligible; please contact Capitalize Albany to assist you with this determination.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

## City of Albany COVID-19 Small Business Adaptation Program Application

### Microenterprise

Applicants seeking to qualify under this track must be microenterprises majority-owned by low to moderate income individuals. For the purposes of this program, a microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application. Low to moderate income is defined as a family income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living in the same household. See chart below for reference.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

\* 34. What is your estimated total annual family income?

Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

\* 35. How many people live in your (business owner's) household?

A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

\* 36. Based on your responses above, are you a low- or moderate-income business owner?

Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

☒ Yes

☐ No

\* 37. What best describes the owner's ethnicity?

Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and an ethnic group when this ethnic group is selected.

☒ Hispanic / Latino

☐ Not Hispanic / Latino

\* 38. What best describes the owner's race?

☐ Black / African American

☒ White

☐ Native Hawaiian / Other Pacific Islander

☐ Asian & White

☐ American Indian / Alaskan Native & Black / African American

☐ Asian

☐ American Indian / Alaskan Native

☐ American Indian / Alaskan Native & White

☐ Black / African American & White

☐ Other / Multiracial

## City of Albany COVID-19 Small Business Adaptation Program Application

### Low and Moderate Income Job Creation and Retention

Applicants seeking to qualify under this track must commit to retaining or employing low to moderate income individuals. Low to moderate income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living in the same household. See chart below for reference. The application/grant process will require you to provide certified family income forms for each position to be committed to be created or retained as part of this application. Successful applicants will be required to report on each position committed to be created or retained under the application for the duration of the monitoring period.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

*2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:*

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| <b>80% AMI</b>   | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| <b>50% AMI</b>   | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| <b>30% AMI</b>   | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

- \* 39. How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any?

Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Full-Time

3

Part-Time

- \* 40. How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs.

Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Full-Time

2

Part-Time

3

Average Hours Worked for  
Part-Time Employees

20

## City of Albany COVID-19 Small Business Adaptation Program Application

### Other Financial Assistance

- \* 41. Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



- \* 42. If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com).

Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

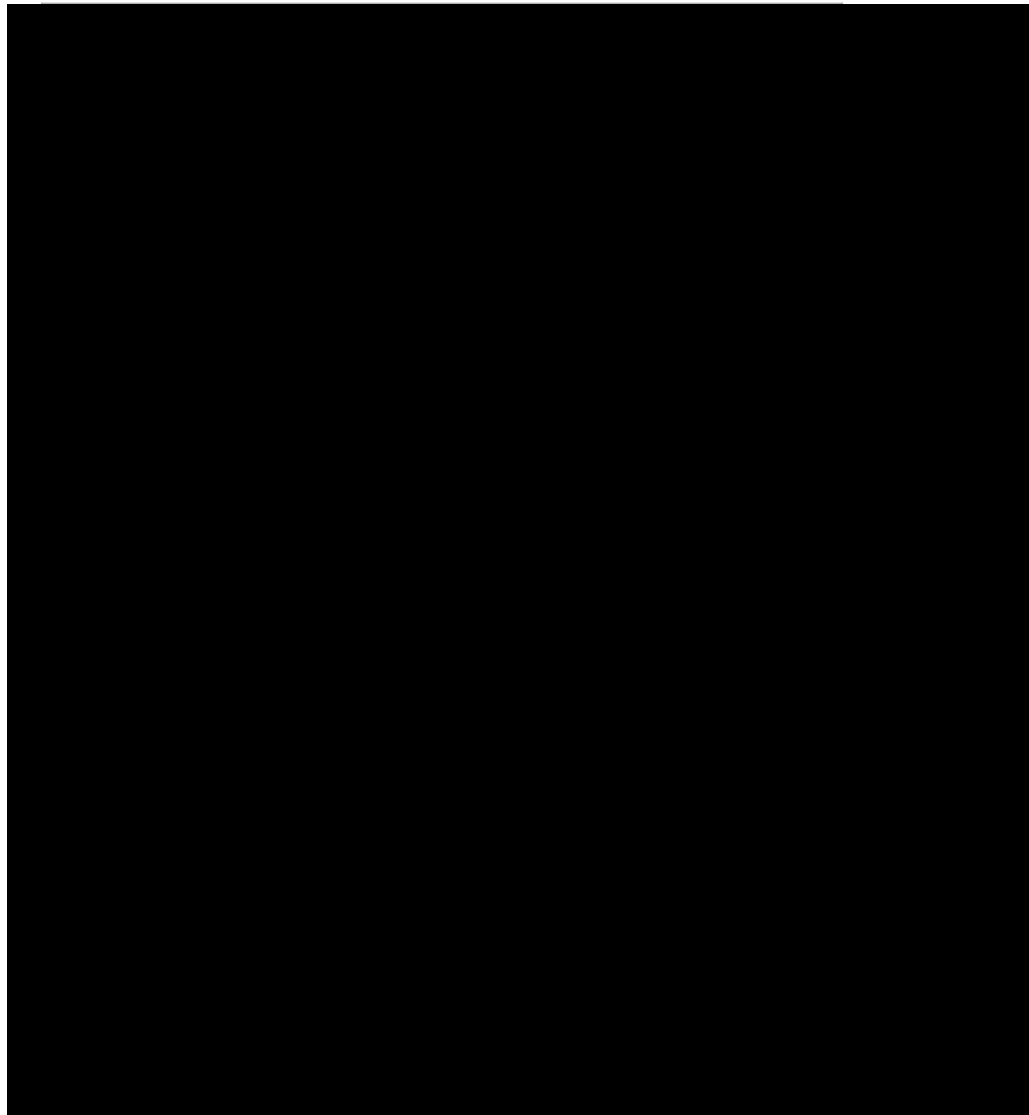
Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## City of Albany COVID-19 Small Business Adaptation Program Application

### Disclosures

The following set of questions are required disclosures. You must answer all of these questions. If you answer "yes" to any of the below questions, please provide details of each of the "yes" responses in the field immediately following the "yes" response.

- \* 43. Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

☒ No

☐ Yes (please specify)

- \* 44. Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

☒ No

☐ Yes (please specify)

- \* 45. Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

☒ No

☐ Yes (please specify)

- \* 46. Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

☒ No

☐ Yes (please specify)

- \* 47. If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

\* 48. If you are the owner of the property, are there any violations against the building?

☒

No

☐

Yes (indicate Building, Fire Department, or other please explain)

\* 49. If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

☒

No

☐

Yes (please specify)

\* 50. If you are the owner of the property, are there any current real estate property tax abatements on the property?

☒

No

☐

Yes (indicate the type and amount of abatement and when it expires. Describe any recent (i.e. past ten years) improvements which have been made to the building, indicating item, year, completed, and approximate cost below):

\* 51. 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?

## City of Albany COVID-19 Small Business Adaptation Program Application

### Required Documents

Please visit [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants) to obtain the application checklist, which contains the list of required documents that will accompany this application. The pre-application, full application, and all required documents need to be submitted to [development@capitalizealbany.com](mailto:development@capitalizealbany.com) prior to the 4:00pm deadline on September 18, 2020



## City of Albany COVID-19 Small Business Adaptation Program Application

### Certification

By submitting this grant application, the undersigned hereby certifies to Capitalize Albany Corporation that he/she is authorized to sign on behalf of the applicant entity, has read the program guidelines and supplemental program materials, understands the terms and conditions of the grant, and agrees to abide by the program rules and requirements, if awarded funds from the program. Further, the applicant certifies that it has disclosed all sources of assistance for which it has applied for the expenses and activities included in the SBAP application and budget; and that the applicant has not requested funding for expenses for which it has already received financial assistance from any federal, state, local or private source. The applicant further certifies that he/she is not in arrears for any federal, state, local, business, property, sales and payroll taxes. The applicant further certifies that the grant pre-application, application and supporting documents are true, complete, and accurate in all respects as of the stated date. The applicant understands that the application will not be accepted unless deemed complete by staff. The applicant agrees that the acceptance of this grant application does not commit Capitalize Albany Corporation to enter into an agreement to pay any costs incurred in its preparation or to participate in subsequent negotiations. Further, the acceptance of this grant application does not constitute an agreement by Capitalize Albany Corporation that any grant will actually be approved. Capitalize Albany Corporation expressly reserves the right to reject any or all grant applications for any or no reason, or to request more information from the applicant.

\*52. Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award:

- Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion.
- Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation.
- The approved project must be in compliance with all federal, state, and local laws.
- The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program.
- Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses.
- The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses.
- The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

Jordan Alexander

Title

Executive Director

Date

9/18/20

#156

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 19, 2020 10:02:16 AM  
**Last Modified:** Wednesday, August 19, 2020 10:20:25 AM  
**Time Spent:** 00:18:09  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |                               |
|-------------------------------------|-------------------------------|
| Name of Business or Not-For-Profit: | Healthy Cafe Catering Company |
| Name of Contact:                    | Betsy Manware                 |
| Address:                            | 50 Yardboro Ave.              |
| City/Town:                          | Albany                        |
| State/Province:                     | NY                            |
| ZIP/Postal Code:                    | 12205                         |
| Country:                            | United States                 |
| Email Address:                      | [REDACTED]                    |
| Phone Number:                       | [REDACTED]                    |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$20,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

I will be putting a food truck at Albany Law School for their fall semester since they have closed their cafeteria. I will have to purchase PPE gear including masks, gloves, and hand sanitizer. I will be training my staff who have not had experience working on a food truck. I have to create a whole new menu that will be served individually as opposed to the bulk catering that we conduct normally. Some of our product was depleted due to Covid and will have to be replaced. I am basically reinventing my business for the time being.

---

#1

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 20, 2020 9:23:33 AM  
**Last Modified:** Sunday, August 23, 2020 10:02:38 PM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                                      |
|------------------------------------|--------------------------------------|
| Name of Business or Not-For-Profit | <b>Healthy Cafe Catering Company</b> |
| Name of Business Contact           | <b>Betsy Manware</b>                 |
| Business Address                   | <b>50 Yardboro Ave.</b>              |
| City/Town                          | <b>Albany</b>                        |
| State/Province                     | <b>NY</b>                            |
| ZIP/Postal Code                    | <b>12205</b>                         |
| Country                            | <b>United States</b>                 |
| Email Address                      | [REDACTED]                           |
| Phone Number                       | [REDACTED]                           |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                                      |
|------------------|--------------------------------------|
| Name of Business | <b>Healthy Cafe Catering Company</b> |
| Address          | <b>228 Morner Rd.</b>                |
| City/Town        | <b>Rensselaer</b>                    |
| State/Province   | <b>NY</b>                            |
| ZIP/Postal Code  | <b>12144</b>                         |
| Country          | <b>United States</b>                 |

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## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Oman Industries, LLC**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

Catering Company

---

**Q6**

Business Structure

**LLC**

---

**Q7**

Business Federal Employer Identification Number (EIN):



---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



---

**Q9**

On what date did the Applicant begin operations?

March 2007

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**yes Monday through Saturday 8 to 3pm**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                      |
|---|----------------------|
| Name of Business Owner:                 | <b>Betsy Manware</b> |
| Percent Ownership of Above-Named Owner: | <b>100%</b>          |
| Title of Above-Named Owner:             | <b>Owner</b>         |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/02/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

██████████

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

██████████

---

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 3  |
| Average Hours Worked for Part Time | 20 |

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 4  |
| Part Time                          | 5  |
| Average Hours Worked for Part Time | 25 |

---

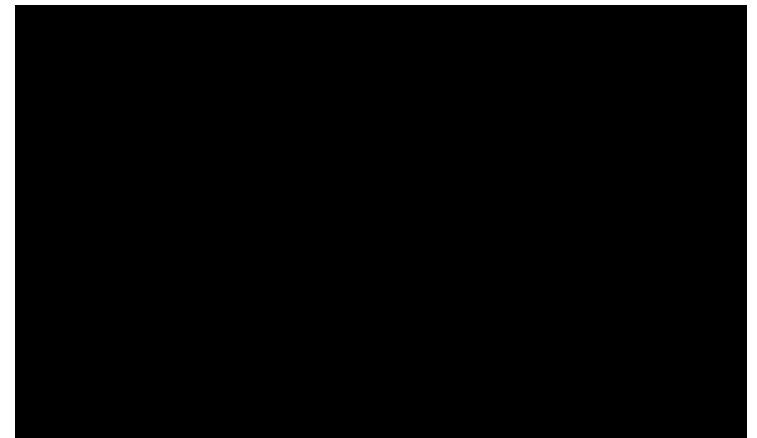
**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus





## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

**Reopening Activities:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Retraining, Restocking, Reorganizing and Reimagining Activities:** The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Both of my proposed projects will require the purchase of PPE . First one, I am putting a food truck at Albany Law School to serve breakfast and lunch to students and staff. They have closed their cafeteria due to Covid. As a caterer who primarily does drop off food, we do not generally deal with individual customer contact. With our menu we will require a lot of PPE products (gloves, hand sanitizer, masks, and surface sanitizer. The second project we are focusing on is providing catering for small backyard weddings. This will also require PPE. With the weddings I require more staff to serve the meal. that**

**In order to put both projects into motion I will be retraining my staff who have not worked on a food truck or catered in a backyard without a kitchen facility. They will be trained to use specific equipment and how to sanitize it. They will create a menu that is individually packaged (we are accustomed to doing bulk meals). Training will also be serving plated meals outdoors. They will be trained to serve customers while being socially distanced. They will learn to sanitize the entire truck on a daily basis along with all of our equipment used for weddings. We have a mostly new menu with some old items that we will need to be restocked due to Covid. We will also have to purchase a whole line of individually packaged plastic and paper products. Our other focus(small backyard weddings) will require us to purchase some equipment that can be transported. We also need purchase service ware (plates, flatware, glassware, platters). We will need a significant amount of serviceware since being outdoors there is not a way to sanitize and reuse plates for different courses.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **10000**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

The funds provided from the grant would be very beneficial to my business. Since my business is all catering (not a restaurant), Covid has severely impacted my business. April through June and Sept through December are our busiest months. All of my weddings and large receptions have been cancelled. I also do a significant amount of corporate catering which has not resumed being people are still working remotely. My sales are down by 60-70%. In order to survive the next six months I need to diversify my business. After 16 years of being in business and continually growing, reinventing yourself is not an easy task. The 2 plans that I mentioned earlier will enhance my business for the time being and perhaps even add on another layer post Covid. The funds would help with providing the necessary PPE, training for existing staff, and bringing back one laid off employee. Being available to do small backyard weddings would also provide the opportunity for existing part time staff to have work available and hopefully hire another staff member. By doing multiple small weddings as opposed to one large wedding may not be super profitable for myself but will be profitable enough to maintain my staff and possibly add more. The funds would help me purchase duplicate serviceware and equipment to be able to cater multiple events.

The funds would also help me restock my perishable inventory that was lost during Covid. It would be used to purchase a whole line of individualized packaging that will be Covid friendly and would adhere to six foot distancing.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**Specialized packaging for shipping,**

Other forms of PPE, please identify:

I have included in my budget some tables that would help with partitions with social distancing.

**Q28**

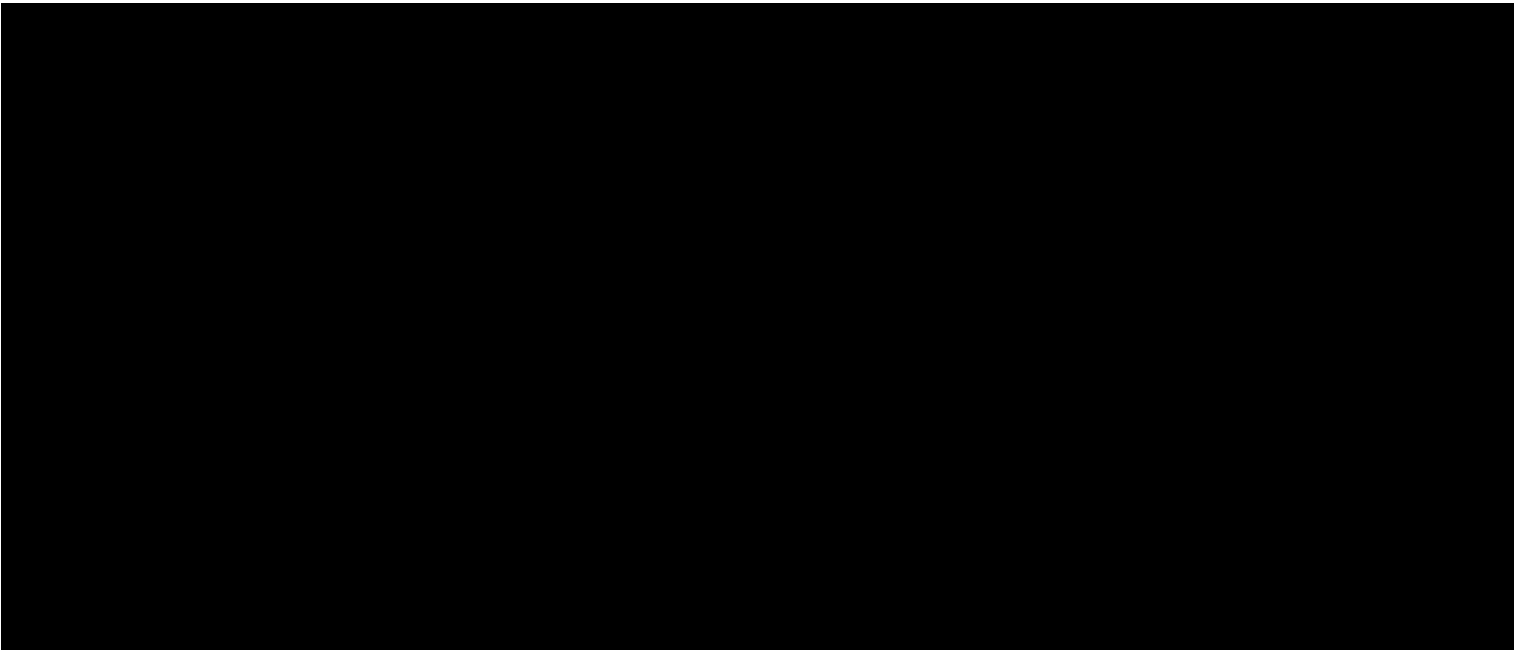
Please describe in detail the history and nature of your business or organization and its ties to the City of Albany (the "City") community and the impact of your business/organization's work in the City community.

Healthy Cafe Catering Company has been in business for 16 years. I started the business as something to give me some additional income. I never had the intention of becoming a "Catering Company". Things seemed to progress slowly and I started to realize that I actually owned my own business! I did not have a culinary background but I was able to learn more and more as I grew. Over the past 16 years I grew at a comfortable pace. I have never have had more than 5 full time employees and a handful of part time staff. I consider my business to be truly a "small business". I have never had to take any form of a loan professionally until Covid. I have reinvested into my business over the years and it has paid off. I consider my business to be successful...it may not produce millions of dollars in sales, but I do have a very dedicated staff who pushes a lot of food out the door everyday. I am proud of myself for being a woman owned business and seeing my business evolve over the years. I make a very comfortable living, which has enabled me to give back to our community. I find it very rewarding. I try to donate financially whenever possible. We are committed to working with the Interfaith Partnership for the Homeless, primarily the Safe Haven Shelter for the past 3 years. We provide a meal every Tuesday evening from November through March. Because of Covid, the meals this year continued through June.

We are also involved with the Southend Children's Cafe in downtown Albany. We have donated numerous meals, provided our delivery vehicles to help with their food bank pick ups, and have donated financially. Other organizations that we donate to on a yearly basis are Northeast NY Alliance for Positive Health, Planned Parenthood, Mohawk Hudson Humane Society, Camp Bravehearts, Food Pantries for the Capital District, Craig Apple, Hope House, Maria College, Albany Public Library and Albany Archdiocese.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

A large black rectangular box redacting the response to Q29.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

If the funds that I requested through the grant were immediately released I would be able to begin putting my two initiatives into place.

I have not mentioned that I normally spend 8 to 10 percent of my gross sales on marketing. I work with Hearst media who has done a tremendous job bringing me great results. I meet with my specialist every three months to create a marketing plan. I had to suspend all marketing when Covid hit and have not been able to restart. You will see that I allotted for this in my budget. With Hearst's help I would be able to create a plan for October through December. One of our simplest marketing strategies is SEO and spending money on google word placement. People are beginning to plan their fall 2021 weddings. I have acquired over 10 weddings for next summer. The deposits that I have received through signed contracts has been extremely helpful.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>2</b> |
| Part-Time | <b>1</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Part-Time                                    | <b>1</b>  |
| Average Hours Worked for Part-Time Employees | <b>15</b> |

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

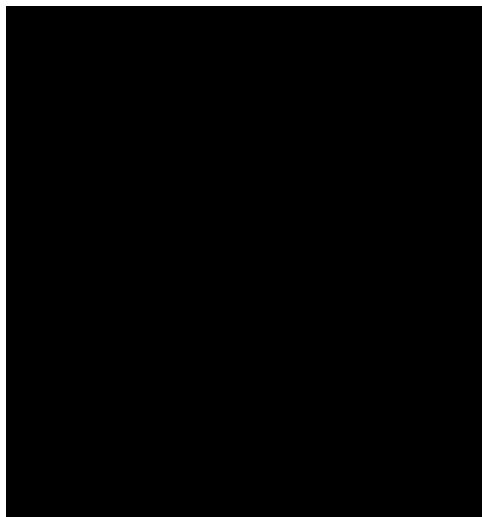
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---



**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Betsy Manware**

Title

**owner**

Date

**August 23 2020**

#80

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 12, 2020 12:53:23 PM  
**Last Modified:** Wednesday, August 12, 2020 1:04:51 PM  
**Time Spent:** 00:11:27  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Heaven on earth beauty salon  
**Name of Contact:** kerry-Ann Ashley  
**Address:** 330 central ave  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12206  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority,  
Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000.00

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Because of the current covid 19 virus ... heaven on earth will need to purchase ppe supplies on a regular basis both for our daily operations and our customers coming in . we also have to put fixtures in place to assure that our customers are safe as well as ourselves while receiving services . We also have to employ new stylist and train them with our covid 19 action plan . Heaven on earth needs to implement other sources of income for example products to sell online to help us with extra income . With that being said we are still recovering from being closed for the two months so we are playing catch up . This grant will put us in a better position to operate at a greater level during this covid 19 pandemic . we have had to adopt and put things in place so that our customers are safe as well as ourselves . we need to put up plexiglass . Also get retail products and have overhead for the new employees we are needing to hire

---

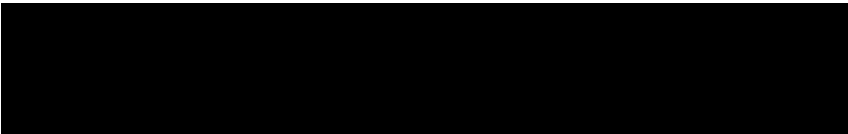
## City of Albany COVID-19 Small Business Adaptation Program Application

### Contact Information

#### \* 1. Applicant Business Contact Information

Please provide the address of the physical commercial location of the Applicant Business below:

|  |                              |
|--|------------------------------|
| Name of Business or<br>Not-For- Profit | Heaven on earth beauty salon |
| Name of Business Contact               | Kerry-Ann Ashley             |
| Business Address                       | 330 central ave              |
| Business Address 2                     |                              |
| City/Town                              | Albany                       |
| State/Province                         | n.y.                         |
| ZIP/Postal Code                        | 12206                        |
| Country                                | united states                |



2. If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |     |
|------------------|-----|
| Name of Business | n/a |
| Address          |     |
| Address 2        |     |
| City/Town        |     |
| State/Province   |     |
| ZIP/Postal Code  |     |
| Country          |     |

## City of Albany COVID-19 Small Business Adaptation Program Application

### Real Estate Information

\* 3. Do you Lease or Own the Property?

☒ Lease

☐ Own

\* 4. Landlord Contact Information

Name of Landlord

Seraj

## City of Albany COVID-19 Small Business Adaptation Program Application

### Business Information

**\* 5. Type of Business (Choose One)**

- ☐ Convenience Retail Store
- ☐ Grocery/Specialty Food Store
- ☐ Not-For-Profit Organization
- ☒ Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)
- ☐ Professional Services (e.g. doctors, lawyers, accountants, architects)
- ☐ Restaurant/Tavern
- ☐ Soft Goods Retail (e.g. Apparel/Shoes/Home Furnishings/Books/Gifts/Novelties)
- ☐ Industrial/Warehouse
- ☐ Other (please specify)

**\* 6. Business Structure**

- ☐ Sole-Proprietorship
- ☐ Partnership
- ☒ LLC
- ☐ Other (please specify)

**\* 7. Business Federal Employer Identification Number (EIN):**

**8. DUNS Number (if known):**

Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html>

Funding may require grant recipients to obtain a DUNS number.

**\* 9. On what date did the Applicant begin operations?**

march 1st 2004

**\* 10. Are you currently open?**

If Yes, please provide your  
days and hours of  
operation

Tues- Sat 9:30 am -6pm

If No, please explain

**11. Identify all owners of the business with a 20% ownership share or greater below**

Name of Business Owner: Kerry-Ann Ashley 100%

Percent Ownership of  
Above-Named Owner:

Title of Above-Named  
Owner:

Name of Additional  
Business Owner (if  
applicable):

Percent Ownership of  
Above-Named Owner (if  
applicable):

Title of Above-Named  
Owner (if applicable):

**12. If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:**

N/A

**\* 13. Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?**



No



Yes (please explain)



## City of Albany COVID-19 Small Business Adaptation Program Application

### COVID-19 Impacts

Both the CDBG and IDA funding require that grantees have been affected by COVID-19. The following questions will help Capitalize Albany to determine the extent to which your business was directly impacted.

- \* 14. When did your business start declining as a result of COVID-19?

Please provide the date (MM/DD/YYYY):

March 21, 2020 had to close the business for 2 months

- \* 15. Has your decline resulted in more than a 25% decrease in revenue?

☒ Yes

☐ No

- \* 16. What was your average monthly revenue pre-COVID-19?

Please provide approximate dollar amounts of business revenues:

[REDACTED]

- \* 17. What is your most recent monthly revenue?

Please provide approximate dollar amounts of business revenues:

[REDACTED]

- \* 18. How many employees does your business currently employ (including any owners)?

Full Time

1

Part Time

1

Average Hours Worked for  
Part Time

13

- \* 19. Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Full Time

2

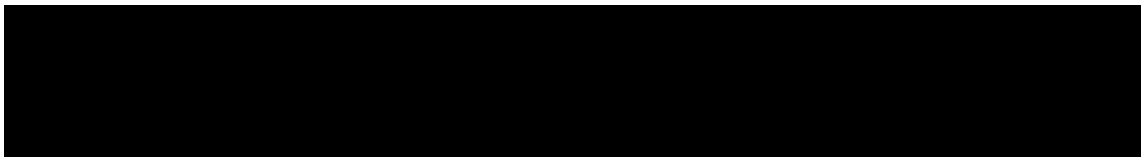
Part Time

1

Average Hours Worked for  
Part Time

20

\* 20. How many future layoffs do you anticipate as a result of COVID-19, if any?

A large black rectangular redaction box covering the answer to question 20.

\* 21. Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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.

Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

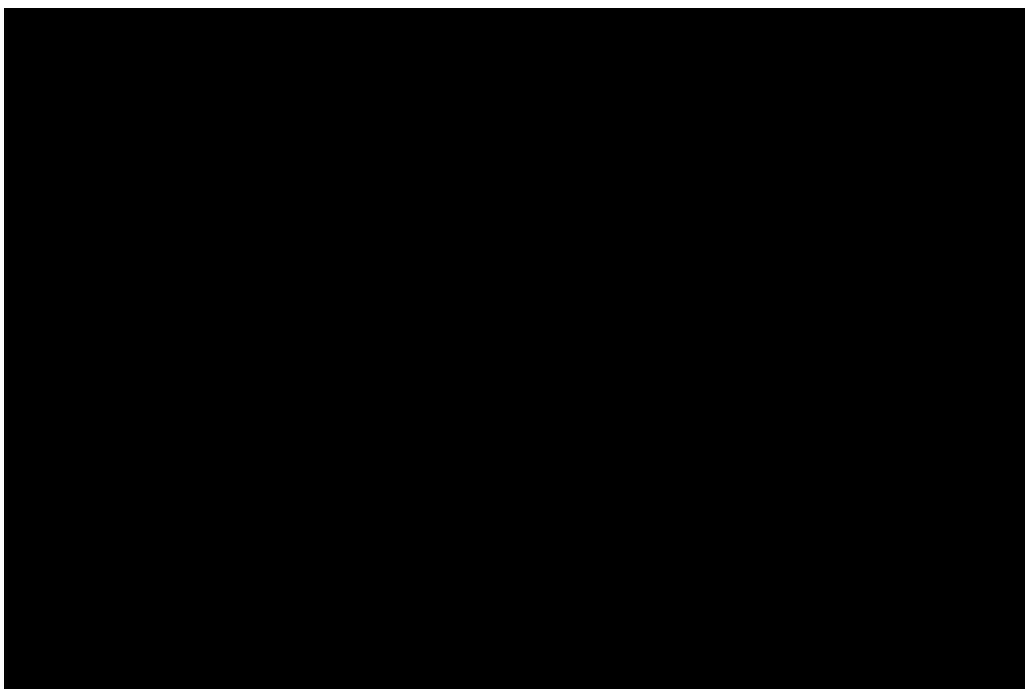
1) Actual revenue loss over the last several weeks

2) Any reduction in the volume of customers/consumers and transactions

3) The number of canceled events resulting in direct or indirect loss

4) Details on how your business has been disproportionately affected by travel or logistics

5) Details on how your supply chain has been substantially disrupted by the coronavirus

A large black rectangular redaction box covering the answer to question 21.

## City of Albany COVID-19 Small Business Adaptation Program Application

### Adaptation Project Description

\* 22. Please provide a description of the proposed project to be completed with the requested grant assistance below.

In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

Our plan to reopen Affectively has been cut short because of finances we are catching up on old bills that we were still being billed on during the lock down .Are reopening plan includes purchase of

- 1.cleaning supplies that kills bacteria and viruses
- 2.Mask to keep us and our customers safe during services
- 3.Gloves for cleaning and operating in a sanitary manner / we have to change gloves often
- 4.Hand sanitizer and antibacterial hand soap
- 5 hands temperature checker which mounted on the wall .. this will allow us to not have to hire someone to work the door it will sound an alarm if temp is too high

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

Prior to the lockdown business slowed down because people were taking precautions some of the employees left because business was slow with reopening and in order for us to function properly we need a front desk person and additonal stylist . to make this happen we need the funds to put towards training and training materials in how to operate safely in this new way of living with the covid virus still out there . also having over head will allow us to promote and safely operate during this time .

The money that was usually used towards supplies had to be used to catch on bills those funds were depleated . currently our reatil area is empty because we are not able to restock we are trying to recover .we need to purchase retail products and back bar supplies .and hair supplies

wit the purcahse of these retail products we can sell in store and now develop a web based plan to sell online to boost sales and also if ther is another lokdown we will have products to sell on line . This fundin will help us kickstart new programs and product lines to expand and adapt operations to meet new market demands

we also need to to reorganize the salon with protective shielding at our front area and also station partions to insure safe work stations

\* 23. How much funding in total do you require from this grant program for your business?

Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses.

This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: *The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)*

2,953.83

Retraining, Restocking, Reorganizing and Reimagining Activities: *The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant-CV Program, and may not exceed \$10,000.00)*

10,000.00

\* 24. Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

☒ No

☐ Yes (please explain):

\* 25. Please describe how the anticipated use of the grant funds will benefit your business:

now the use of this grant will allow heaven on earth to operate effectively ... being able to hire more staff and train them properly so we can effectively perform our services and to assure that we can prepare for another lock-down .With the funding we can have stock in place to sel to our customers walking in and also online. our online services will allow us to reach more customers and offer more to them while they are staying at home .our new ppe supplies will help us conduct business in a safe and sanitize manner . Also our glass deviders will also allow for safe and socially distance services

\* 26. Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Note: If yes, proceed to question 27. If no, please skip to question 31.

☒ Yes

☐ No

## City of Albany COVID-19 Small Business Adaptation Program Application

### Reopening Projects

Reopening projects include the purchase of PPE and will be considered under City of Albany Industrial Development Agency funding. The following questions are required specifically by this funding source.

\* 27. If purchase of PPE is required, which of the following do you need to purchase?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

☒ Face coverings (including N95 masks, cloth, disposable, face shields)

☒ Hand sanitizer

☒ Disposable gloves

☒ Cleaning materials and disinfecting supplies

☐ Protective gowns or uniforms

☒ No-contact thermometers for employees and customers

☒ Protective eyewear

☐ Specialized packaging for shipping

☐ COVID testing kits

☐ Other forms of PPE, please identify

\* 28. Please describe in detail the history and nature of your business or organization and its ties to the City of Albany (the "City") community and the impact of your business/organization's work in the City community.

Ive been in business now fro 16 years since 2004 . Heaven on earth beauty salon has always been on central ave in Albany N.Y..  
our first location was at 209 central ave . i operated as a DBA for 8 years in 2012 the opportunity came about to be able to expand at that time the business switch to an llc we have been at our new location at 330 central ave since then . we have employed numerous amount of people . we have helped in the community in a number of occasions .. W are known for our kindness and professionalism and positive atmosphere we have help everyone coming in whether the

\* 29. Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

- \* 30. The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

these resources will help us to hire new staff ,restock our retail area which will create more income , which will bring us to appoint where we can offer more job positions to the community . Alot of stylist at the moment are working from home , with the resources given we can help them to come into the salon and pay them a great hourly pay .with the resource i can focus on running the business and maintaining

- \* 31. Does your project description and budget include non-PPE purchases?

Note: If yes, proceed to question 32. If no, please skip to question 41.

☒ Yes

☐ No

## City of Albany COVID-19 Small Business Adaptation Program Application

### Retraining, Restocking, Reorganizing, and Reimagining Projects

Retraining, Restocking, Reorganizing and Reimagining projects include non-PPE expenditures and will be considered under the United States Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. The following questions are required specifically by this funding source. Eligibility for this program can be determined two ways, either by qualifying as an eligible microenterprise or by creating or retaining a low/moderate income job.

Please be assured that this information will remain confidential and will be used only to meet the application evaluation and record keeping requirements of the U.S. Department of Housing and Urban Development, which is providing this funding to assist small businesses. The City of Albany, Capitalize Albany Corporation, Albany Community Development Agency, and City of Albany Industrial Development Agency do not discriminate in their programs and activities on the basis of age, color, gender expression/identity, genetic information, marital status, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, or veteran status, as applicable.

- \* 32. If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with?

Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

- ☒ Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices
- ☐ Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts
- ☒ Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19
- ☒ Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

- \* 33. For which CDBG track will your business qualify?

Note: If Microenterprise or both are selected, please proceed to question 34. If Low and Moderate is selected, please skip to question 39. If you cannot qualify for either, please skip to question 41.

- ☐ Microenterprise (*A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application*)
- ☐ Low and Moderate Income Job Creation and Retention (*Applicant will retain or employ low-moderate income employees*)
- ☒ Both
- ☐ Applicant cannot qualify under either Microenterprise or Low and Moderate Income Job Creation and Retention.

Note: If you select this response, it is highly likely your application will be deemed ineligible; please contact Capitalize Albany to assist you with this determination.

*2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:*

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

## City of Albany COVID-19 Small Business Adaptation Program Application

### Microenterprise

Applicants seeking to qualify under this track must be microenterprises majority-owned by low to moderate income individuals. For the purposes of this program, a microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application. Low to moderate income is defined as a family income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living in the same household. See chart below for reference.

2020-2021 \*\* HUD Low to Moderate Income Guidelines for Albany:

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

\* 34. What is your estimated total annual family income?

Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

\* 35. How many people live in your (business owner's) household?

A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

\* 36. Based on your responses above, are you a low- or moderate-income business owner?

Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

☒ Yes

☐ No



\* 37. What best describes the owner's ethnicity?

Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and an ethnic group when this ethnic group is selected.

- ☐ Hispanic / Latino
- ☐ Not Hispanic / Latino

\* 38. What best describes the owner's race?

- |   |  |
|---|--|
| <input checked="" type="radio"/> Black / African American                         | <input type="radio"/> Asian                                    |
| <input type="radio"/> White   | <input type="radio"/> American Indian / Alaskan Native         |
| <input type="radio"/> Native Hawaiian / Other Pacific Islander                    | <input type="radio"/> American Indian / Alaskan Native & White |
| <input type="radio"/> Asian & White   | <input type="radio"/> Black / African American & White         |
| <input type="radio"/> American Indian / Alaskan Native & Black / African American | <input type="radio"/> Other / Multiracial                      |

## City of Albany COVID-19 Small Business Adaptation Program Application

### Low and Moderate Income Job Creation and Retention

Applicants seeking to qualify under this track must commit to retaining or employing low to moderate income individuals. Low to moderate income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of family members living in the same household. See chart below for reference. The application/grant process will require you to provide certified family income forms for each position to be committed to be created or retained as part of this application. Successful applicants will be required to report on each position committed to be created or retained under the application for the duration of the monitoring period.

2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:

*2020-2021\*\* HUD Low to Moderate Income Guidelines for Albany:*

| Number in Family | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8       |
|------------------|--------|--------|--------|--------|--------|--------|--------|---------|
| 80% AMI          | 54,350 | 62,100 | 69,850 | 77,600 | 83,850 | 90,050 | 96,250 | 102,450 |
| 50% AMI          | 33,950 | 38,800 | 43,650 | 48,500 | 52,400 | 56,300 | 60,150 | 64,050  |
| 30% AMI          | 20,400 | 23,300 | 26,200 | 29,100 | 31,450 | 33,800 | 36,100 | 38,450  |

\*\* For the purposes of this program, family is defined as all persons living in the same household who are related by birth, marriage, or adoption.

- \* 39. How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any?

Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |  |
|-----------|--|
| Full-Time | <input type="text" value="1 full time"/> |
| Part-Time | <input type="text" value="2 part time"/> |

- \* 40. How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs.

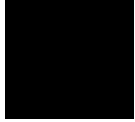
Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |                                 |
|--|---------------------------------|
| Full-Time                                    | <input type="text" value="3"/>  |
| Part-Time                                    | <input type="text" value="2"/>  |
| Average Hours Worked for Part-Time Employees | <input type="text" value="25"/> |

## City of Albany COVID-19 Small Business Adaptation Program Application

### Other Financial Assistance

- \* 41. Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



- \* 42. If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com).

Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

|  |
|--|
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|  |

Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award

|  |
|--|
|  |
|  |
|  |
|  |
|  |

## City of Albany COVID-19 Small Business Adaptation Program Application

### Disclosures

The following set of questions are required disclosures. You must answer all of these questions. If you answer "yes" to any of the below questions, please provide details of each of the "yes" responses in the field immediately following the "yes" response.

- \* 43. Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

☒ No

☐ Yes (please specify)

- \* 44. Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

☐ No

☒ Yes (please specify)

I filed for bankruptcy last year to help alleviate a personal tax debt it is already closed so no future debt can be put on it

- \* 45. Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

☒ No

☐ Yes (please specify)

- \* 46. Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

☒ No

☐ Yes (please specify)

- \* 47. If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

\* 48. If you are the owner of the property, are there any violations against the building?

☒

No

☐

Yes (indicate Building, Fire Department, or other please explain)

n/a

\* 49. If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

☐

No

☐

Yes (please specify)

N/a

\* 50. If you are the owner of the property, are there any current real estate property tax abatements on the property?

☐

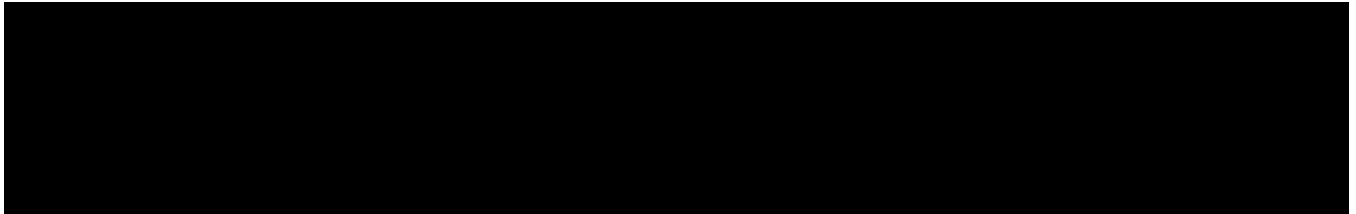
No

☐

Yes (indicate the type and amount of abatement and when it expires. Describe any recent (i.e. past ten years) improvements which have been made to the building, indicating item, year, completed, and approximate cost below):

n/a

\* 51. 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?



### City of Albany COVID-19 Small Business Adaptation Program Application

#### Required Documents

Please visit [www.capitalizealbany.com/grants](http://www.capitalizealbany.com/grants) to obtain the application checklist, which contains the list of required documents that will accompany this application. The pre-application, full application, and all required documents need to be submitted to [development@capitalizealbany.com](mailto:development@capitalizealbany.com) prior to the 4:00pm deadline on September 18, 2020

## City of Albany COVID-19 Small Business Adaptation Program Application

### Certification

By submitting this grant application, the undersigned hereby certifies to Capitalize Albany Corporation that he/she is authorized to sign on behalf of the applicant entity, has read the program guidelines and supplemental program materials, understands the terms and conditions of the grant, and agrees to abide by the program rules and requirements, if awarded funds from the program. Further, the applicant certifies that it has disclosed all sources of assistance for which it has applied for the expenses and activities included in the SBAP application and budget; and that the applicant has not requested funding for expenses for which it has already received financial assistance from any federal, state, local or private source. The applicant further certifies that he/she is not in arrears for any federal, state, local, business, property, sales and payroll taxes. The applicant further certifies that the grant pre-application, application and supporting documents are true, complete, and accurate in all respects as of the stated date. The applicant understands that the application will not be accepted unless deemed complete by staff. The applicant agrees that the acceptance of this grant application does not commit Capitalize Albany Corporation to enter into an agreement to pay any costs incurred in its preparation or to participate in subsequent negotiations. Further, the acceptance of this grant application does not constitute an agreement by Capitalize Albany Corporation that any grant will actually be approved. Capitalize Albany Corporation expressly reserves the right to reject any or all grant applications for any or no reason, or to request more information from the applicant.

\*52. Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award:

- Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion.
- Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation.
- The approved project must be in compliance with all federal, state, and local laws.
- The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program.
- Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses.
- The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses.
- The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

Kerry-Ann Ashley

Title

owner

Date

9/15/2020

#15

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 2:44:18 PM  
**Last Modified:** Monday, August 10, 2020 2:48:28 PM  
**Time Spent:** 00:04:10  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

Applicant Business Contact Information

|                                     |                    |
|-------------------------------------|--------------------|
| Name of Business or Not-For-Profit: | Infinite Love LLC  |
| Name of Contact:                    | Demetris E Fullard |
| Address:                            | 43 Quail St        |
| City/Town:                          | Albany             |
| State/Province:                     | NY                 |
| ZIP/Postal Code:                    | 12206              |
| Country:                            | US                 |
| Email Address:                      | [REDACTED]         |
| Phone Number:                       | [REDACTED]         |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority,  
Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---



**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

PPE for staff including but not limited to, gloves, masks, new uniforms. We also need new cleaning and sanitizing supplies and to purchase more toys and activities that encourage independent play.

---

#8

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 3:54:04 PM  
**Last Modified:** Tuesday, August 18, 2020 5:29:25 PM  
**Time Spent:** 01:35:20  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                   |
|------------------------------------|-------------------|
| Name of Business or Not-For-Profit | Infinite Love LLC |
| Name of Business Contact           | Demetris Fullard  |
| Business Address                   | 43 Quail St       |
| City/Town                          | ALBANY            |
| State/Province                     | New York          |
| ZIP/Postal Code                    | 12206             |
| Country                            | USA               |
| Email Address                      | [REDACTED]        |
| Phone Number                       | [REDACTED]        |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3**

Own

Do you Lease or Own the Property?

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

## Page 7: Business Information

**Q5**

Type of Business (Choose One)

**Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)**

**Q6**

Business Structure

**LLC**

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

**Q9**

On what date did the Applicant begin operations?

10/31/2005

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Yes Mon-Fri 7:30am-5:30pm**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Demetris Fullard**

Percent Ownership of Above-Named Owner:

**100%**

Title of Above-Named Owner:

**CEO**

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

N/A

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

05/01/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time

**12**

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Full Time

**12**

---

**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

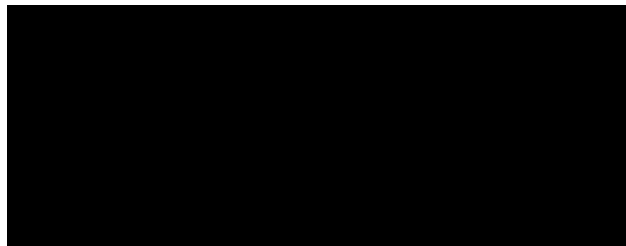
---

[REDACTED]

## Q21

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Page 9: Adaptation Project Description

## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**PPE equipment will be needed for all staff including but not limited to, new uniforms for staff, masks with clear inserts as (children need to see the teachers mouths to build proper social emotional skills), gloves, cleaning and sanitizing supplies, hand sanitizers, soaps, paper towels, new touchless soap and paper towel dispensers, masks for parents who enter the building**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We will need to purchase more toys, puzzles and other manipulatives that foster independent play. We need technology including ipads and chromebooks for school age children who will be in our care because their parents have chosen remote learning. Paid training for staff to prepare them for new procedures and services offered. Restocking art supplies and bedding for children. Purchase of disposable paper products for meals.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **10000**

**Q24****No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

We are located in a low income area and the families we serve don't have access to funds needed to purchase PPE or participate in best practice when it comes to stopping the spread of Covid 19. These grant funds will allow us purchase much needed ppe for staff and the children we serve and other items necessary to stop the spread of Covid 19. Having these funds available would also allow us to focus the revenue generated now on payroll to keep all staff employed. It is important that childcare centers have low staff turnover so children can build relationships with the staff.

**Q26****Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Protective gowns or uniforms,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers**

**Q28**

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

Infinite Care is a child care center located at 43 Quail St in the West Hill area of Albany. We provide childcare for children ages 6 weeks to 12 years old, before and after care and summer camp. We've partnered with the Albany City School District and offered free Pre K since the program began in 2016. We've also partnered with the summer Youth Employment program since 2010 extending the age group of youth we serve to 18. Overall we've been helping children from the area and surrounding areas "learn through love and love to learn" since 2005.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Short term the funds will allow us to prepare as enrollment is expected to increase in September. Long term the funds will help keep staff and children safe as things slowly open up and parents and people in the community will need child care as they return to work.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.



**Q38****Black / African American**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |   |
|-----------|---|
| Full-Time | 2 |
|-----------|---|

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Part-Time                                    | 4  |
| Average Hours Worked for Part-Time Employees | 20 |

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

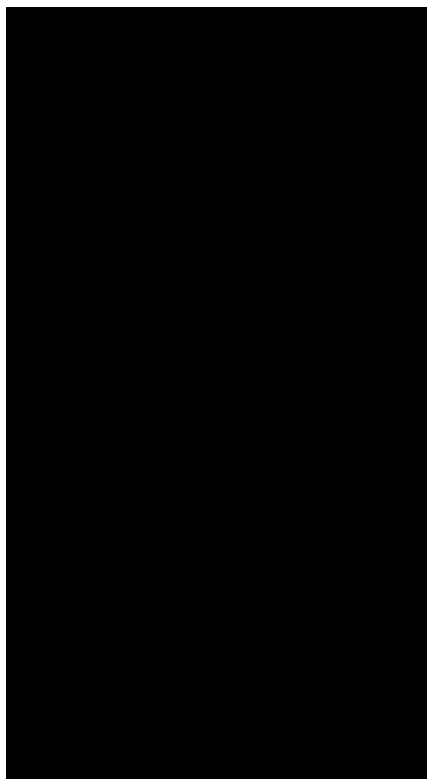
Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Demetris Fullard**

Title

**Director/Owner**

Date

**08/18/2020**

#160

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 19, 2020 1:13:33 PM  
**Last Modified:** Wednesday, August 19, 2020 1:24:43 PM  
**Time Spent:** 00:11:09  
**IP Address:** [REDACTED]

---

## Page 2: Interested in Applying?

## Q1

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** irie vybez  
**Name of Contact:** Shaun Freeman  
**Address:** 313 CENTRAL AVE  
**City/Town:** ALBANY  
**State/Province:** ny  
**ZIP/Postal Code:** 12206  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

## Q2

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

## Q3

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$12,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We have over 9 employees that require new masks and a few pairs of gloves daily. (\$78 box of gloves). Purchase food that has gone bad. Purchase plexi glass and partitions

---

#61

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, August 21, 2020 8:45:01 AM  
**Last Modified:** Friday, August 21, 2020 10:59:59 AM  
**Time Spent:** 02:14:58  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                 |
|------------------------------------|-----------------|
| Name of Business or Not-For-Profit | Irie Vybez      |
| Name of Business Contact           | Makeo Smith     |
| Business Address                   | 313 Central Ave |
| City/Town                          | Albany          |
| State/Province                     | NY              |
| ZIP/Postal Code                    | 12206           |
| Country                            | USA             |
| Email Address                      | [REDACTED]      |
| Phone Number                       | [REDACTED]      |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3**

Lease

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information



**Q4**

Landlord Contact Information

Name of Landlord

**Gjergj Camaj**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

**Q6**

Business Structure

Other (please specify):

S-Corp

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



**Q9**

On what date did the Applicant begin operations?

11/1/2016

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**9am-9pm Monday to Sunday**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                    |
|---|--------------------|
| Name of Business Owner:                 | <b>Makeo Smith</b> |
| Percent Ownership of Above-Named Owner: | <b>80</b>          |
| Title of Above-Named Owner:             | <b>CEO</b>         |

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

na

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/20/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:



---

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 2  |
| Part Time                          | 9  |
| Average Hours Worked for Part Time | 15 |

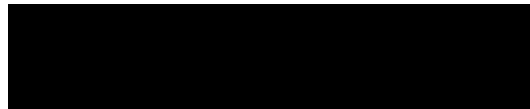
**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 2  |
| Part Time                          | 9  |
| Average Hours Worked for Part Time | 25 |

**Q20**

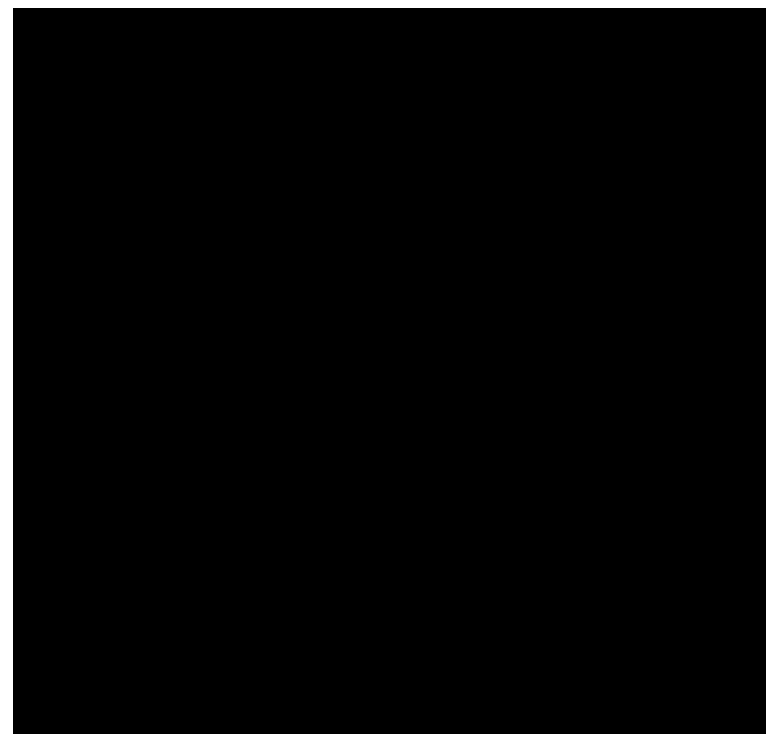
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We will be purchasing \$2000 worth of PPE mask which comes out to 2500 masks. These will be used to provide to employees and customers. We will purchase \$3000 worth of gloves. We are purchasing \$1500 worth of hand sanitizer and soap for both employees and customers.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We are going to purchase \$5000 worth of oxtail and steak. These are our most popular items. We can have more product to sell to bring in more revenue. \$2000 worth of advertising online with GrubHub to gain new customers. We will get 5 sheets of 48x96 plexiglass at \$140 per sheet to put up between customers and employees**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**7500**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**8500**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

We purchased \$100 of advertising with Grubhub and within 2 hours the promo ran out drawing in new customers. The new customers received \$5 off their orders. With a bigger purchase it will draw in new customers. Our oxtails and steak run out early during the day before closing. We can purchase more to last for the whole day bringing in more repeat customers for those specific items. The plexiglass will make customers feel safer coming in the restaurant to patronize the business

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers**

**Q28**

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

Irie Vybez has been a staple in the Albany community for over 6 years. We are one of the main restaurants customers come to get their Jamaican dishes, along with all natural smoothies. Every year, except this one, during the summer Distinguished Cuts and Irie Vybez team up to have a community day for the neighborhood. We provide free food, drinks, and games. We provide jobs to the local people of Albany from the neighborhood that we serve. We have repeat customers from police officers, elected officials, working class, college students, and etc.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Irie Vybez's employees will benefit by receiving a substantial amount of products to protect them from Covid and a spike in customer flow to provide more work hours at the restaurant. There are 9 employees that count on a paycheck to provide for their family and reside in the city of Albany. Giving them more work hours will provide for them and their families. Irie Vybez has consistently provided catering for Comptroller, Thomas DiNapoli and others, once this is over Irie Vybez can get back to catering larger parties that range from weddings to government lunches.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Black / African American**

What best describes the owner's race?

---

**Page 13: Low and Moderate Income Job Creation and Retention**
**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>2</b> |
|-----------|----------|

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |          |
|--|----------|
| Full-Time                                    | <b>0</b> |
| Part-Time                                    | <b>0</b> |
| Average Hours Worked for Part-Time Employees | <b>0</b> |

---

**Page 14: Other Financial Assistance**

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

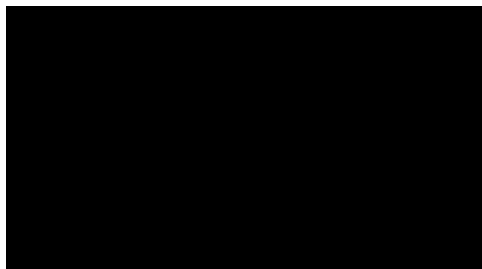
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?



**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Makeo Smith**

Title

**CEO**

Date

**8/21/2020**

#193

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 25, 2020 12:08:42 PM  
**Last Modified:** Tuesday, August 25, 2020 12:29:59 PM  
**Time Spent:** 00:21:16  
**IP Address:** [REDACTED]

---

## Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |                                       |
|-------------------------------------|---------------------------------------|
| Name of Business or Not-For-Profit: | <b>Irish American Heritage Museum</b> |
| Name of Contact:                    | <b>Elizabeth Jane Stack</b>           |
| Address:                            | <b>21 Quackenbush Square</b>          |
| City/Town:                          | <b>Albany</b>                         |
| State/Province:                     | <b>NY</b>                             |
| ZIP/Postal Code:                    | <b>12207</b>                          |
| Country:                            | <b>United States</b>                  |
| Email Address:                      | [REDACTED]                            |
| Phone Number:                       | [REDACTED]                            |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

**Q7**

**Woman,**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)**

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$10,000

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Visitors are reluctant to come to indoor spaces and so this will mean a complete re-adjustment of our business as we transition most of our events and aspects of the exhibitions online. We are very much a bricks-and-mortar operation and must invest significantly in technology to allow us record events and share them online so that we can offer our services to a virtual audience. Staff will need to be trained on new digital technology as we go virtual. We also need new equipment and PPE so that we can use the interactive technology that we already have in situ.

---

#93

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, September 18, 2020 11:28:50 AM  
**Last Modified:** Friday, September 18, 2020 12:21:41 PM  
**Time Spent:** 00:52:51  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                                       |
|------------------------------------|---------------------------------------|
| Name of Business or Not-For-Profit | <b>Irish American Heritage Museum</b> |
| Name of Business Contact           | <b>Elizabeth Stack</b>                |
| Business Address                   | <b>21 Quackenbush Square</b>          |
| City/Town                          | <b>Albany</b>                         |
| State/Province                     | <b>NY</b>                             |
| ZIP/Postal Code                    | <b>12207</b>                          |
| Country                            | <b>United States</b>                  |
| Email Address                      | [REDACTED]                            |
| Phone Number                       | [REDACTED]                            |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

City of Albany

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

**Not-For-Profit Organization**

Type of Business (Choose One)

**Q6**

Business Structure

Other (please specify):

501(c)3

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



**Q9**

On what date did the Applicant begin operations?

June 1986

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Yes. Wed-Fri 11-4, Sat-Sun 12-4**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

N/A

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

N/A

---

**Q13**

No

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/13/2020

---

**Q15**

Yes

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

██████████

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

██████████

---



### Q18

How many employees does your business currently employ (including any owners)?

|                                    |   |
|------------------------------------|---|
| Full Time                          | 1 |
| Part Time                          | 1 |
| Average Hours Worked for Part Time | 4 |

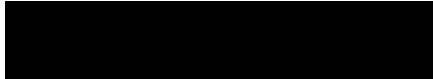
### Q19

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 2  |
| Average Hours Worked for Part Time | 23 |

### Q20

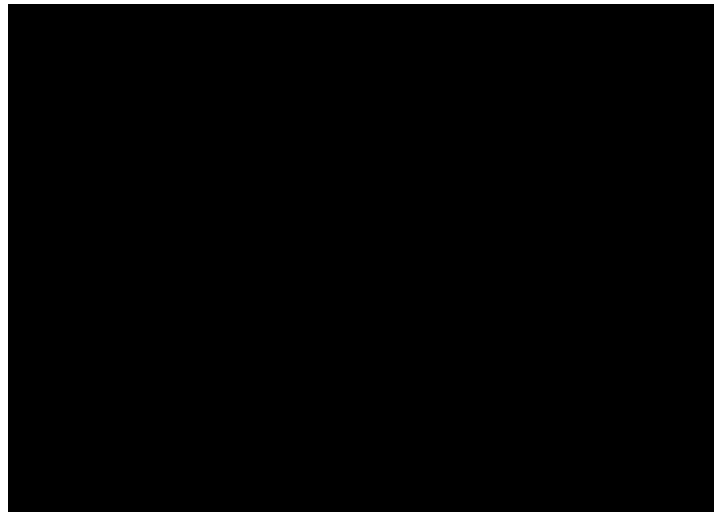
How many future layoffs do you anticipate as a result of COVID-19, if any?



### Q21

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We need to buy a sneeze guard for the counter and additional hand sanitizer and bleach wipes for wiping of surfaces. I had bought some but everything has to be cleaned after every visitor. We also want to buy disposal stylusi (styluses?) for use with our interactive displays which we currently are not using. I also want to buy extra disposable masks to have on hand for visitors who do not bring their own.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We are mainly a bricks and mortar business and are finding it hard to transition to virtual content as we do not have strong wifi in the building, nor do we have a Zoom subscription. We plan to hire videographers to help us film several elements of our exhibits and a short contextual lecture about the topic that we can share to our website and social media. We are active on social media but it is essay based history - we need to be able to show the museum contents and share some of our programming either via Zoom or live streaming and we are not equipped for that.**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**1500**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**8500**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

I am concerned that the Covid restrictions will last well into the new year and we just do not have enough supplies on hand for that. We need to thoroughly sanitize door handles and surfaces after every visit. We are not currently using the interactive element of our exhibits because we can not clean them. Improving our digital capability with extra bandwidth and a Zoom subscription, as well as HootSuite subscription, will allow us to reach far more people than are currently allowed attend in-person - and will allow us to remain effective communicators if there is a second shut-down. Finally, recording part of the exhibits professionally and sharing it online will help make our museum transition from purely a bricks and mortar place to an online, virtual museum, safeguarding our membership income. We may also be able to monetize some of that digital content going forward, like charging to attend a lecture, thus helping us make up the income shortfall from the lack of admission tickets.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

Other forms of PPE, please identify:

Sneeze guard counter and disposable stylus for tablets.

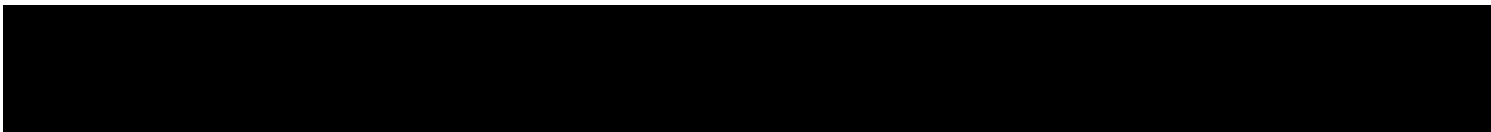
**Q28**

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

We have been located in Albany for ten years and moved to the Quackenbush location this year where we were expected to be a vital part of the new pedestrianised area/walkway. We (used to) offer several free lectures, films, music events every month and our museum tells the story of Irish immigrants in New York and America more broadly. We frequently host exhibitions from other institutions (currently we have one on loan from Quinnipiac University) and host speakers from a wide variety of universities and public life. We host a 5 and 10 k run every March; the Annual Soda Bread competition; a family festival at St. Patrick's Day; a Christmas market; and a free Irish music "session" every month. We are a popular destination for visitors and locals alike - our members like the many events we hold each month, and visitors are often interested in the Irish immigrant experience. We have an education mission and are chartered by the State Education Dept. and contributed to the inclusion of the Great Hunger on the NY state curriculum. We are prepared to accept school tours as soon as they are allowed.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

We are working as hard as possible to offer some level of programming like we used to do, but with indoor numbers so severely limited, it is difficult. Our contribution to the cultural and academic life of the City was immense with about 10 events being held each month. If we can offer some of those virtually going forward, it will mean that we are still offering the Albany community the content they wanted, while allowing us as a business to stay relevant and in people's minds. Filming some of the new exhibits professionally and creating a virtual museum will also expand our reach and help us function in the new reality. Having the extra PPE will mean that our staff, volunteers, and visitors will feel secure being back in our space and give us all peace of mind that we are open safely.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38**

**White**

What best describes the owner's race?

## Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |   |
|-----------|---|
| Full-Time | 1 |
| Part-Time | 1 |

---

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Full-Time                                    | 0  |
| Part-Time                                    | 0  |
| Average Hours Worked for Part-Time Employees | 32 |

---

## Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

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## Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

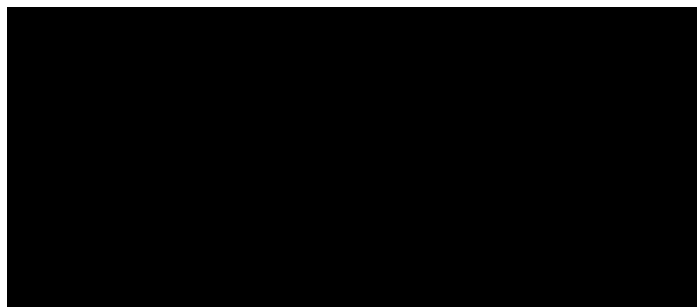
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

No

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---



**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Elizabeth Stack**

Title

**Executive Director**

Date

**09/18/2020**

#220

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 27, 2020 10:20:47 AM  
**Last Modified:** Thursday, August 27, 2020 10:38:22 AM  
**Time Spent:** 00:17:34  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** WGM74 LLC dba The Kenmore Ballroom  
**Name of Contact:** Nathan Maloney  
**Address:** PO Box 51  
**City/Town:** Latham  
**State/Province:** NY  
**ZIP/Postal Code:** 12110  
**Country:** USA  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000.00

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Retro fit the ballroom for social distancing with proper signage, hand sanitizer stations, speciality equipment to sanitize tables, chairs and surfaces between events. Reconfigure spaces for 50 person events and change business plan away from hosting large scale events. Purchase PPE for staff and guest who don't bring their own.

---

#1

INCOMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, September 17, 2020 1:35:32 PM  
**Last Modified:** Friday, September 18, 2020 2:39:36 PM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

## Q1

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                                    |
|------------------------------------|------------------------------------|
| Name of Business or Not-For-Profit | WGM74 LLC dba The Kenmore Ballroom |
| Name of Business Contact           | Nathan Maloney                     |
| Business Address                   | 76 North Pearl Street              |
| City/Town                          | Albany                             |
| State/Province                     | NY                                 |
| ZIP/Postal Code                    | 12207                              |
| Country                            | USA                                |
| Email Address                      | [REDACTED]                         |
| Phone Number                       | [REDACTED]                         |

---

## Q2

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |           |
|------------------|-----------|
| Name of Business | WGM74 LLC |
| Address          | PO Box 51 |
| City/Town        | Latham    |
| State/Province   | NY        |
| ZIP/Postal Code  | 12110     |
| Country          | USA       |

---

---

## Page 5: Real Estate Information

## Q3

Lease

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Redburn Development Partners**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

Wedding & Event Venue

**Q6**

Business Structure

**LLC**

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



**Q9**

On what date did the Applicant begin operations?

9/19/2019

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Yes, as a special events venue, we are open based on events taking place and for prospective client tours of the facility by appointment.**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                          |
|---|--------------------------|
| Name of Business Owner:                 | <b>Katherine Maloney</b> |
| Percent Ownership of Above-Named Owner: | <b>90.5%</b>             |
| Title of Above-Named Owner:             | <b>CEO</b>               |

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

76 North Pearl LLC. 9.5%

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

04/01/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 0  |
| Part Time                          | 3  |
| Average Hours Worked for Part Time | 50 |

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 0  |
| Part Time                          | 3  |
| Average Hours Worked for Part Time | 50 |

---

**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

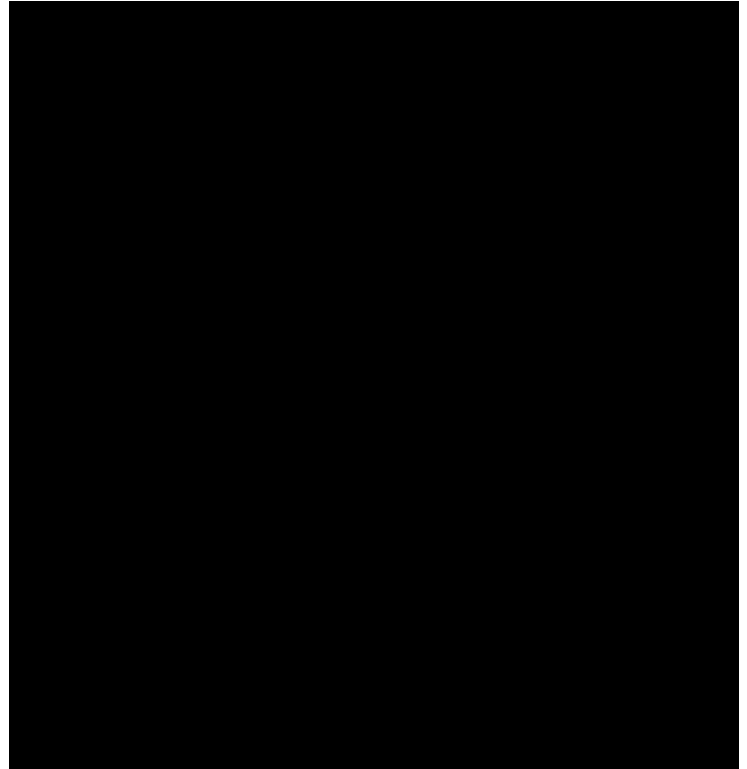




**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**In addition to the procurement of standard PPE supplies like face masks and hand sanitizer stations, we plan to purchase a commercial electrostatic sprayer for sanitation and a commercial floor scrubber. We will also increase our "deep cleaning" of the facility from weekly to after every event which will require hiring additional personnel.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We are reimagining at 15,000 square foot event venue for 300 people into an intimate setting for gatherings of only 50 people. We need to rent and/or purchase furniture and decor to minimize a massive space to make it feel comfortable and not overwhelming for smaller gatherings. Additionally, we would like to create a marketing campaign focused on intimate gatherings.**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

**Q24**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::

For our first event on September 24th we are funding furniture and decor rentals to make the space more intimate for the 30 person gathering. Additionally, we have hired a photographer to capture images to use in marketing the venue in general and specifically for small gatherings. Total cost is about \$5,000.

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

The grant funds will offset the unexpected costs the COVID has troubled us with. Between the government restrictions and the lack of consumer confidence to book new events in the next 6-12 months, we are faced with a difficult road ahead. This funding will allow us to promote a reimagined facility for small gatherings to encourage business while restrictions remain in place. In short, the funding will help us survive until we are able to operate at full capacity.

**Q26**

Yes

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

Other forms of PPE, please identify:

commercial electrostatic sprayer and floor scrubber

**Q28**

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

We have restored the historic Rain-Bo Room of the Kenmore Hotel into the Kenmore Ballroom. The building has been an Albany landmark since 1878 and host of many notable entertainers throughout the years. In 2018, we were approached to revitalize the space, which had been converted to offices, into a modern event venue that capitalized on the historic significance of the building. We are proud to be part of the larger Redburn Development project to revitalize a large section of downtown Albany. Principle owner, Katherine O'Malley Maloney, started her career working for the City of Albany and was the 50th Annual Tulip Queen. We have already been in touch with various civic organizations about how they can use the facility and are developing discounted fees for such. Additionally, the current management team of Katherine Maloney, Nathan Maloney and Casey Benson have been steady volunteers at "Feed Albany" since the beginning of the pandemic. It is our hope that once back to full capacity, the business will be able to support more community activities like this. A recent article by Paul Grondahl in the Times Union highlight the significance of the building and the importance to bring it back to life (<https://www.timesunion.com/news/article/Grondahl-Conjuring-old-Albany-ghosts-in-the-15568569.php>)

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

We have applied for several different grant and loan programs with no success. We fear that if we are unsuccessful with this round of funding and the lack of a second Federal program we could qualify for, compounded with limitations on gatherings we will not be able to continue operation. We have built a gem of an event space that has been the talk of Albany for the past few months. We want to build out a workforce at the facility but until consumer confidence improves and government restrictions for large gatherings are lifted we will rely on the KOWE team to support the Kenmore Operations. We have a [REDACTED] lease with Redburn and would like nothing more to see that extended.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |   |
|-----------|---|
| Full-Time | 0 |
| Part-Time | 0 |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Full-Time                                    | 1  |
| Part-Time                                    | 1  |
| Average Hours Worked for Part-Time Employees | 10 |

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

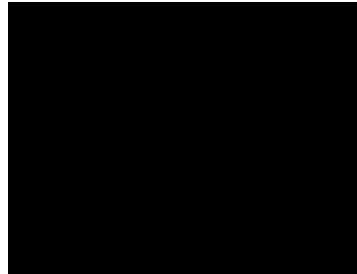
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46****No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

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**Q51**



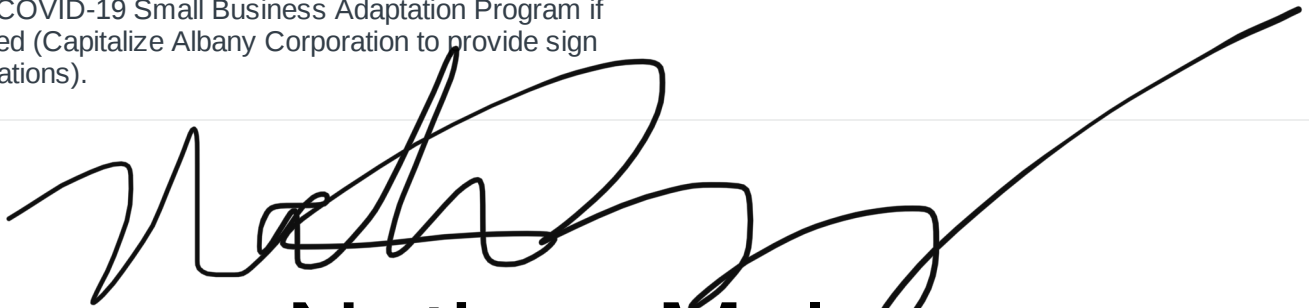
Has the Company or its principals ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?

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Q52

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).



**Nathan Maloney**  
**9/25/2020**

#217

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 26, 2020 7:23:19 PM  
**Last Modified:** Wednesday, August 26, 2020 7:33:09 PM  
**Time Spent:** 00:09:50  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Kismet Restaurant LLC  
**Name of Contact:** Seyid Huseynov  
**Address:** 1116 Madison Avenue  
**City/Town:** albany  
**State/Province:** NY New York  
**ZIP/Postal Code:** 12203  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority,**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)**

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

8400

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

1)PPEs for staff & customers to minimize the risk 2)Tables and booths, cleanable menus to prepare for autumn & winter for indoor dine-in 3)online ordering platform to avoid fees for 3rd parties such as Grubhub&Uber

---

#98

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 26, 2020 7:33:34 PM  
**Last Modified:** Wednesday, August 26, 2020 9:30:41 PM  
**Time Spent:** 01:57:07  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Business or Not-For-Profit | <b>Kismet Restaurant LLC</b> |
| Name of Business Contact           | <b>Seyid Huseynov</b>        |
| Business Address                   | <b>1116 Madison Avenue</b>   |
| City/Town                          | <b>Albany</b>                |
| State/Province                     | <b>NY New York</b>           |
| ZIP/Postal Code                    | <b>12208</b>                 |
| Country                            | <b>United States</b>         |
| Email Address                      | [REDACTED]                   |
| Phone Number                       | [REDACTED]                   |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                              |
|------------------|------------------------------|
| Name of Business | <b>Kismet Restaurant LLC</b> |
| Address          | <b>1116 Madison Avenue</b>   |
| City/Town        | <b>Albany</b>                |
| State/Province   | <b>NY New York</b>           |
| ZIP/Postal Code  | <b>12208</b>                 |
| Country          | <b>United States</b>         |

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## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

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Page 6: Real Estate Information

**Q4**

Landlord Contact Information

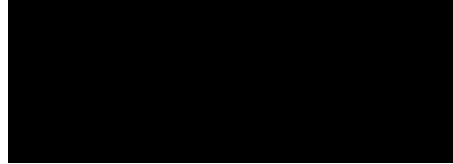
Name of Landlord

**MDB Enterprises**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



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Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

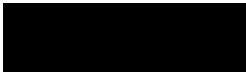
**LLC**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):



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**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

---

**Q9**

On what date did the Applicant begin operations?

04.17.2017

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**everyday from 5pm to 9pm**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                       |
|---|-----------------------|
| Name of Business Owner:                 | <b>Seyid Huseynov</b> |
| Percent Ownership of Above-Named Owner: | <b>100%</b>           |
| Title of Above-Named Owner:             | <b>President</b>      |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/01/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

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**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



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**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:



---

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 4  |
| Average Hours Worked for Part Time | 15 |

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 2  |
| Part Time                          | 3  |
| Average Hours Worked for Part Time | 20 |

---

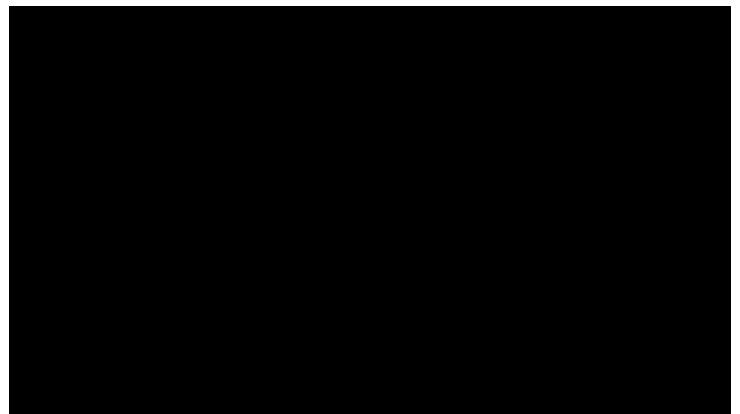
**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus





**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We will buy 20 packs of face masks, 10 gallons of hand sanitizers and 50 packs of disposable gloves. We will buy from Restaurant Depot in Albany/NY.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We will buy new cleanable menus from Constructive Copy at Latham. We will renew our booths and tables to get prepared from indoor dine-in(make sure there are flexible enough to have optimum capacity while keeping social distance.) We will build our own online ordering platform to avoid high fees to grubhub/ubereats.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**7400**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

Protective equipment will minimize the spread and make comfortable both staff and customers which will improve sales. Cleanable menus will minimize spread and people will feel comfortable to order. Online ordering platform will help us to save significant commission which we to 3rd parties like Grubhub, eventually will lead to better bottom line profit. New booth and tables will give us flexibility to maximum utilize indoor space while keeping social distance and we will be able to serve more people more completely.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Hand sanitizer**

**Q28**

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

Kismet is located in midtown Albany, NY, at the corner of Madison Avenue and S. Allen Street. We pride ourselves in being one of the highest rated restaurants in the neighborhood – maintaining the highest level of quality Mediterranean food & service possible. Our friendly atmosphere and richly themed decor will make you feel right at home. We look forward to continuing to serve you and your family for years to come. In fact, you might even call it our Kismet:)

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Since March 2020 we are making loss however we are keeping our staff. This grant will help us to survive and bridge coming period and have fresh start to 2021. I believe the furniture, online ordering platform and PPEs will help us to minimize the spread, give comfort to staff and customers and eventually all will lead to more sales which will help our button line.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Other / Multiracial**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Part-Time

**4****Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Full-Time

**0**

Part-Time

**0**

Average Hours Worked for Part-Time Employees

**0**


---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

## Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

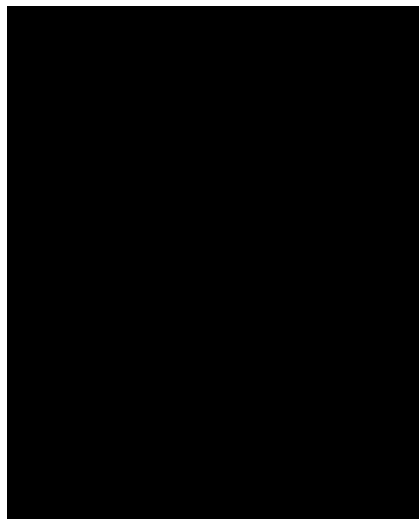
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

**No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Seyid Huseynov**

Title

**President**

Date

**08/25/2020**

#185

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 24, 2020 3:32:31 PM  
**Last Modified:** Monday, August 24, 2020 5:25:17 PM  
**Time Spent:** 01:52:45  
**IP Address:** [REDACTED]

---

## Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |                 |
|-------------------------------------|-----------------|
| Name of Business or Not-For-Profit: | La OM           |
| Name of Contact:                    | Laura McCaffrey |
| Address:                            | 40 Broadway     |
| Address 2:                          | Unit 24         |
| City/Town:                          | Albany          |
| State/Province:                     | NY              |
| ZIP/Postal Code:                    | 12202           |
| Country:                            | USA             |
| Email Address:                      | [REDACTED]      |
| Phone Number:                       | [REDACTED]      |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3**

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---



**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

**Q7**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Minority,**

**Woman,**

**Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)**

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

11,000

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Cleaning supplies/PPE, furniture, fixtures, equipment to provide safe working space for students and clients, air purifiers/filtration systems, POS equipment, new product lines and more emphasis on e-commerce, online classes, materials for classes online -> ship/rent

---

#136

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, September 07, 2020 7:53:19 PM  
**Last Modified:** Monday, September 07, 2020 8:51:53 PM  
**Time Spent:** 00:58:33  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                 |
|------------------------------------|-----------------|
| Name of Business or Not-For-Profit | La OM           |
| Name of Business Contact           | Laura McCaffrey |
| Business Address                   | 40 Broadway     |
| Business Address 2                 | Unit 24         |
| City/Town                          | albany          |
| State/Province                     | ny              |
| ZIP/Postal Code                    | 12202           |
| Country                            | usa             |
| Email Address                      | [REDACTED]      |
| Phone Number                       | [REDACTED]      |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3**

Lease

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Bill Chenot**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

jewelry manufacturing/lessons/alternative medicine(reiki)

**Q6**

Business Structure

**Sole-Proprietorship**

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

**Q9**

On what date did the Applicant begin operations?

8/2016

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**yes, for clients, by appointment**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                        |
|---|------------------------|
| Name of Business Owner:                 | <b>Laura McCaffrey</b> |
| Percent Ownership of Above-Named Owner: | <b>100</b>             |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

3/15/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

██████████

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

██████████

---

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time 1

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Full Time 1

---

**Q20**

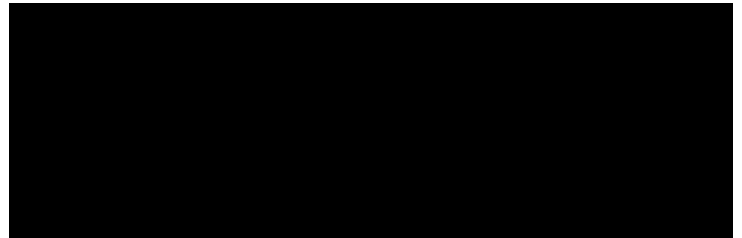
How many future layoffs do you anticipate as a result of COVID-19, if any?

---

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**barriers, PPE, stations spaced out for jewelry, air filtration systems**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**reorganizing the studio to maintain appropriate social dis**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**3000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**8000**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

provide adequate new stations and tools for students (benches, basic jewelry equipment, to allow for non-sharing of tools and equipment), sanitizing equipment (autoclave and general sanitization/cleaners), air purifier/circulator, plastic barriers, masks, hand sanitizer, equipment/funding to launch a greater presence online in lieu of in person events, education in marketing/online for emphasis on online sales and goals

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Disposable gloves,**

**Protective eyewear,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

**Specialized packaging for shipping,**

Other forms of PPE, please identify:

barriers



**Q28**

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

My business is two fold. I own and operate both as a sole proprietor under the DBA: La OM.

My jewelry business, La OM Jewelry, was established in 2016, but mostly run as a part time business, and it wasn't until this year (2019) that I really began working it full time. I have participated in City of Albany events, such as Larkfest, and was set to vend Tulipfest, and Art on Lark, both of which were cancelled. Additionally, I did a live jewelry demonstration for the Albany Center Gallery and Albany Distilling Co. Winterfest, and had my work in the gallery as a featured artist, right before coronavirus shut everything down. I was looking forward to having more of an involvement in the arts/cultural scene with both the city of Albany, and other non-profits, however all of that has been on pause. I currently teach classes at the Arts Center of the Capital Region, another non-profit, in Troy. My goal is to be able to establish a small scale jewelry studio class offering here, and take students in my studio on the south end of Albany. It's a large space, and I believe with the right help and funding, I can adequately furnish and teach classes. I believe within my deepest being that arts programs are more important than ever, particularly in lower income areas.

Additionally, La OM Reiki is an alternative medicine, which provides complimentary treatments to those suffering from a wide array of illness and discomfort. Although Reiki does not 'cure' any illness, nor do I make any claims to such, it's benefit comes from relaxation, and it has been adopted within the current medical profession as being a viable, positive complimentary form of healing.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

I am a one-woman Latina, who is doing her best to keep afloat. It's always been a dream to establish a jewelry arts center right in Albany, and without the help from this grant that seems impossible, due to the costs of general furnishings, PPE requirements, air filtration systems, etc, necessary to keep students and myself safe.

Additionally, I need help to run a business successfully online. My photography equipment doesn't capture what my in person showings of my goods were, and I'd like to be able to update that, in order to give myself a fair chance. I know that our community would benefit not only from allowing children and adults a safe place to make and create art, but also from allowing a business to thrive.

I have established a good relationship with the office of cultural affairs in Albany, and I didn't come this far, to only come this far.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Microenterprise (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)**

,

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

,

**Both**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

### Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Full-Time

**0****Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Part-Time

**1**

Average Hours Worked for Part-Time Employees

**15**


---

### Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?




---

 Page 15: Other Financial Assistance
**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Award




---

 Page 16: Disclosures
**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**

**[REDACTED]**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**

**[REDACTED]**

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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Laura Ortiz McCaffrey**

Title

**Owner**

Date

**9/7/2020**

#91

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 13, 2020 12:05:53 PM  
**Last Modified:** Thursday, August 13, 2020 12:35:43 PM  
**Time Spent:** 00:29:50  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Lark Street Yoga  
**Name of Contact:** Jennifer  
**Address:** 351 Hudson Avenue  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12210  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

5-10,000

---



**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Purchase of PPE for instructors and clients, including and not limited to masks, sanitizer, thermometers, and UV wands. Also will be recreating space for safe accommodation for instructors and clients and train current instructors in health and safety guidelines. s.

---

#69

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, September 09, 2020 8:16:51 AM  
**Last Modified:** Wednesday, September 16, 2020 9:48:30 AM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                          |
|------------------------------------|--------------------------|
| Name of Business or Not-For-Profit | <b>Lark Street Yoga</b>  |
| Name of Business Contact           | <b>Jennifer Miller</b>   |
| Business Address                   | <b>351 Hudson Avenue</b> |
| City/Town                          | <b>Albany</b>            |
| State/Province                     | <b>NY</b>                |
| ZIP/Postal Code                    | <b>12210</b>             |
| Country                            | <b>United States</b>     |
| Email Address                      | [REDACTED]               |
| Phone Number                       | [REDACTED]               |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                          |
|------------------|--------------------------|
| Name of Business | <b>Lark Street Yoga</b>  |
| Address          | <b>351 Hudson Avenue</b> |
| City/Town        | <b>Albany</b>            |
| State/Province   | <b>NY</b>                |
| ZIP/Postal Code  | <b>12210</b>             |
| Country          | <b>United States</b>     |

---

---

## Page 5: Real Estate Information

**Q3****Own**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

**Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)**

**Q6**

Business Structure

**LLC**

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



**Q9**

On what date did the Applicant begin operations?

September 8, 2018

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Yes Everyday for 1-2 classes**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Jennifer Miller**

Percent Ownership of Above-Named Owner:

**100**

Title of Above-Named Owner:

**Owner/Manager**

**Q12**

Respondent skipped this question

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

No

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/15/2020

---

**Q15**

Yes

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

██████████

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

██

---

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time

1

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 15 |
| Average Hours Worked for Part Time | 3  |

**Q20**

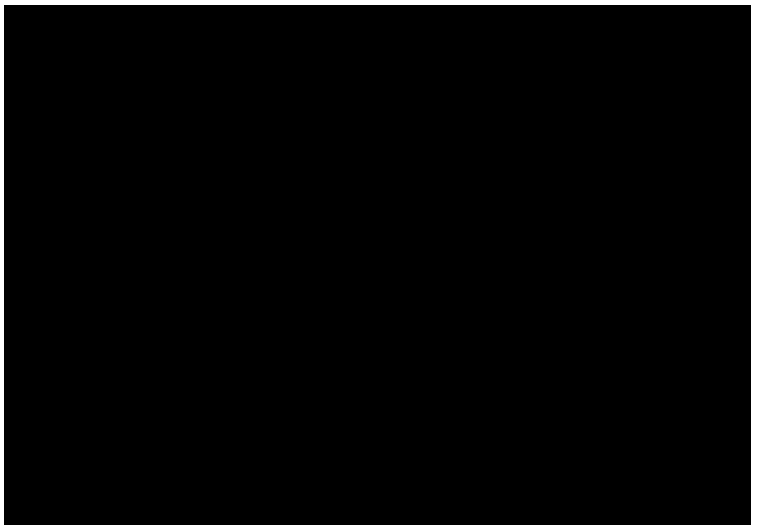
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Continued need for PPE - gloves, wipes, hand sanitizer, masks; Also HVAC system to increase ventilation and air quality in the studio**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Continued need for cleaning supplies to maintain studio cleaning needs which occur multiple times a day. Additional needs include HVAC system to improve ventilation and air quality in the studio**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

## Q24

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::

PPE equipment, Cleaning supplies including thermometers, fans and UV wands for disinfecting and sterilizing

## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

Grant will allow us to install an HVAC system to increase air quality and ventilation for our students who may not be coming to the studio due to its current lack of that system. Additionally purchase of PPE and cleaning supplies to maintain current cleaning standards of the studio and NYS.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

Other forms of PPE, please identify:

UV wands

---

**Q28**

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

Our business provides fitness and wellness services to the residents of Center Square, Albany and in some cases beyond. We also utilize our studio to promote other small businesses and focus our outreach to local not for profit organizations which we raise money for through donation based classes (so far this year 2000) Our studio often makes smaller donations in the form of gift certificates to local charities and events as a part of their fund raising efforts. Our studio is donated for smaller events for example the use by local girl scout troops, community gatherings and 12 Step Recovery Yoga groups. We offer free weekly classes for clients who may not be able to afford some of the pricing, in an effort to make health and wellness a priority for our clients and in our community. Our ongoing goal for the studio is building of community.

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

---

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

It will allow our instructors and clients peace of mind that we are putting their health and safety first. Due to our building being 104 years old we do not currently have an HVAC system so had to purchase and creatively use fans and an air filtration unit to provide the proper ventilation. While this immediate fix is ok it does not readily address when we go into the winter months when it gets colder. Our doors being open is valuable for the health and wellness of our clients. Now more than ever the routine of self care is helpful for peoples mental health.

**Q31**

No

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

Respondent skipped this question

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Q33**

Respondent skipped this question

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**



How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

Respondent skipped this question

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

Respondent skipped this question

What best describes the owner's ethnicity?Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38**

Respondent skipped this question

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

Respondent skipped this question

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

**Q40**

Respondent skipped this question

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

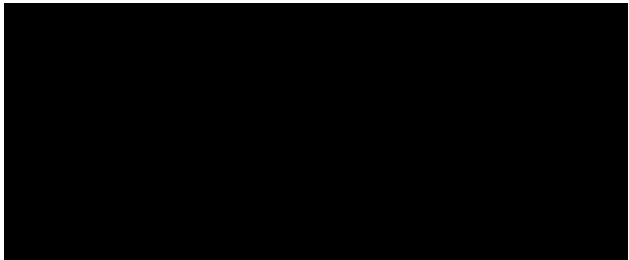
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

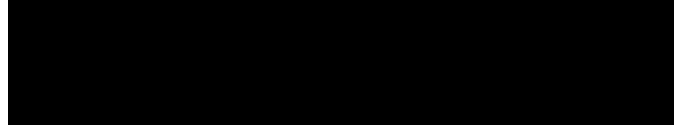
**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?



**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**

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?



**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Jennifer Miller**

Title

**Owner/Manager**

Date

**09/16/2020**

#224

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 27, 2020 3:05:44 PM  
**Last Modified:** Thursday, August 27, 2020 3:42:48 PM  
**Time Spent:** 00:37:03  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Name of Business or Not-For-Profit: | <b>Madison Theatre Albany LLC</b> |
| Name of Contact:                    | <b>Kevin Parisi</b>               |
| Address:                            | <b>1036 Madison Avenue</b>        |
| City/Town:                          | <b>Albany</b>                     |
| State/Province:                     | <b>NY</b>                         |
| ZIP/Postal Code:                    | <b>12205</b>                      |
| Country:                            | <b>USA</b>                        |
| Email Address:                      | [REDACTED]                        |
| Phone Number:                       | [REDACTED]                        |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

10000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Continued PPE products (i.e. gloves, masks, sanitary products, physical markings for instruction and direction). New policies and procedures put into place for all employees and training. New hires, new furniture and product to make it more sanitary and disposable.

---

#78

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, September 17, 2020 9:27:14 AM  
**Last Modified:** Thursday, September 17, 2020 10:06:26 AM  
**Time Spent:** 00:39:11  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                                   |
|------------------------------------|-----------------------------------|
| Name of Business or Not-For-Profit | <b>Madison Theatre Albany LLC</b> |
| Name of Business Contact           | <b>Madison Theatre Albany LLC</b> |
| Business Address                   | <b>1036 Madison Avenue</b>        |
| City/Town                          | <b>Albany</b>                     |
| State/Province                     | <b>NY</b>                         |
| ZIP/Postal Code                    | <b>12205</b>                      |
| Country                            | <b>United States</b>              |
| Email Address                      | [REDACTED]                        |
| Phone Number                       | [REDACTED]                        |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                                   |
|------------------|-----------------------------------|
| Name of Business | <b>Madison Theatre Albany LLC</b> |
| Address          | <b>1036 Madison Avenue</b>        |
| City/Town        | <b>Albany</b>                     |
| State/Province   | <b>NY</b>                         |
| ZIP/Postal Code  | <b>12205</b>                      |
| Country          | <b>United States</b>              |

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## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---



Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Madison Retail Development LLC**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

Movie Theatre & Restaurant

**Q6**

Business Structure

**LLC**

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

unknown at this time

**Q9**

On what date did the Applicant begin operations?

12/19/20

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Wed - Sun, Wed 12-9, Thur-Fri 12-10, Sat 10-10, Sun 10-8**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                         |
|---|-------------------------|
| Name of Business Owner:                                 | <b>Kevin Parisi</b>     |
| Percent Ownership of Above-Named Owner:                 | <b>50</b>               |
| Title of Above-Named Owner:                             | <b>Member</b>           |
| Name of Additional Business Owner (if applicable):      | <b>Edward Welsh III</b> |
| Percent Ownership of Above-Named Owner (if applicable): | <b>50</b>               |
| Title of Above-Named Owner (if applicable):             | <b>Member</b>           |

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

NA

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/17/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:



**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 2  |
| Part Time                          | 5  |
| Average Hours Worked for Part Time | 25 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 5  |
| Part Time                          | 16 |
| Average Hours Worked for Part Time | 15 |

**Q20**

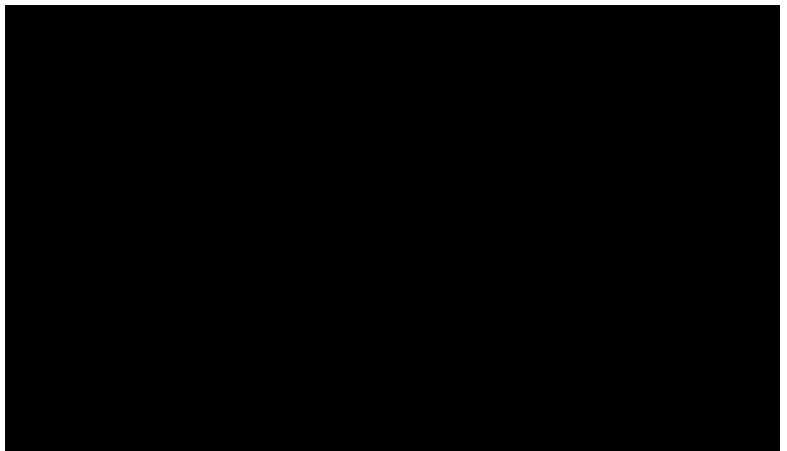
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Page 9: Adaptation Project Description

## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**The purchase of PPE for employees and customers. This funding will help to continue our reopening phase and hopefully further assist once able to open our theatre section of our business.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**In order to reopen and have a better functioning business and to get back all the business that was lost due to COVID, we will need to market better (i.e. billboards, web based advertising, email blasts), we would also like to roll out a membership program to help generate more business. We are currently open at 50% capacity and only our restaurant bar is open for business. we are short staffed and unable to hire more employees until we generate more business.**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**2500**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**7500**

## Q24

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

New digital and physical marketing to bring in new/more business. Any additional PPE that is required for our employees and customers. Proper stocking of food and the payoff of vendors to ensure additional savings moving forward. Hiring of additional staff to ensure better customer service.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

**Specialized packaging for shipping**

**Q28**

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

The Madison Theatre is part of the history of Albany originally opening May 29, 1929. Newspaper ads promised it would be "the most brilliant event in the annals of Albany", showing "The Desert Song," a Mickey Mouse cartoon, and a musical performance of a piece called "At The Madison" played on the Wurlitzer organ. We would like to promise the same experience, slightly altering the venue with our dine in experience while watching first run movies. We have integrated additional events throughout the theatre and cafe to ensure more revenue and customer satisfaction. We would like to continue to make history on Madison Avenue, if you'll let us.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

We will be able to continue to operate a safe environment for our employees and customers. We will be able to have more events within DOH and SLA limits. We will be able to hire more employees and pay vendors.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

**Page 13: Low and Moderate Income Job Creation and Retention**
**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |             |
|-----------|-------------|
| Full-Time | <b>1-2</b>  |
| Part-Time | <b>1-10</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>2</b>  |
| Part-Time                                    | <b>10</b> |
| Average Hours Worked for Part-Time Employees | <b>25</b> |

Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

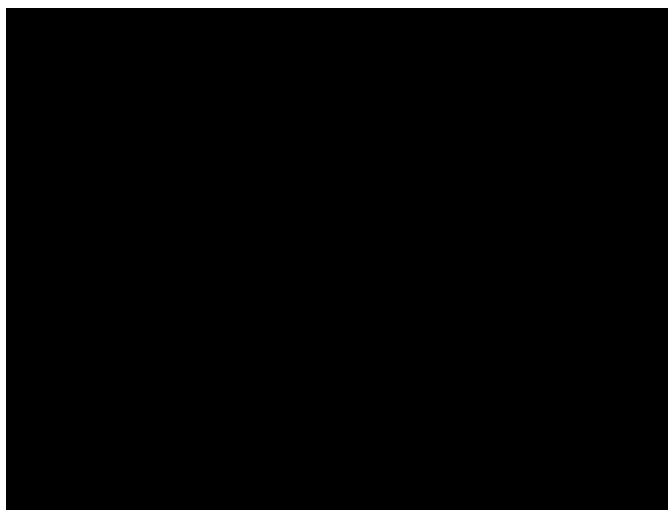
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?



**Q44**

**No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Kevin Parisi**

Title

**Member**

Date

**9/17/20**

#88

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 13, 2020 9:17:46 AM  
**Last Modified:** Thursday, August 13, 2020 9:25:59 AM  
**Time Spent:** 00:08:13  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Maurices Deli  
**Name of Contact:** KeithMahler Jr  
**Address:** 15 South Pearl St  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12205  
**Country:** US  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

10,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

I will have to close if we don't receive more funding, we are only at 30% of business I have borrow money weekly to keep my doors open, some vendors are not paid , rent is not paid, I can barley make payroll , I don't wan to lay any staff off. so the money will be used for all of those reasons.

---

#87

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 25, 2020 9:19:40 AM  
**Last Modified:** Tuesday, August 25, 2020 1:07:23 PM  
**Time Spent:** 03:47:43  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                          |
|------------------------------------|--------------------------|
| Name of Business or Not-For-Profit | <b>Maurices</b>          |
| Name of Business Contact           | <b>Keith Mahler</b>      |
| Business Address                   | <b>15 South Pearl St</b> |
| City/Town                          | <b>Albany</b>            |
| State/Province                     | <b>NY</b>                |
| ZIP/Postal Code                    | <b>12207</b>             |
| Country                            | <b>US</b>                |
| Email Address                      | [REDACTED]               |
| Phone Number                       | [REDACTED]               |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

Harmony Mills South

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Restaurant/Tavern

Type of Business (Choose One)

**Q6**

LLC

Business Structure

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

Respondent skipped this question

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

**Q9**

On what date did the Applicant begin operations?

2/1/2014. but previous owner started in late 80s

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

Mon -Fri. 8 till 3

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                          |
|---|--------------------------|
| Name of Business Owner:                 | <b>Keith E Mahler Jr</b> |
| Percent Ownership of Above-Named Owner: | <b>100</b>               |
| Title of Above-Named Owner:             | <b>President</b>         |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/16/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

**[REDACTED]**

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

**[REDACTED]**

---



**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 4  |
| Average Hours Worked for Part Time | 35 |

---

**Q19**

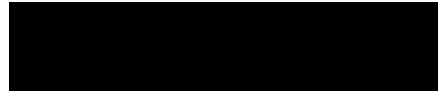
Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 3  |
| Part Time                          | 4  |
| Average Hours Worked for Part Time | 35 |

---

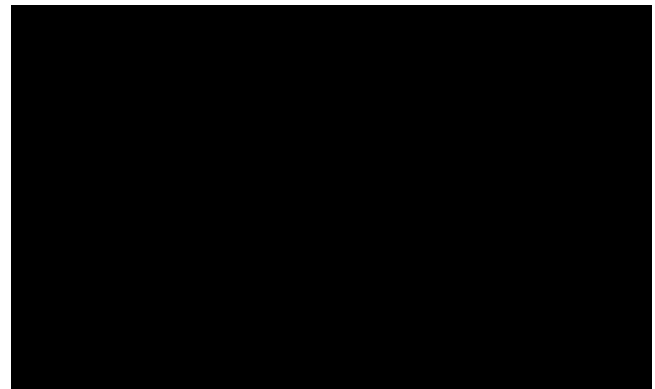
**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**I have opened already and have incurred and implemented all cost for PPE**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**10000 , for reimbursement of PPE , Inventory to reopen, Training**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**9000**

## Q24

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::  
Restocking and PPE and retaining

## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

It will enable me to stay open, because we are at such a loss

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies**

---

**Q28**

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

Maurices Deli open since late 80s on the corner of south pearl and Howard

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

it will let us keep our doors open

---

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

---

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention**  
(Applicant will retain or employ low-moderate income employees)

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>2</b> |
| Part-Time | <b>3</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>1</b>  |
| Part-Time                                    | <b>2</b>  |
| Average Hours Worked for Part-Time Employees | <b>25</b> |

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

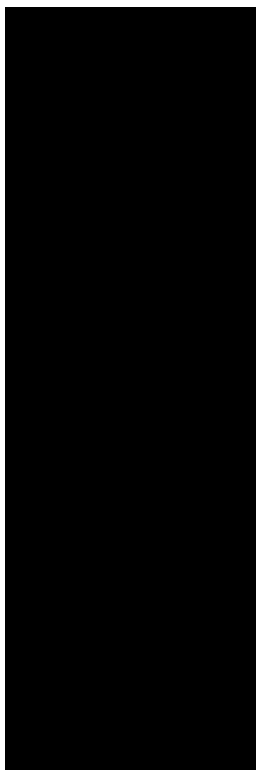
Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

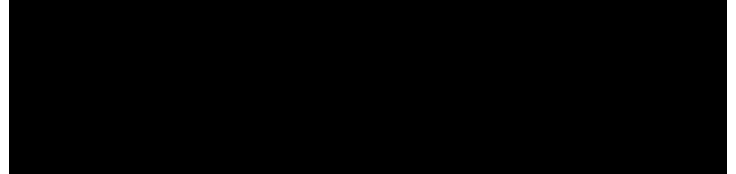
**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?



**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**

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?

---



**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Keith E Mahler Jr**

Title

**owner**

Date

**8/25/20**



#137

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 10:49:26 AM  
**Last Modified:** Tuesday, August 18, 2020 11:04:08 AM  
**Time Spent:** 00:14:41  
**IP Address:** [REDACTED]

---

## Page 2: Interested in Applying?

## Q1

## Applicant Business Contact Information

|                                     |                     |
|-------------------------------------|---------------------|
| Name of Business or Not-For-Profit: | McGeary's Irish Pub |
| Name of Contact:                    | Tess Collins        |
| Address:                            | 4 Clinton Square    |
| City/Town:                          | Albany              |
| State/Province:                     | NY                  |
| ZIP/Postal Code:                    | 12207               |
| Country:                            | United States       |
| Email Address:                      | [REDACTED]          |
| Phone Number:                       | [REDACTED]          |

---

## Q2

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

## Q3

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We need to modify our current space to safely accommodate customers, while training staff to clean and effectively utilize the new modifications. These modifications include physical barriers, improved and increased sanitizing stations, air filtration upgrades, as well as any additional and unexpected changes as may be required by New York as we proceed. We expect PPE to continue to be a significant expense for the foreseeable future, as well as changes in food service, including increased container usage, more expensive condiment service, and expected alterations as the State continues to alter the reopening process as needed.

---

#94

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, September 16, 2020 12:39:55 PM  
**Last Modified:** Friday, September 18, 2020 1:01:55 PM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                     |
|------------------------------------|---------------------|
| Name of Business or Not-For-Profit | McGeary's Irish Pub |
| Name of Business Contact           | Teresa Collins      |
| Business Address                   | 4 Clinton Square    |
| City/Town                          | Albany              |
| State/Province                     | NY                  |
| ZIP/Postal Code                    | 12207               |
| Country                            | United States       |
| Email Address                      | [REDACTED]          |
| Phone Number                       | [REDACTED]          |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3**

Own

Do you Lease or Own the Property?

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

## Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

Business Structure

Other (please specify):

Corporation

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

2010

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Monday-Thursday: 11:30 AM - 11:00 PM Friday: 11:30 AM - 12:00 AM Saturday: 12:00 PM - 12:00 AM Sunday: 12:00 PM - 8:00 PM**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Teresa Collins**

Percent Ownership of Above-Named Owner:

**100%**

Title of Above-Named Owner:

**President**

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

3/13/2020

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 9  |
| Part Time                          | 15 |
| Average Hours Worked for Part Time | 17 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 12 |
| Part Time                          | 20 |
| Average Hours Worked for Part Time | 12 |

**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

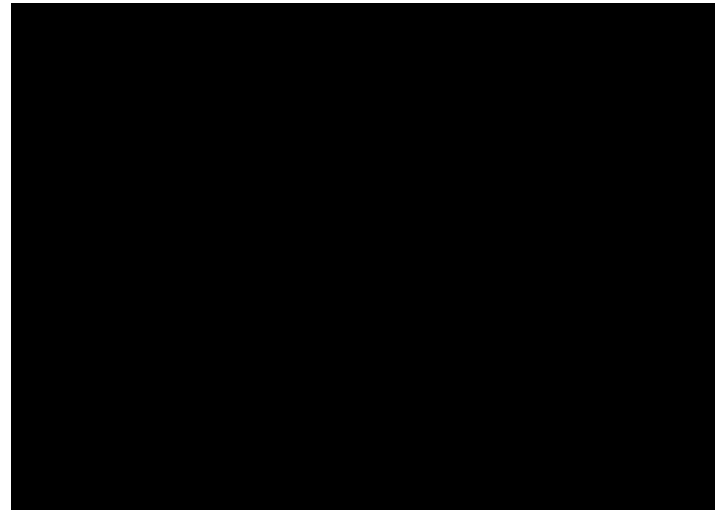
---



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We need to have in hand all PPE from facemasks to gloves, and have overstock of hand sanitizer for customer and employee use, as well as Selectricide for general disinfecting of surfaces in and around the restaurant. Electronic disinfectant devices, such as UV wands, are included, additionally, fast read thermometers must be in stock and working to check all employees before they come in to work. Food containers are an expensive part of our food cost, but necessary to comply with NYS guidelines as well.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We need to build physical partitions throughout the facility. Outside, we need to assure that a tent is in place, to accommodate people safely and in accordance with state guidelines. A locker system to ensure employees don't carry infected materials within the building such as phones, keys, or other commonly carried items. As requirements change depending on NYS changing guidelines, we will need to be able to adapt quickly and in compliance, which will require quick turnaround on any such projects as may require outside contractors.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**



**Q24**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::

Some physical barriers have already been erected, tents are in place outside, most PPE has already been purchased, as well as rental fees, contracting fees, and various miscellany. Many stock items have already been ordered and reordered, as needed.

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

While our customer traffic has by necessity dropped over 60%, operating costs have nearly doubled, cleaning and sanitizing supplies, PPE, payroll, and food cost have all increased dramatically. Current and ever changing definitions within NYS guidelines force us into situations where large areas of our facility are unused, while we still pay rental fees for them. These grant funds will allow us to breathe a little easier, by helping allay some of the exorbitant costs of operating under current health emergency guidelines. Ideally, they will help put us in a place where we can emerge stronger and ready to operate at full strength, with a larger staff, proper menu, and complete capacity when we are allowed to reopen fully by the state. We are also concerned that the State may decide to take a step back in the reopening process, shutting us down again, which would be devastating, and these funds would help us be prepared for that contingency as well.

**Q26**

Yes

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

Face coverings (including N95 masks, cloth, disposable, face shields)

,

Disposable gloves,

Hand sanitizer,

Cleaning materials and disinfecting supplies,

No-contact thermometers for employees and customers

**Q28**

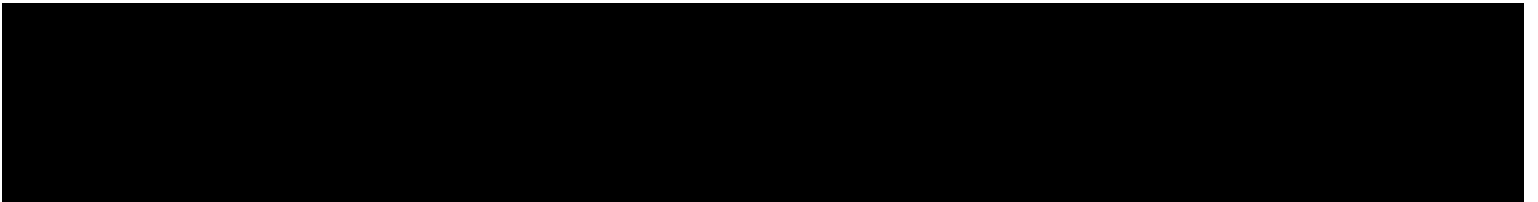
Please describe in detail the history and nature of your business or organization and its ties to the City of Albany (the "City") community and the impact of your business/organization's work in the City community.

McGeary's has been an active member of the Albany downtown community for decades, and under Tess' ownership, has only become moreso. McGeary's is a community leader in charitable activities, both large and small, and we strongly support our police and fire departments, both local and statewide. We are a proud supporter of the arts via donations and activities designed to promote and spread them throughout the region. McGeary's is a fierce supporter of other local businesses, working hand in hand with other downtown restaurants in multiple projects, and making every effort to carry products from local food and beverage vendors. When the statewide shutdown occurred, McGeary's stayed open in a reduced and costly capacity to continue serving the community, from feeding first responders and hospital workers, to assisting in distributing food to local food banks to help meet the newly growing demand. We look forward to serving Albany for many years to come.

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Since the NYS shutdown, we have, as many other small businesses throughout the state, flirted with financial disaster. We have been operating "hand to mouth" for over six months now, and each month moving forward makes it even harder to keep ourselves afloat. With no end in sight, this grant will provide an immediate shot in the arm to help us maintain our current course, keep our employees working, and keep serving the capital region both as a restaurant, and as a community contributor.

---

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

---

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention**  
(Applicant will retain or employ low-moderate income employees)

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |           |
|-----------|-----------|
| Full-Time | <b>15</b> |
| Part-Time | <b>12</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>3</b>  |
| Part-Time                                    | <b>7</b>  |
| Average Hours Worked for Part-Time Employees | <b>12</b> |

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Amount of Application

Purpose of Application

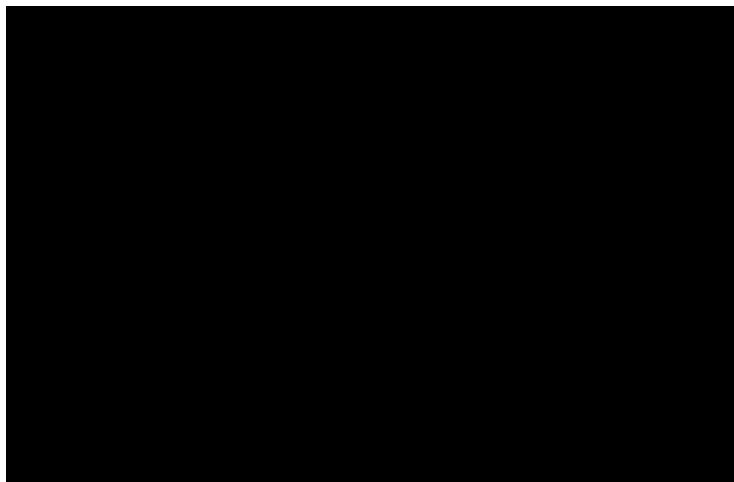
Amount of Award

Program/Agency 2

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Teresa Collins**

Title

**President**

Date

**9/13/2020**

#93

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 13, 2020 3:23:35 PM  
**Last Modified:** Thursday, August 13, 2020 3:27:36 PM  
**Time Spent:** 00:04:00  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |  |
|-------------------------------------|--|
| Name of Business or Not-For-Profit: | Merchant Enterprises/Restaurant Navona |
| Name of Contact:                    | Kim Baker                              |
| Address:                            | 289 New Scotland Ave                   |
| City/Town:                          | Albany                                 |
| State/Province:                     | NY                                     |
| ZIP/Postal Code:                    | 12208                                  |
| Country:                            | USA                                    |
| Email Address:                      | [REDACTED]                             |
| Phone Number:                       | [REDACTED]                             |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---



**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---

**Q9**

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We need funds to restock our food and beverage levels we have not been able to run a full menu for food or beverages

---

#97

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 26, 2020 4:27:28 PM  
**Last Modified:** Wednesday, August 26, 2020 5:45:39 PM  
**Time Spent:** 01:18:11  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |  |
|------------------------------------|--|
| Name of Business or Not-For-Profit | Restaurant Navona, Merchant Enterprises, LLC |
| Name of Business Contact           | Kim Baker                                    |
| Business Address                   | 289 New Scotland Avenue                      |
| City/Town                          | Albany                                       |
| State/Province                     | NY   |
| ZIP/Postal Code                    | 12208  |
| Country                            | United States                                |
| Email Address                      | [REDACTED]                                   |
| Phone Number                       | [REDACTED]                                   |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3**

Own

Do you Lease or Own the Property?

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

## Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

**LLC**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

12/31/2015

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Tues-Fri 11:30-9pm, Sat 4-9pm**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|                         |                       |
|-------------------------|-----------------------|
| Name of Business Owner: | <b>Kimberly Baker</b> |
|-------------------------|-----------------------|

|   |           |
|---|-----------|
| Percent Ownership of Above-Named Owner: | <b>51</b> |
|---|-----------|

|                             |                |
|-----------------------------|----------------|
| Title of Above-Named Owner: | <b>Manager</b> |
|-----------------------------|----------------|

|  |                        |
|--|------------------------|
| Name of Additional Business Owner (if applicable): | <b>Michael Niccoli</b> |
|--|------------------------|

|   |           |
|---|-----------|
| Percent Ownership of Above-Named Owner (if applicable): | <b>49</b> |
|---|-----------|

|   |             |
|---|-------------|
| Title of Above-Named Owner (if applicable): | <b>Chef</b> |
|---|-------------|

---

**Q12**

Respondent skipped this question

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

**Q13**

No

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/12/2020

**Q15**

Yes

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time 6

Part Time 8

Average Hours Worked for Part Time 15

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 9  |
| Part Time                          | 13 |
| Average Hours Worked for Part Time | 25 |

**Q20**

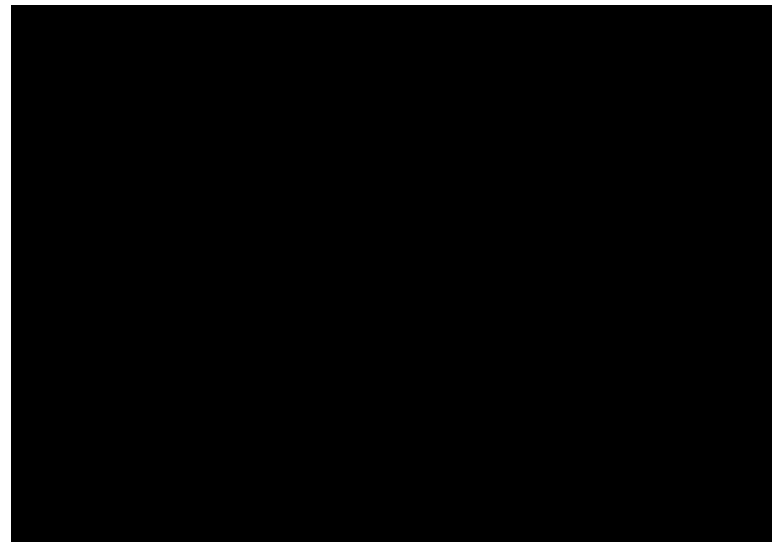
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We spend an additional \$1200/month on masks, hand sanitizer, clorox wipes, additional gloves, additional bleach and soft scrub. Since March we have spent an additional \$7200 in this type of equipment. We also installed hands-free soap dispenser (we still need more and would like to install touch-free paper towel dispensers). We would also like to install foot handles to open restroom doors with to avoid touching handles.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We had to replace all prepped food from the shut down as well as restock all of the food that was in our coolers, 16 kegs of beer, all bottled beers. We reimagined ourselves as a grocery store in the height of the pandemic and supplied our neighborhood with gloves, flour, toilet paper, fresh produce, etc. We have changed our back dining room to be a completely different concept (New Scotland Taco Bar), we had to buy coolers, signs, containers, menus, food and alcohol for this concept. We also purchased an Airstream style food truck with a wood fired oven on it like our restaurant and have picked up catered events and vending events. We had to get a new liquor license, tax id and attorney fees to do so. We now operate 3 businesses for 60% less revenue. This has cost us \$75,000 and we are still spending**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **10000**

**Q24**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::

Yes, we have purchased/financed the food truck, some of the hands-free equipment and some of the equipment for the taco bar

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

These funds will help us get some PPE supplies in, we buy them day to day. It will help us finish installing hands-free equipment for staff and guests. It will help us get beer back on tap (great profit margin!), it will help us get our full menu back up (currently running a condensed menu). We have not received any grant funding to date.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies**



**Q28**

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

Our restaurant has been in operation for 5 years.

My husband (our Chef) is born and his family resides in Albany. I moved to Albany when I attended St Rose and lived here for 18 years.

We love our neighborhood restaurant that hosts many business and social events.

We support the Ronald McDonald house through donations as well as the Children's Cafe through sponsored events, food and monetary support. My business allows me to be a member of 100 Women Who Care that support organizations in Albany County.

We are seasoned restaurateurs and can't believe at this point in our careers that we would be operating day to day like this, it's scary.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Keeping my staff enacted is my main focus so when COVID ends we can come back strong. When we are at full capacity we have over 20 employees and are always looking to support work programs the City has in place.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention**  
(Applicant will retain or employ low-moderate income employees)

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Part-Time

**1****Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Full-Time

**1**

Average Hours Worked for Part-Time Employees

**30**


---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

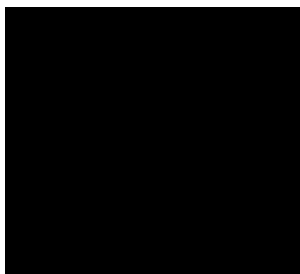
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

No

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Kimberly Baker**

Title

**Owner**

Date

**8/26/20**

#165

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 20, 2020 8:45:14 AM  
**Last Modified:** Thursday, August 20, 2020 8:50:05 AM  
**Time Spent:** 00:04:50  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Michele's Food Service, Inc  
**Name of Contact:** michele oconnor st pierre  
**Address:** 50 Yardboro ave  
**City/Town:** albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12205  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We are to develop a new procedure for employees to have practice the new procedures, as well as buying product to replace our producde that was out of date. We also have to rework our kitchen workspace to adapt to the new health department standards. We are also going to redevelop our menu to be more streamlined to adapt to the new market. We are going to develop an online presents

---



#26

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 19, 2020 9:02:44 AM  
**Last Modified:** Wednesday, August 19, 2020 10:54:46 AM  
**Time Spent:** 01:52:01  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                             |
|------------------------------------|-----------------------------|
| Name of Business or Not-For-Profit | michele's food service, Inc |
| Name of Business Contact           | Michele Oconnor St pierre   |
| Business Address                   | 50 yardboro ave             |
| Business Address 2                 | capitol park                |
| City/Town                          | Albany                      |
| State/Province                     | ny                          |
| ZIP/Postal Code                    | 12205                       |
| Country                            | usa                         |
| Email Address                      | [REDACTED]                  |
| Phone Number                       | [REDACTED]                  |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3**

Lease

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

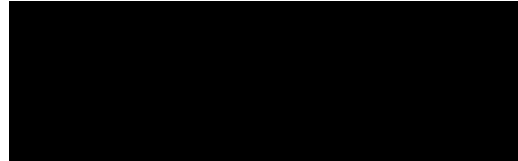
Name of Landlord

Oman Industries, LLC

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

Food truck and Catering business

**Q6**

Business Structure

Other (please specify):

c corp

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

Respondent skipped this question

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

**Q9**

On what date did the Applicant begin operations?

3/1991

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

yes, we have a shortened schedule 11am-2pm, Monday-Friday, majority of our catering cancelled

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                                 |
|---|---------------------------------|
| Name of Business Owner:                 | <b>michele oconnor stpierre</b> |
| Percent Ownership of Above-Named Owner: | <b>100</b>                      |
| Title of Above-Named Owner:             | <b>president</b>                |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/26/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Part Time                          | 2  |
| Average Hours Worked for Part Time | 20 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 3  |
| Part Time                          | 1  |
| Average Hours Worked for Part Time | 20 |

**Q20**

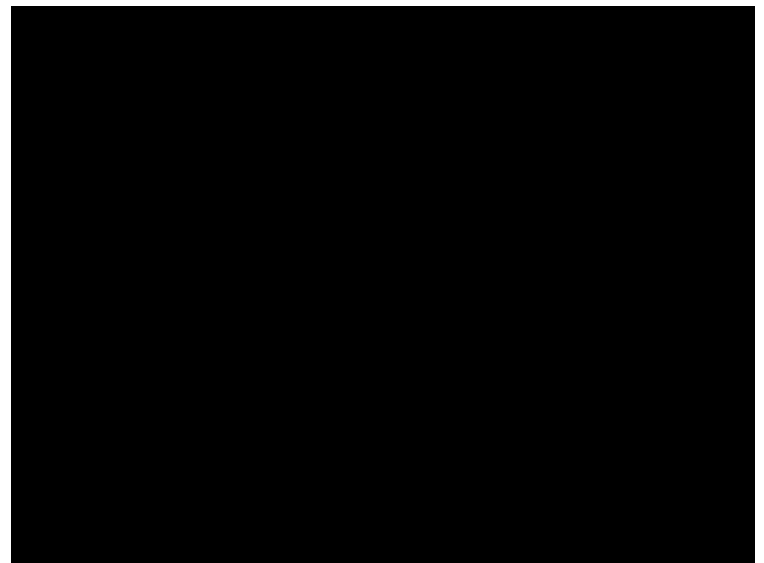
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We need to buy Masks for employees to use every day.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We plan to rework our menu to be more streamlined to adapt to the smaller customer base. We are developing an online presents for customers to order ahead and pick up. We will develop the technology for this. We will train our employees to adapt to the new regulations. We will purchase the product to support this new business model.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,/.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

Currently, we have lost most of our customer base. We are going to shift gears and re brand our business for a pickup and dinner to go menu. This grant will allow us to do all the work and buy the product needed.

---

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers**

---

**Q28**

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

I have been in business as a caterer and Food truck at Capitol Park in Albany for 35 years. Capitol Park Food Truck Program is a destination for the albania workforce to enjoy their lunch outdoors in a park . We also work with area businesses, such as Fort Orange Brewery to provide a food truck experience for their beer lovers. We cater home parties as well weddings at venues throughout the region. We also work with assisted living complexes and business parties.

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

We will put this grant money immediately to use. We will develop our new menu and partner with other businesses in the community, for example, Fort Orange Brewery, to attract customers to their business and ours. In the past, we would partner with business because they had the customer base. Now, it doesn't make financial sense to bring a food truck to a business that can't support my costs. If we had a grant, i wouldn't have to worry about the bottom line as much. We could advertise to bring attract the customers back. We are, by design, a touch-free way to serve customers. We are a very popular attraction to partner with businesses who don't serve food to partner with.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

**Page 13: Low and Moderate Income Job Creation and Retention**
**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>1</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>2</b>  |
| Part-Time                                    | <b>1</b>  |
| Average Hours Worked for Part-Time Employees | <b>30</b> |



Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

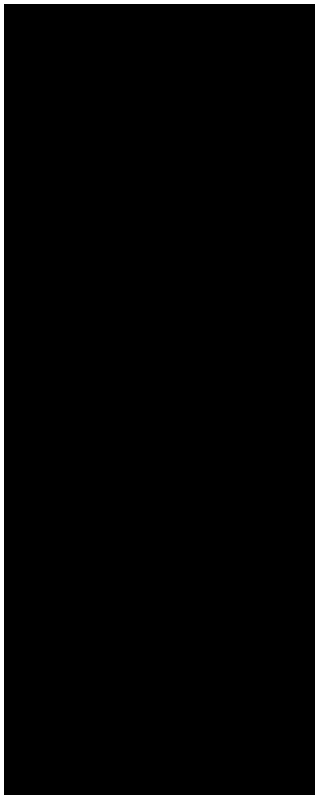
Program/Agency 3

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

**No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

---

**Q44**

**No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**michele oconnor stpierre**

Title

**president**

Date

**08/19/2020**

#110

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Saturday, August 15, 2020 6:26:56 AM  
**Last Modified:** Saturday, August 15, 2020 6:47:32 AM  
**Time Spent:** 00:20:36  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |   |
|-------------------------------------|---|
| Name of Business or Not-For-Profit: | Mirandas Italian Imports Corp (Mirandas Deli) |
| Name of Contact:                    | Kathy Miranda/ Charles Miranda                |
| Address:                            | 52 columbia st                                |
| City/Town:                          | albany  |
| State/Province:                     | New York                                      |
| ZIP/Postal Code:                    | 12207   |
| Country:                            | USA   |
| Email Address:                      | [REDACTED]                                    |
| Phone Number:                       | [REDACTED]                                    |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$10000.00- \$20000.00

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

I AM APPLYING FOR REOPENING EXPENSES SUCH AS PERSONAL PROTECTIVE EQUIPMENT. I AM ALSO APPLYING FOR RESTOCKING FOR THE PURCHASE OF PERISHABLE GOODS TO REPLACE DUE TO COVID 19 . I AM ALSO APPLYING FOR ITEMS TO REORGANIZE TO ADAPT MY BUSINESS SPACE TO MINIMIZE THE SPREAD OF COVID-19.LASTLY I AM APPLYING TO REIMAGINE TO DEVELOP AND IMPLEMENT NEW PRODUCTS TO MEET NEW MARKET DEMANDS.

---

#173

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, September 16, 2020 5:39:51 AM  
**Last Modified:** Thursday, September 17, 2020 6:32:20 AM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |   |
|------------------------------------|---|
| Name of Business or Not-For-Profit | Mirandas Italian Imports Corp (Mirandas Deli) |
| Name of Business Contact           | Mirandas Italian Imports Corp (Mirandas Deli) |
| Business Address                   | 52 columbia st                                |
| City/Town                          | albany  |
| State/Province                     | New York                                      |
| ZIP/Postal Code                    | 12207   |
| Country                            | UNITED STATES                                 |
| Email Address                      | [REDACTED]                                    |
| Phone Number                       | [REDACTED]                                    |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3**

Lease

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

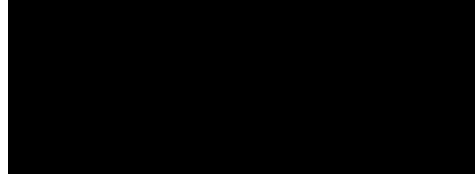
Name of Landlord

73 North PEARL ST LLC

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Restaurant/Tavern

Type of Business (Choose One)

**Q6**

LLC

Business Structure

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

pending

**Q9**

On what date did the Applicant begin operations?

2004

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

Monday-Friday 8AM- 3PM



**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                          |
|---|--------------------------|
| Name of Business Owner:                                 | <b>Charles w Miranda</b> |
| Percent Ownership of Above-Named Owner:                 | <b>50%</b>               |
| Title of Above-Named Owner:                             | <b>President</b>         |
| Name of Additional Business Owner (if applicable):      | <b>Kathy Miranda</b>     |
| Percent Ownership of Above-Named Owner (if applicable): | <b>50%</b>               |
| Title of Above-Named Owner (if applicable):             | <b>Vice President</b>    |

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

no

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/01/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|           |   |
|-----------|---|
| Full Time | 2 |
| Part Time | 0 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 4  |
| Part Time                          | 1  |
| Average Hours Worked for Part Time | 20 |

**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

[REDACTED]

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics

[REDACTED]

## Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**I PLAN TO BUY NEW RESTAURANT EQUIPMENT TO EFFECTIVELY MOVE THE LINE IN ORDER TO CREATE PROPER SOCIAL DISTANCING FOR MY CUSTOMERS**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**I PLAN TO BUY NEW EQUIPMENT TO REORGANIZE MY RESTAURANT SO MY CUSTOMERS CAN PROPERLY SOCIAL DISTANCE.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**5000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**5000**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

THE GRANT FUNDS WILL ABLE MY CUSTOMERS TO ADHERE TO PROPER SOCIAL DISTANCING .ALSO CREATE FASTER TURN AROUND TIME FOR MY BUSINESS TO WAIT ON MORE CUSTOMERS BENEFITING MY SALES.

---

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves**

---

**Q28**

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

WE HAVE BEEN IN THE RESTAURANT BUSINESS FOR 16 YEARS SERVING THE COMMUNITY OF ALBANY APPROXIMATELY 250 GREAT MEALS A DAY AT A FAIR PRICE.

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

THIS REQUEST WILL ABLE ME TO KEEP MY BUSINESS AFLOAT AND IT WILL KEEP US SERVING MEALS TO THE COMMUNITY . HOPEFULLY FOR YEARS TO COME.

---

**Q31**

**No**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

**Q33**

For which CDBG track will your business qualify?

**Microenterprise (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

Respondent skipped this question

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

---

**Q37**

Respondent skipped this question

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

---

**Q38**

Respondent skipped this question

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

Respondent skipped this question

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

---

**Q40**

Respondent skipped this question

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

---

Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

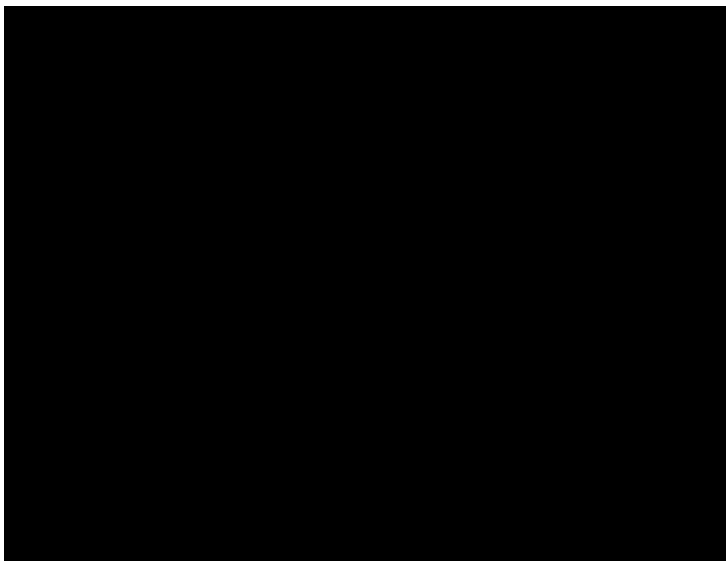
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

**No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---



**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**CHARLES W MIRANDA**

Title

**PRESIDENT**

Date

**09/17/2020**

#147

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 6:16:13 PM  
**Last Modified:** Tuesday, August 18, 2020 6:26:36 PM  
**Time Spent:** 00:10:23  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Name of Business or Not-For-Profit: | <b>Mormino Food Service, Inc</b> |
| Name of Contact:                    | <b>Kim Muse Comtois</b>          |
| Address:                            | <b>50 yardboro Ave</b>           |
| City/Town:                          | <b>Albany</b>                    |
| State/Province:                     | <b>ny</b>                        |
| ZIP/Postal Code:                    | <b>12205</b>                     |
| Country:                            | <b>usa</b>                       |
| Email Address:                      | [REDACTED]                       |
| Phone Number:                       | [REDACTED]                       |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---

### Q9

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

### Q10

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We are to develop a new procedure for employees to have practice the new procedures, as well as buying product to replace our producde that was out of date. We also have to rework our kitchen workspace to adapt to the new health department standards. We are also going to redevelop our menu to be more streamlined to adapt to the new market.

---

#54

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 20, 2020 7:56:01 PM  
**Last Modified:** Thursday, August 20, 2020 8:53:56 PM  
**Time Spent:** 00:57:54  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                                  |
|------------------------------------|----------------------------------|
| Name of Business or Not-For-Profit | <b>Mormino Food Service, Inc</b> |
| Name of Business Contact           | <b>Kim Muse-comtois</b>          |
| Business Address                   | <b>50 yardboro Ave</b>           |
| Business Address 2                 | <b>Capitol Park</b>              |
| City/Town                          | <b>Albany</b>                    |
| State/Province                     | <b>ny</b>                        |
| ZIP/Postal Code                    | <b>12205</b>                     |
| Country                            | <b>United States</b>             |
| Email Address                      | [REDACTED]                       |
| Phone Number                       | [REDACTED]                       |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                                  |
|------------------|----------------------------------|
| Name of Business | <b>Mormino Food Service, Inc</b> |
| Address          | <b>50 yardboro Ave</b>           |
| City/Town        | <b>Albany</b>                    |
| State/Province   | <b>ny</b>                        |
| ZIP/Postal Code  | <b>12205</b>                     |
| Country          | <b>United States</b>             |

---

## Page 5: Real Estate Information

**Q3**

**Lease**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Oman Industries, LLC**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease

---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

food truck and caterer

---

**Q6**

Business Structure

Other (please specify):

c corp

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

N/A

---

**Q9**

On what date did the Applicant begin operations?

3/2001

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**yes, limited schedule**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner: **Kim Muse Comtois**

Percent Ownership of Above-Named Owner: **90**

Title of Above-Named Owner: **president**

Name of Additional Business Owner (if applicable): **Robin Snively**

Percent Ownership of Above-Named Owner (if applicable): **10**

Title of Above-Named Owner (if applicable): **trustee**

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

N/A

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/25/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|           |   |
|-----------|---|
| Full Time | 2 |
| Part Time | 0 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 4  |
| Part Time                          | 1  |
| Average Hours Worked for Part Time | 30 |

**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

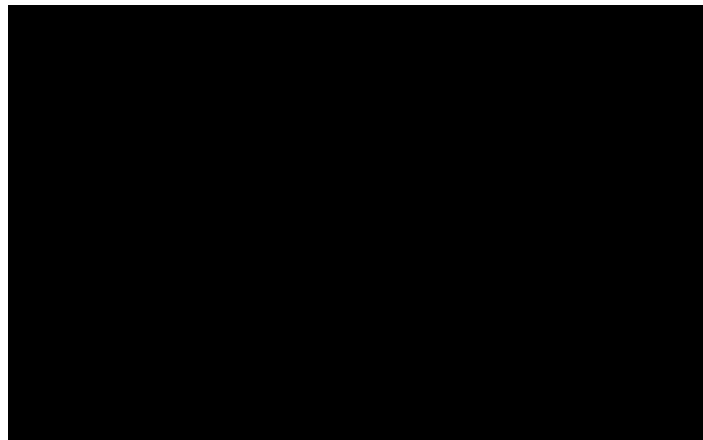
[REDACTED]



## Q21

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Page 9: Adaptation Project Description

## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**purchase masks, sanitizers, gloves, face shields**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We are going to rework our menu to be takeout and catering from our warehouse. We will have to purchase catering equipment and product to start our new business model**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **10000**

**Q24****No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

These funds will reinvent my business. We will use social media and other websites to advertise our catering and pickup/delivery service. We plan to do a lunch/dinner option.

**Q26****Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

Face coverings (including N95 masks, cloth, disposable, face shields)  
,  
Disposable gloves,  
Protective eyewear,  
Hand sanitizer,  
Cleaning materials and disinfecting supplies,  
Specialized packaging for shipping

**Q28**

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

We have been the most popular food truck at Capitol Park for 20 years. We serve people from the Mayor, the Governor, all the staff, state workers, fed workers, etc. We are know for a great healthy lunch with great customer service. We know more than half of our customers by name and they always walk away with a smile!

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

this Grant will immediately benefit our organization. We will develop an online ordering system right away. We will target downtown Albany, Uptown Albany and Lark Street. We are planning that this program will be a lasting business to service Albany, the city that we love!

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

For which CDBG track will your business qualify?

**Microenterprise** (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

Yes

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>2</b> |
|-----------|----------|

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>1</b>  |
| Part-Time                                    | <b>1</b>  |
| Average Hours Worked for Part-Time Employees | <b>30</b> |

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

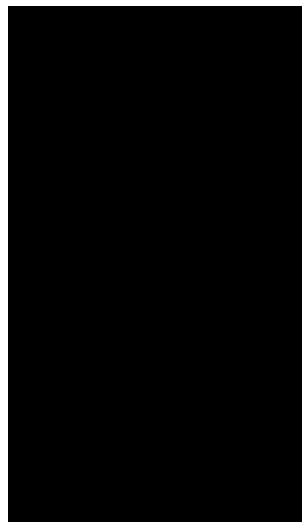
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Kim Muse-comtois**

Title

**Manager**

Date

**08/20/2020**



#141

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, September 09, 2020 9:44:13 AM  
**Last Modified:** Wednesday, September 09, 2020 10:55:37 AM  
**Time Spent:** 01:11:24  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

## Q1

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                     |
|------------------------------------|---------------------|
| Name of Business or Not-For-Profit | Mug Shots LLC       |
| Name of Business Contact           | Corinne Masino-Luft |
| Business Address                   | 54 James Street     |
| City/Town                          | Albany              |
| State/Province                     | NY                  |
| ZIP/Postal Code                    | 12207               |
| Country                            | United States       |
| Email Address                      | [REDACTED]          |
| Phone Number                       | [REDACTED]          |

---

## Q2

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

## Q3

Own

Do you Lease or Own the Property?

## Page 6: Real Estate Information

## Q4

Landlord Contact Information

## Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

**LLC**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

01/08/2009

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**7.30 - 3.00**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Corinne Masino-Luft**

Percent Ownership of Above-Named Owner:

**100**

Title of Above-Named Owner:

**Owner**

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

N/A

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/18/2020

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 1  |
| Average Hours Worked for Part Time | 18 |

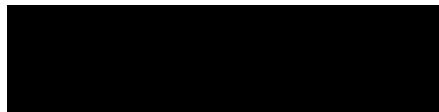
**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 1  |
| Average Hours Worked for Part Time | 24 |

**Q20**

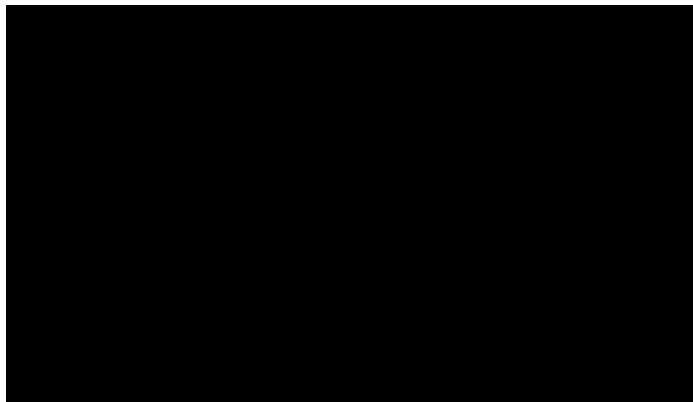
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

**Reopening Activities:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Retraining, Restocking, Reorganizing and Reimagining Activities:** The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Purchase of protective material, face masks, sanitizer. Rebuilt counter for social distancing, purchase of grab & go cooler, expand area for customers inside store. See pre-application.**

**Restock all food which could not be used, purchase of new chairs, tables. Touch free garbage cans, redo website for online ordering, viewing menu. See pre-application.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **10000**

**Q24**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::

Purchase of grab and go coolers, remodel of counter tops for social distancing

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

It will allow us to open a safe breakfast, coffee and lunch cafe for downtown employees.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Disposable gloves,**

**Protective gowns or uniforms,**

**Protective eyewear,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

**Specialized packaging for shipping,**

**COVID testing kits**

**Q28**

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

The cafe opened to provide breakfast, coffee and lunch to downtown employees, particularly downtown workers employed by NYS and the City. We have been a favorite place for those workers for many years. We are a local women owned business with a hometown feel unlike chains and corporate stores. Many City employees would come in everyday for coffee, breakfast and lunch.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

The grant money will continue to employ the owner and staff through this difficult time and through the slow winter months. It will also allow the cafe to provide a safe place for the downtown workers to enjoy the good food and drinks provided by the cafe.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>1</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>0</b>  |
| Part-Time                                    | <b>1</b>  |
| Average Hours Worked for Part-Time Employees | <b>10</b> |

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance



**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

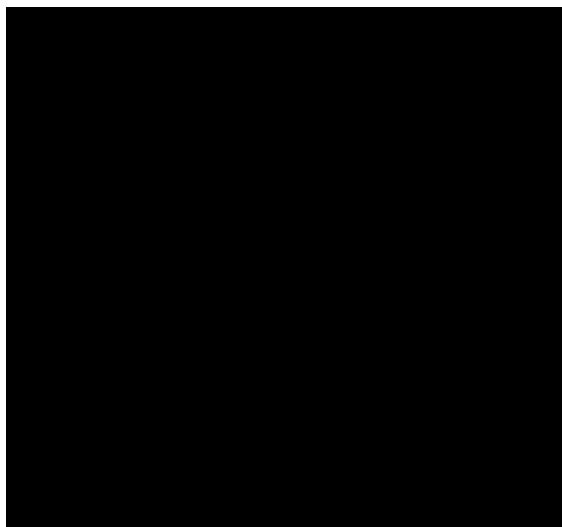
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Corinne Masino-Luft**

Title

**Owner**

Date

**09/09/2020**

#84

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 12, 2020 3:26:19 PM  
**Last Modified:** Wednesday, August 12, 2020 3:30:48 PM  
**Time Spent:** 00:04:28  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |                          |
|-------------------------------------|--------------------------|
| Name of Business or Not-For-Profit: | <b>Nocturnal Cookies</b> |
| Name of Contact:                    | <b>Wendy Wright</b>      |
| Address:                            | <b>90 S SWAN ST</b>      |
| Address 2:                          | <b>Unit 105</b>          |
| City/Town:                          | <b>Albany</b>            |
| State/Province:                     | <b>New York</b>          |
| ZIP/Postal Code:                    | <b>12210</b>             |
| Country:                            | <b>United States</b>     |
| Email Address:                      | [REDACTED]               |
| Phone Number:                       | [REDACTED]               |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Minority,**

**Woman,**

**Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)**

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We need to reconfigure our space and purchase new equipment to adapt to new conditions.

---

#64

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 5:01:00 PM  
**Last Modified:** Saturday, August 22, 2020 8:17:26 AM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                          |
|------------------------------------|--------------------------|
| Name of Business or Not-For-Profit | <b>Nocturnal Cookies</b> |
| Name of Business Contact           | <b>Wendy Wright</b>      |
| Business Address                   | <b>90 S SWAN ST</b>      |
| Business Address 2                 | <b>Unit 105</b>          |
| City/Town                          | <b>Albany</b>            |
| State/Province                     | <b>NY</b>                |
| ZIP/Postal Code                    | <b>12210</b>             |
| Country                            | <b>United States</b>     |
| Email Address                      | [REDACTED]               |
| Phone Number                       | [REDACTED]               |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                                  |
|------------------|----------------------------------|
| Name of Business | <b>Nocturnal Cookies</b>         |
| Address          | <b>100 New Broadway, APT 409</b> |
| City/Town        | <b>Rensselaer</b>                |
| State/Province   | <b>NY</b>                        |
| ZIP/Postal Code  | <b>12144</b>                     |
| Country          | <b>United States</b>             |

---

## Page 5: Real Estate Information

**Q3**

**Lease**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Up Realty**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease

---

Page 7: Business Information

**Q5**

Other (please specify):

Type of Business (Choose One)

Limited Service Restaurant

---

**Q6**

**LLC**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

---

**Q9**

On what date did the Applicant begin operations?

11/1/2017

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**M - F 10 am to 3 pm & Monday - Sunday 7 pm to 1 am**

---



**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |               |
|---|---------------|
| Name of Business Owner:                 | Wendy Wright  |
| Percent Ownership of Above-Named Owner: | 100           |
| Title of Above-Named Owner:             | Owner/Manager |

---

**Q12**

Respondent skipped this question

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

No

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/01/2020

---

**Q15**

No

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 4  |
| Average Hours Worked for Part Time | 24 |

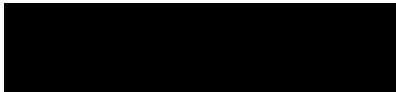
**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 2  |
| Part Time                          | 5  |
| Average Hours Worked for Part Time | 24 |

**Q20**

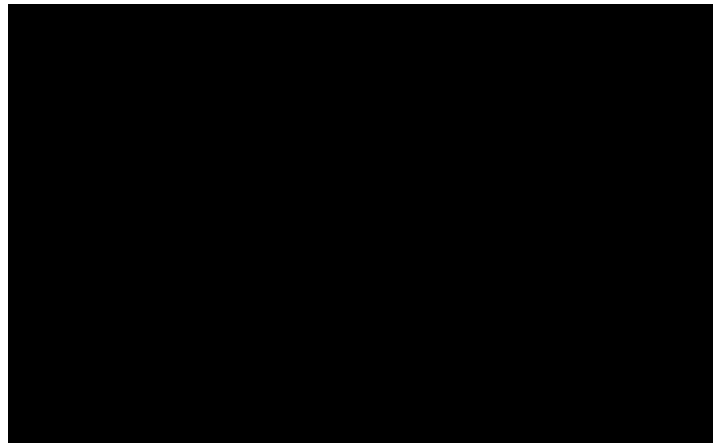
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We need to maintain a steady supply of PPE for our staff.**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We need to reconfigure our kitchen space to comply with the new guidelines and to accommodate the greater demand for our service.**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

## Q24

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

The funds will allow me to reconfigure the space and add equipment to handle the higher demand for food delivery services.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

**Specialized packaging for shipping**

---

**Q28**

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

I have been providing food delivery service in the City of Albany since 2018. We bake cookies and delivery them on demand within 45 minutes to private residences, hospitals and businesses.

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

We will be able to keep and create jobs and continue to provide a high demand service to the community.

---

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

---

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Black / African American**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |           |
|-----------|-----------|
| Full-Time | <b>3</b>  |
| Part-Time | <b>11</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>1</b>  |
| Part-Time                                    | <b>6</b>  |
| Average Hours Worked for Part-Time Employees | <b>24</b> |

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

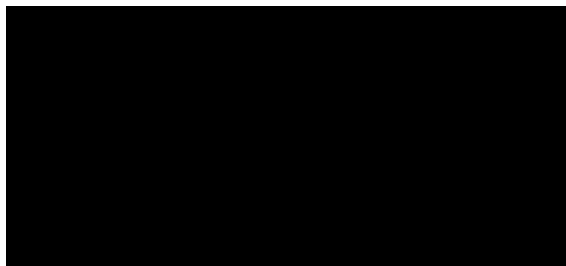
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46****No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Wendy Wright**

Title

**Owner/Manager**

Date

**8/22/20**

---



#11

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 2:31:58 PM  
**Last Modified:** Monday, August 10, 2020 2:43:07 PM  
**Time Spent:** 00:11:08  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Noho Pizza  
**Name of Contact:** Adem Alp  
**Address:** 195 Lark Street  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12210  
**Country:** USA  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

**Q7**

**Minority,**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)**

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20.000

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

I'm planning to buy new furniture for outside. My main business asset is cheese which I'm planning to restock. My business is down about %40. I have 6 employees and business bank account balance is about \$5000. This grant would help me a lot in order to stay in business. I have been in business for 10 years. I will purchase medical grade masks for my employees. I will also install outdoor heating system so customer can sit outside when it is cold. Thank you

---

#45

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 20, 2020 11:07:20 AM  
**Last Modified:** Thursday, August 20, 2020 12:04:24 PM  
**Time Spent:** 00:57:04  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                                      |
|------------------------------------|--------------------------------------|
| Name of Business or Not-For-Profit | <b>Adams Food LLC dba Noho Pizza</b> |
| Name of Business Contact           | <b>Adem Alp</b>                      |
| Business Address                   | <b>195 Lark Street</b>               |
| City/Town                          | <b>Albany</b>                        |
| State/Province                     | <b>NY</b>                            |
| ZIP/Postal Code                    | <b>12210</b>                         |
| Country                            | <b>Albany</b>                        |
| Email Address                      | [REDACTED]                           |
| Phone Number                       | [REDACTED]                           |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3****Own**

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

---

---

## Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

**LLC**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

---

**Q9**

On what date did the Applicant begin operations?

September 11, 2011

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**10am to 10pm 7 days a week**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Adem Alp**

Percent Ownership of Above-Named Owner:

**%100**

Title of Above-Named Owner:

**Owner**

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/20/2020

**Q15**

**No**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 6  |
| Average Hours Worked for Part Time | 20 |

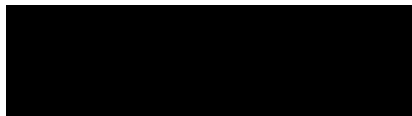
**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 5  |
| Average Hours Worked for Part Time | 15 |

**Q20**

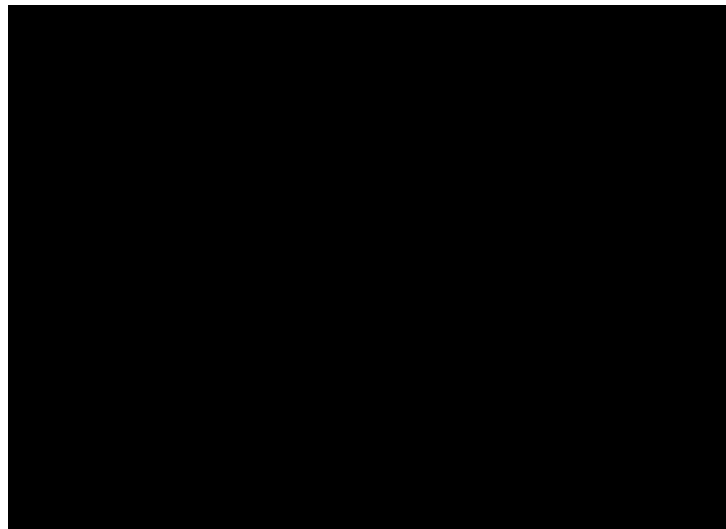
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Yes, I will purchase gloves, mask, hand sanitizers, protective screens for counter, tables and chairs for outside, outdoor heater for customers who does not want to sit inside when it is cold.**

**I need to restock cheese. Since business declined I used my stock cheese. I will repurchase it from Performance Food Service who I work with for 10 years**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **10000**

**Q24****No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

My employees are very worried because of Covid 19. By taking precautions they will be willing to work again. Now I do not do anything to protect them. I have only \$5,000.00 in my business account.

**Q26****Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?



**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

Face coverings (including N95 masks, cloth, disposable, face shields)  
,  
Disposable gloves,  
Protective eyewear,  
Hand sanitizer,  
Cleaning materials and disinfecting supplies,  
No-contact thermometers for employees and customers,  
COVID testing kits

**Q28**

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

I have been in business in the city of Albany continuously since 2011. I'm a active member of community. Every year I donate pizzas to community programs through Albany Police, City of Albany and local LGBT community.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

I have 7 employees and all of them except one live in Albany. My employees would be able to pay their rents and bills and I hope to continue in business.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Asian & White**What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>5</b> |

---

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>0</b> |
| Part-Time | <b>2</b> |

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

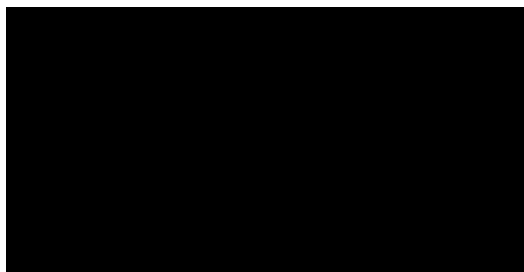
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

No

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

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**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

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**Q51**



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?

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Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Adem Alp**

Title

**Owner**

Date

**08/20/2020**

---

#157

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 6:28:30 PM  
**Last Modified:** Wednesday, August 19, 2020 11:21:38 AM  
**Time Spent:** 16:53:07  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Nor jewelers  
**Name of Contact:** Nur Hossain  
**Address:** 303 central ave  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12206  
**Country:** Albany  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$9190

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

we need equipment to meet new market demands

---



#70

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Saturday, September 12, 2020 12:14:34 PM  
**Last Modified:** Wednesday, September 16, 2020 11:23:59 AM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                 |
|------------------------------------|-----------------|
| Name of Business or Not-For-Profit | Nor jewelers    |
| Name of Business Contact           | Nur Hossain     |
| Business Address                   | 303 Central ave |
| City/Town                          | Albany          |
| State/Province                     | NY              |
| ZIP/Postal Code                    | 12206           |
| Country                            | Albany          |
| Email Address                      | [REDACTED]      |
| Phone Number                       | [REDACTED]      |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3**

Lease

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

Jawid Ahmad

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

Jewelry store

**Q6**

Business Structure

LLC

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

Respondent skipped this question

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

**Q9**

On what date did the Applicant begin operations?

2/5/2019

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

Yes Tuesday to Saturday 10 to 7

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                    |
|---|--------------------|
| Name of Business Owner:                 | <b>Nur Hossain</b> |
| Percent Ownership of Above-Named Owner: | <b>100%</b>        |
| Title of Above-Named Owner:             | <b>CEO</b>         |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/17/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

██████████

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

██████████

---

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time 2

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Full Time 2

---

**Q20**

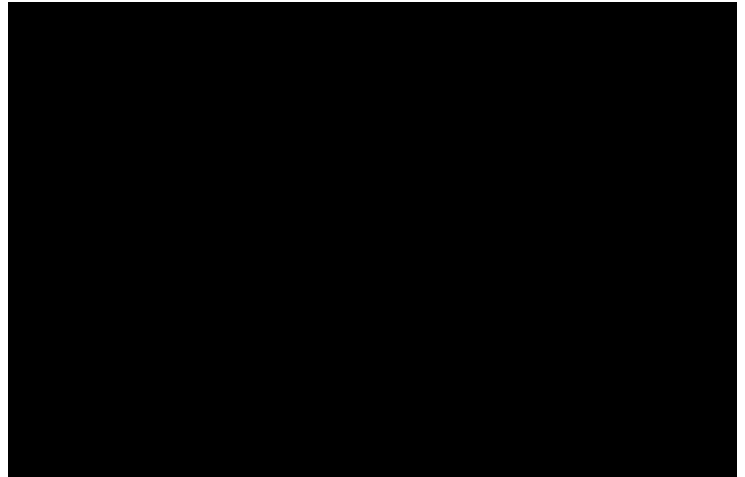
How many future layoffs do you anticipate as a result of COVID-19, if any?

---

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

**Reopening Activities:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**need necessary personal protective equipment n95 face mask cost \$220 10 box of disposable gloves \$373. temperature thermistor \$ 27 paper towels to sanitize wipe off glass door handles and showcases \$600 also we need air cleaner fan \$616 our store is very small area we provide jewelry buffing service as well we need air cleaner fan that fan also can provided on the list is also clean 99% of Victoria's that fan will provide clean air to a customer we needed those equipment for employee to stay safe and keep store sanitize for customer**

**Retraining, Restocking, Reorganizing and Reimagining Activities:** The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**in order to keep our inventory safe and secure we have to buy digital fireproof safe soon as we can because during the lockdown time we talked all of our gold inventory home because more like other jewelry store we don't have jewelry safe yet our store has been looted luckily we took our inventory home befour otherwise we could have lost all our inventory we have two quote from the retail dealers for safe cust \$4619 to be able to map New Market Des Moines we need 3D printing system to design and print jewelry molding and jewelry Melting Furnace to melt small jewelry pieces with that 3d system we can provide customers with their own custom jewelry designing and casting is very costing for us to have done by somebody else with the 3D system we can do our own designing and molding**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **1836**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **7442**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

with the grand if we able to buy a machine and that will help our business to improve and sell more item will help us recover the hard time doing lockdown few months back the grant will help us increase our inventory will minimize our cost in the store and with engraving machine and name plate maker we will be able to make our own product line rather than waiting three weeks for third-party to make it for us if we able to buy jewelry safe we can keep our inventory safe

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

Other forms of PPE, please identify:

air cleaner fan

**Q28**

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

we located in Central Ave lost two years we providing service to nearby hospital and Office Buildings employees with same day watch and jewelry repair with very affordable price range our service has been also very helpful to nearby senior citizen communities for watch batteries

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

i will be able to provide safe and clean sanitize space to a customer keep myself an employee safe if increase in my business I can hire more employees if needed also as far as benefiting the city if in any need form us City can contract directly us for a ny time by email

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.



**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Asian**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Full-Time

**1****Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Part-Time

**1**

Average Hours Worked for Part-Time Employees

**20**


---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

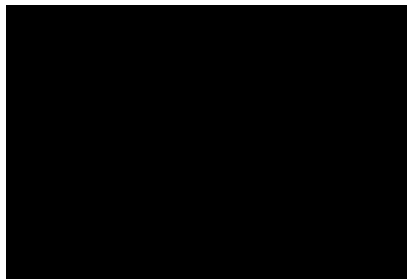
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

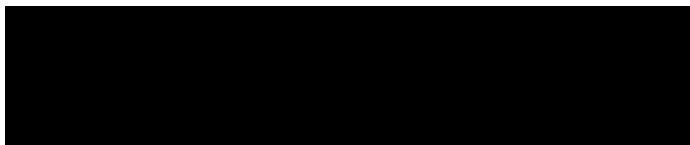
**Q46**

No

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?



**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Nur Hossain**

Title

**CEO**

Date

**9/16/2020**

## #2

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 2:27:32 PM  
**Last Modified:** Wednesday, August 12, 2020 12:11:23 PM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 2: Interested in Applying?

## Q1

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Palace Performing Arts Center  
**Name of Contact:** Starlyn D'Angelo  
**Address:** 19 Clinton Ave  
**City/Town:** Albany  
**State/Province:** NY  
**ZIP/Postal Code:** 12207  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

## Q2

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

## Q3

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

10,000

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Palace Theatre seeks funding to comply with health department protocols to allow the theatre to safely reopen. Funding will provide for sanitation stations, PPE, plexiglass shields at point of sale locations, disinfectant cleaning supplies and equipment, concessions carts, and other equipment to encourage social distancing in the theatre lobby and seating areas. The funding will also provide staff training for full compliance with health department regulations. Reopening the Palace is important for the economic vitality of downtown Albany. We are seeking your support for a safe reopening that benefits significant numbers of Albany residents and downtown businesses.

---

#90

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, September 14, 2020 2:55:04 PM  
**Last Modified:** Friday, September 18, 2020 11:41:44 AM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                               |
|------------------------------------|-------------------------------|
| Name of Business or Not-For-Profit | Palace Performing Arts Center |
| Name of Business Contact           | Palace Performing Arts Center |
| Business Address                   | 19 Clinton Ave                |
| City/Town                          | Albany                        |
| State/Province                     | NY                            |
| ZIP/Postal Code                    | 12207                         |
| Country                            | United States                 |
| Email Address                      | [REDACTED]                    |
| Phone Number                       | [REDACTED]                    |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3**

Own

Do you Lease or Own the Property?

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

## Page 7: Business Information

**Q5** **Not-For-Profit Organization**

Type of Business (Choose One)

---

**Q6** **LLC**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

May 10, 1988

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**No**

If No, please explain

**New York State has closed our 2,800 seat venue due to COVID. We have complied with government and health department mandates and guidelines to ensure the safety of our staff, artists, and audience.**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**N/A**

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

N/A

---



**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/12/2020

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |           |
|------------------------------------|-----------|
| Full Time                          | <b>10</b> |
| Part Time                          | <b>1</b>  |
| Average Hours Worked for Part Time | <b>20</b> |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |           |
|------------------------------------|-----------|
| Full Time                          | <b>17</b> |
| Part Time                          | <b>71</b> |
| Average Hours Worked for Part Time | <b>8</b>  |

**Q20**

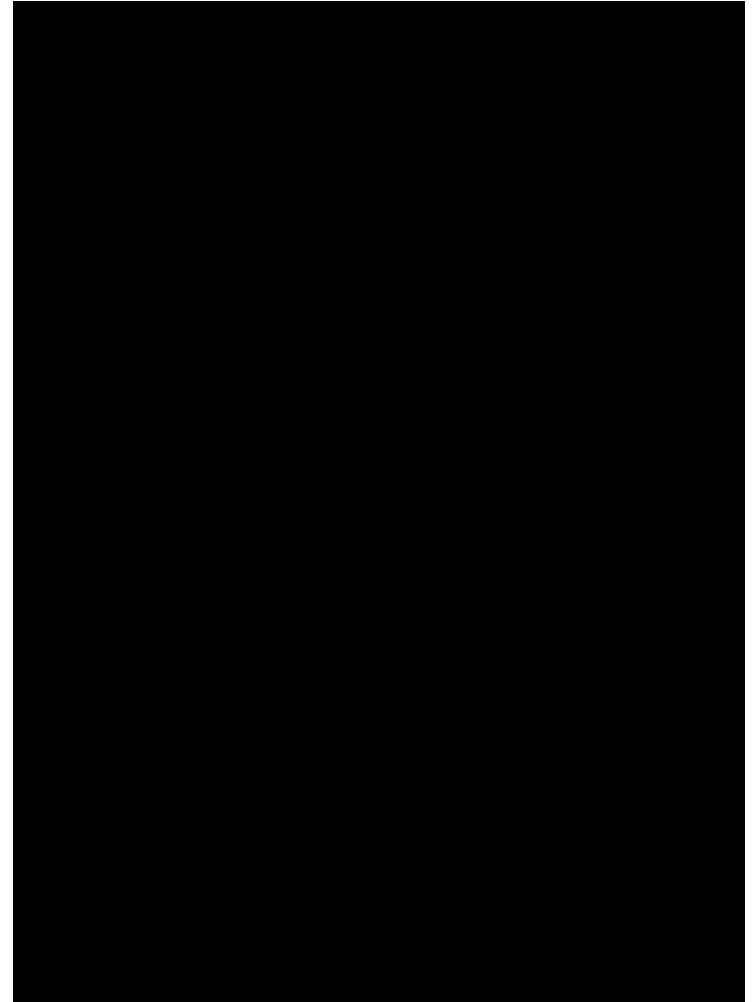
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Funding will be used to purchase PPE including disposable masks, disposable gloves and face shields to allow the Palace Theatre to safely reopen. Since we have not been able to generate revenue since March, we are seeking financial support for reopening**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Funding will be used to purchase point of sale plexi barriers and hand sanitation stations required to safely reopen the theatre.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**2193**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**2857**

**Q24**

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

This grant provides essential resources needed to ensure that the Palace can safely reopen and greet patrons again. We have lost 100% of our earned income since March. Without financial support, we will not be able to afford the PPAC, physical barriers and sanitation supplies needed to safely reopen. Reopening the Palace Theatre will help support other downtown businesses since our shows draw audiences that patronize restaurants, hotels, and other businesses downtown.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**  
,  
**Disposable gloves,**  
**Hand sanitizer**

**Q28**

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

The Palace Theatre is an iconic landmark situated at the gateway to downtown Albany. Constructed in 1931 as a spectacular RKO Movie Palace and vaudeville theatre, it is listed on the National Register of Historic places. For many years, The Theatre was a center of downtown activity but sadly, it closed its doors in 1969. Mayor Erastus Corning led the effort to save the theatre and the city purchased the theatre to serve as a community center and the home of the Albany Symphony Orchestra. Still, the theatre struggled to sustain its operations. The Palace Performing Arts Center was established and incorporated as a nonprofit in 1989 to operate the historic theater. PPAC successfully build a robust performing arts program featuring artists ranging from the Rolling Stones to Jerry Seinfeld. PPAC's arts in education program grew to serve over 8,000 children each year. PPAC also hosts popular annual programs including free family movies, a community block party, and a classic movie series. PPAC's success led to purchasing the theatre from the City of Albany in 2017. Today, the Palace is a 2,800 seat cultural/entertainment venue that continues to host a diverse range of world-class entertainment bringing nearly 200,000 patrons to downtown Albany. The Palace stimulates Albany's economy generating 10 million in ancillary spending and filling 3,700 hotel rooms. As a leader in the Capital Region's cultural sector, the Palace's supports other cultural nonprofits through shared service agreements with Albany Symphony (which has its offices in the theatre), Park Playhouse and CapRep. PPAC programming includes workforce development including hiring cleaning and concierge staff through Second Chance Opportunities and the Interfaith Partnership for the Homeless. Our plans to expand workforce development and family programming were halted by the pandemic but we are optimistic that the theatre will continue to enhance quality of life and economic development while cultivating a sense of community and civic pride in Albany.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Palace Theatre draws nearly 200,000 patrons to downtown Albany each year. These patrons help drive the downtown economy by frequenting bars, restaurants, hotels and other businesses. The theatre generates over 10 million dollars in ancillary spending and approximately 3,700 hotel stays annually. Due to the pandemic, our operations have ceased, and we are no longer offering live events. This grant will ensure that the Palace will have the resources needed to safely reopen its facilities, remain in compliance with health department guidelines, and resume activities that directly benefit the downtown economy. Without this financial support, we will not have sufficient resources to safely reopen.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

## Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

## Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>0</b> |
|-----------|----------|

|           |          |
|-----------|----------|
| Part-Time | <b>0</b> |
|-----------|----------|

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Full-Time                                    | 2  |
| Part-Time                                    | 15 |
| Average Hours Worked for Part-Time Employees | 8  |

## Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



## Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

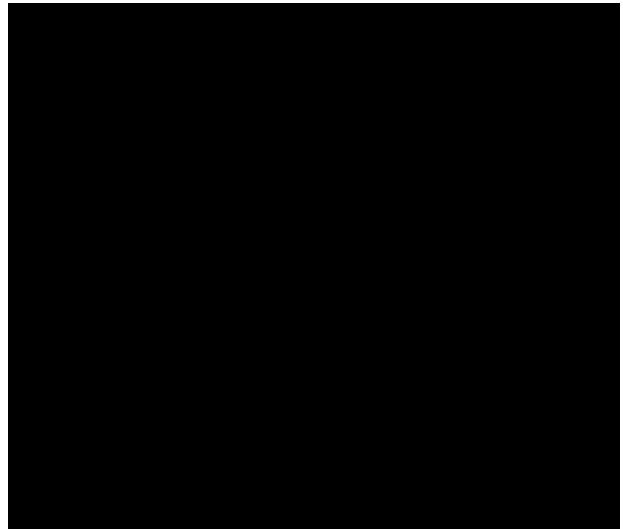
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43** **No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

---

**Q44** **No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45** **No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46** **No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47** 

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48** **No**

If you are the owner of the property, are there any violations against the building?

---

**Q49** **No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50** **No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---



**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Starlyn D'Angelo**

Title

**Director of Philanthropy**

Date

**09/18/20**

#132

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 10:09:27 AM  
**Last Modified:** Tuesday, August 18, 2020 10:11:58 AM  
**Time Spent:** 00:02:31  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |  |
|-------------------------------------|--|
| Name of Business or Not-For-Profit: | <b>Patsy's Barber Shop at the Concourse</b>          |
| Name of Contact:                    | <b>William Yager</b>                                 |
| Address:                            | <b>Empire State Plaza, Concourse Level, Room 126</b> |
| City/Town:                          | <b>Albany</b>  |
| State/Province:                     | <b>New York</b>                                      |
| ZIP/Postal Code:                    | <b>12207</b>   |
| Country:                            | <b>United States</b>                                 |
| Email Address:                      | [REDACTED]   |
| Phone Number:                       | [REDACTED]   |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)**

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$10,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Maintaining multiple daily cleanings, purchase of additional social distancing requirements, PPE, monthly training for social distancing and customer service, updated contact tracing and website costs.

---

#1

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Friday, September 11, 2020 2:26:13 PM  
**Last Modified:** Friday, September 18, 2020 11:56:23 AM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                                |
|------------------------------------|--------------------------------|
| Name of Business or Not-For-Profit | <b>Patsy's Barber Shop LLC</b> |
| Name of Business Contact           | <b>William Yager</b>           |
| Business Address                   | <b>Empire State Plaza</b>      |
| Business Address 2                 | <b>Suite 127 1</b>             |
| City/Town                          | <b>Albany</b>                  |
| State/Province                     | <b>NY</b>                      |
| ZIP/Postal Code                    | <b>12223</b>                   |
| Country                            | <b>United States</b>           |
| Email Address                      | [REDACTED]                     |
| Phone Number                       | [REDACTED]                     |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                 |                        |
|-----------------|------------------------|
| Address         | <b>3 Howard Street</b> |
| City/Town       | <b>Albany</b>          |
| State/Province  | <b>NY</b>              |
| ZIP/Postal Code | <b>12207</b>           |
| Country         | <b>Unites States</b>   |

---

---

## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information

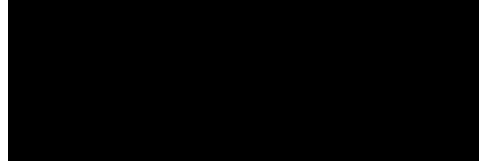
Name of Landlord

**OGS Financial Administration**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

**Personal Services (e.g. dry cleaners, laundromats, barber shops, salons, spas)**

**Q6**

Business Structure

**LLC**

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

**Q9**

On what date did the Applicant begin operations?

09/08/2017

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**8-4 TUESDAY - THURSDAY 8-6 MON-FRI**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                      |
|---|----------------------|
| Name of Business Owner:                 | <b>William Yager</b> |
| Percent Ownership of Above-Named Owner: | <b>100</b>           |
| Title of Above-Named Owner:             | <b>OWNER</b>         |

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/19/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



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**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:



---

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time 3

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Full Time 5

---

**Q20**

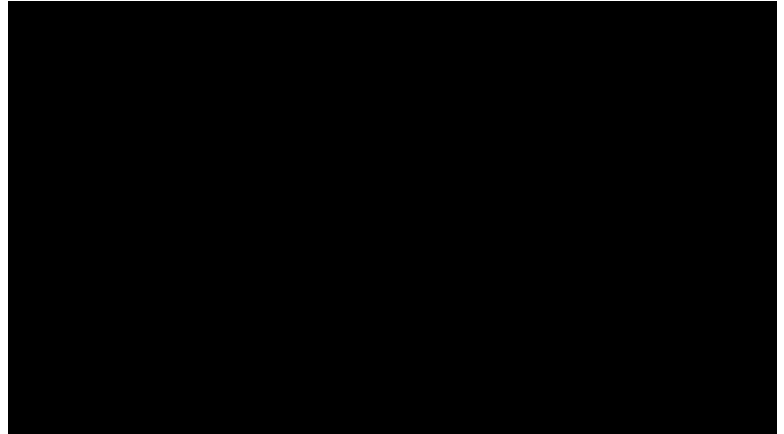
How many future layoffs do you anticipate as a result of COVID-19, if any?

---

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus





## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Purchase of PPE supplies**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Creation of website to attract new customers to increase sales and online presence**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**1500**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**2000**

## Q24

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

New rules for our industry have increased costs of required PPE supplies, increasing our direct costs to perform basic services and the grant will help offset those costs

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**,**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies**

---

**Q28**

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

Patsy's Barbershop is Albany's oldest barbershop and the location at the Empire State Plaza is important for Albany because we serve the state workers that work at the Plaza.

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

---

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

Our request will immediately alleviate the burden of increased costs and loss of income directly related to Covid-19. With increased sales we hope to be able to keep our business open

---

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

---

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Full-Time

**3****Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Full-Time

**3**

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

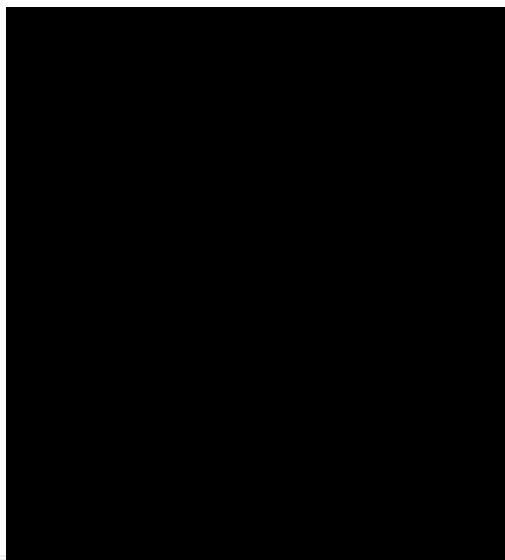
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

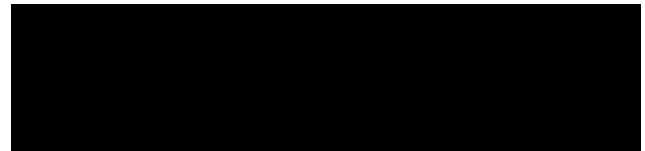
**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**William Yager**

Title

**Owner**

Date

**09/18/2020**

#126

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 17, 2020 11:21:08 PM  
**Last Modified:** Monday, August 17, 2020 11:44:30 PM  
**Time Spent:** 00:23:21  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |                                 |
|-------------------------------------|---------------------------------|
| Name of Business or Not-For-Profit: | <b>Pearl Street Convenience</b> |
| Name of Contact:                    | <b>Abdul Latif Memon</b>        |
| Address:                            | <b>51 S Pearl Street</b>        |
| City/Town:                          | <b>Albany</b>                   |
| State/Province:                     | <b>New York</b>                 |
| ZIP/Postal Code:                    | <b>12207</b>                    |
| Country:                            | <b>United States</b>            |
| Email Address:                      | [REDACTED]                      |
| Phone Number:                       | [REDACTED]                      |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---



**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority,**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

**Microenterprise businesses (defined as businesses with 5 or fewer employees including the owner(s) at the time of application) that are at least 51% owned by a low- to moderate-income person(s)**

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$15,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We want to restock on perished goods and purchase equipment to improve business operations due to major financial losses that occurred during the covid-19 crisis and the change in atmosphere in downtown Albany.

---

#65

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, September 08, 2020 10:21:07 PM  
**Last Modified:** Saturday, September 12, 2020 1:19:53 PM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Business or Not-For-Profit | <b>Rukhsana Corporation</b>  |
| Name of Business Contact           | <b>Abdul L. Memon</b>        |
| Business Address                   | <b>51 South Pearl Street</b> |
| City/Town                          | <b>Albany</b>                |
| State/Province                     | <b>NY</b>                    |
| ZIP/Postal Code                    | <b>12207</b>                 |
| Country                            | <b>United States</b>         |
| Email Address                      | [REDACTED]                   |
| Phone Number                       | [REDACTED]                   |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                             |
|------------------|-----------------------------|
| Name of Business | <b>Rukhsana Corporation</b> |
| Address          | <b>4 Meadowbrook Road</b>   |
| City/Town        | <b>Watervliet</b>           |
| State/Province   | <b>NY</b>                   |
| ZIP/Postal Code  | <b>12189</b>                |
| Country          | <b>United States</b>        |

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## Page 5: Real Estate Information

**Q3****Lease**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

County of Albany

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

Convenience Retail Store

Type of Business (Choose One)

**Q6**

Business Structure

Other (please specify):

S Corporation

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

Applied for

**Q9**

On what date did the Applicant begin operations?

May 22, 2002

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

Monday to Friday from 7:30 to 6:00 PM

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                          |
|---|--------------------------|
| Name of Business Owner:                                 | <b>Abdul L. Memon</b>    |
| Percent Ownership of Above-Named Owner:                 | <b>50 %</b>              |
| Title of Above-Named Owner:                             | <b>President</b>         |
| Name of Additional Business Owner (if applicable):      | <b>Rukhsana L. Memon</b> |
| Percent Ownership of Above-Named Owner (if applicable): | <b>50%</b>               |
| Title of Above-Named Owner (if applicable):             | <b>Vice President</b>    |

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

Not Applicable

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/23/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:



**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |   |
|------------------------------------|---|
| Full Time                          | 2 |
| Part Time                          | 0 |
| Average Hours Worked for Part Time | 0 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |   |
|------------------------------------|---|
| Full Time                          | 2 |
| Part Time                          | 0 |
| Average Hours Worked for Part Time | 0 |

**Q20**

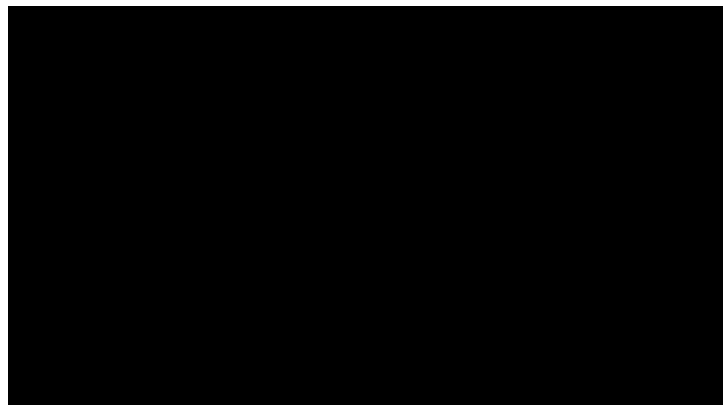
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**PPE**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Reimagining Activities**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

## Q24

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

the increased product line will result in the increased revenue

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Protective gowns or uniforms,**

**Protective eyewear,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers**

---

**Q28**

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

Doing business at the same spot in Albany for 18 years and providing the convenience items to the residents, state and county workers and visitors to Times Union Center

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

---

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

The grant money will be used to start new products ( 1 stop retails store) and will benefit customers as well as neighboring business to bring more people to downtown

---



**Q31**

Yes

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

For which CDBG track will your business qualify?

**Microenterprise** (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)

,

**Low and Moderate Income Job Creation and Retention** (Applicant will retain or employ low-moderate income employees)

,

**Both**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Asian & White**

What best describes the owner's race?

## Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>0</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Part-Time                                    | <b>1</b>  |
| Average Hours Worked for Part-Time Employees | <b>20</b> |

## Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

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Page 15: Other Financial Assistance

**Q42**



If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

---

Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

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**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Abdul Latif Memon**

Title

**President**

Date

**09/12/2020**

#68

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 11, 2020 3:13:21 PM  
**Last Modified:** Tuesday, August 11, 2020 3:17:44 PM  
**Time Spent:** 00:04:23  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

**Name of Business or Not-For-Profit:** ROCKS  
**Name of Contact:** Lance Rider  
**Address:** 77 Central Ave  
**City/Town:** Albany  
**State/Province:** New York  
**ZIP/Postal Code:** 12206  
**Country:** United States  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

**Business Employer Identification Number (EIN):** Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$5,000.00

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Purchase of new seating to create social distancing patterns, purchase of plexiglass shields, masks, gloves and increase food serving capacity with convection ovens. Replace spoilage caused to closure.

---



#24

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 19, 2020 9:48:59 AM  
**Last Modified:** Wednesday, August 19, 2020 10:10:11 AM  
**Time Spent:** 00:21:12  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

## Q1

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                |
|------------------------------------|----------------|
| Name of Business or Not-For-Profit | ROCKS          |
| Name of Business Contact           | Lance Rider    |
| Business Address                   | 77 Central Ave |
| City/Town                          | Albany         |
| State/Province                     | New York       |
| ZIP/Postal Code                    | 12206          |
| Country                            | United States  |
| Email Address                      | [REDACTED]     |
| Phone Number                       | [REDACTED]     |

---

## Q2

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

## Q3

Own

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

## Q4

Landlord Contact Information

---

---

## Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

**LLC**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

03/07/2007

---

**Q10**

Are you currently open?

If No, please explain

**We are in the process of updating in order to fulfill COVID requirements prior to re-opening**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Lance Rider**

Percent Ownership of Above-Named Owner:

**100**

Title of Above-Named Owner:

**President**

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

NA

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/12/2020

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 7  |
| Average Hours Worked for Part Time | 20 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 3  |
| Part Time                          | 12 |
| Average Hours Worked for Part Time | 20 |

**Q20**

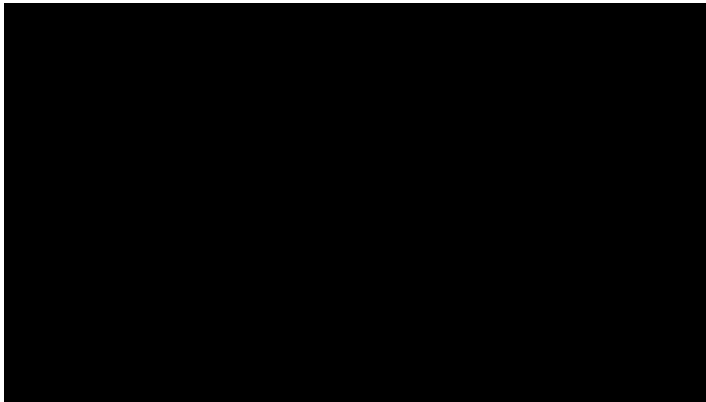
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Purchase of PPE, additional cleaning supplies, updating everything to 'touch-free' options. (toilet, sink, hand sanitizers, dryers, etc). Addition of plexiglass to reduce contact.**

**Retraining all employees on new policies/procedures necessary to open.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$,/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **3500**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **1500**

**Q24**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::

There has been upgrades to the bathrooms to be touchless but these have not yet been paid for.

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

It will give us the ability to re-open and meet the government guidelines

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers**

## Q28

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

ROCKS has been an integral member of the Lower Central Avenue Community for 13 years and provides, not only a safe haven for underserved community members (LGBTQ), but a source of resources, education and participation in community events the entire year. ROCKS participates in back to school, food, winter clothing drives as well as community give backs which include but are not limited to; community clean ups, domestic violence and cancer fund raisers and pet adoptions.

## Q29

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

## Q30

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

We would be able to re-open and provide an immediate source of income and therefore sales tax. A reduction of the 'unopened business blight' along Central Avenue.

## Q31

Yes

Does your project description and budget include non-PPE purchases?

## Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

## Q32

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention  
(Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38**

**White**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>1</b> |
| Part-Time | <b>3</b> |

---

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>1</b>  |
| Part-Time                                    | <b>2</b>  |
| Average Hours Worked for Part-Time Employees | <b>25</b> |

---

## Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

## Page 15: Other Financial Assistance



**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

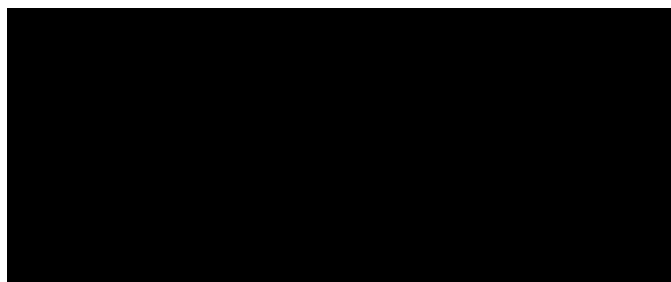
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46****No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?



**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Lance Rider**

Title

**President**

Date

**08/19/2020**

#19

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 3:58:13 PM  
**Last Modified:** Monday, August 10, 2020 4:02:56 PM  
**Time Spent:** 00:04:42  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

Q1

Applicant Business Contact Information

|                                     |                |
|-------------------------------------|----------------|
| Name of Business or Not-For-Profit: | Susies         |
| Name of Contact:                    | suzanne carrk  |
| Address:                            | 25 cottage Ave |
| City/Town:                          | Albany         |
| State/Province:                     | Ny             |
| ZIP/Postal Code:                    | 12203          |
| Country:                            | Usa            |
| Email Address:                      | [REDACTED]     |
| Phone Number:                       | [REDACTED]     |

---

Q2

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

Q3

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

Restocking, furniture and fixtures to accommodate new rules. Retrain staff and implement new ideas to be successful again.

---

#95

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 26, 2020 2:38:30 PM  
**Last Modified:** Wednesday, August 26, 2020 3:29:20 PM  
**Time Spent:** 00:50:49  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                       |
|------------------------------------|-----------------------|
| Name of Business or Not-For-Profit | <b>Susies</b>         |
| Name of Business Contact           | <b>Susie Carrk</b>    |
| Business Address                   | <b>8 Delaware Ave</b> |
| City/Town                          | <b>Albany</b>         |
| State/Province                     | <b>NY</b>             |
| ZIP/Postal Code                    | <b>12210</b>          |
| Country                            | <b>Usa</b>            |
| Email Address                      | [REDACTED]            |
| Phone Number                       | [REDACTED]            |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3****Own**

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

---

---

## Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

Business Structure

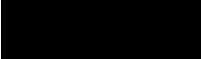
Other (please specify):

S corp

---

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

---

**Q9**

On what date did the Applicant begin operations?

September 10, 2003

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Sunday thru Saturday 4-12**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Susie cark**

Percent Ownership of Above-Named Owner:

**100%**

Title of Above-Named Owner:

**President**

---

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/16/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

|           |          |
|-----------|----------|
| Full Time | <b>3</b> |
|-----------|----------|

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|           |          |
|-----------|----------|
| Full Time | <b>3</b> |
|-----------|----------|

---

**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

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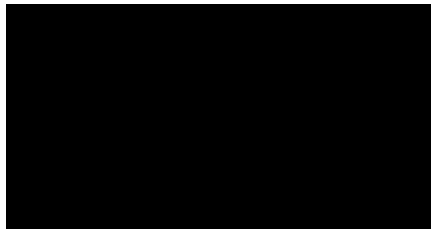
[REDACTED]



## Q21

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss



---

## Page 9: Adaptation Project Description

## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**Purchase of ppe, air filters,**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Retraining staff with regards to new rules, redesigning inside the bar for when the cold weather comes so people can be properly distanced and feel safe. Susies is a small bar that will need new furniture, fixtures, reorganizing, and innovative ideas to remain open.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **10000**

**Q24****No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

These funds will allow me to install clean air systems, re imagine, re design the inside and patio to accommodate indoor/ outdoor safe seating. I also want to be able to put some work into patio for people not wanting to dine inside. I will need to put sides to a tent or something to that effect, to have heaters, and heated seats to keep people warm in the upcoming months. I need to maximize the space I have. It will allow me to socially distance people properly at the bar with plastic dividers. I am in my 17 year, this is the biggest loss I have seen. To sum up this money with help create safe indoor and outdoor seating for my business. And hopefully get us back on track to being successful.

**Q26****Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers**

**Q28**

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

I opened 17 years ago, in this 17 years I have purchased several buildings around me. I have changed the little corner of Jefferson and Delaware ave. I was a bartender at lionheart for 5 years before opening susies. I have been on and around lark for 25 years. I have provided a clean, low key, neighborhood pub for all to enjoy. I have put in a back patio and kept it well maintained. I was born and raised in the city of Albany, went to holy cross and to Albany high school. I have worked very hard and take pride in what I do and have accomplished. I do not have any police calls to my establishment, I employ two people who live in center square and have worked together since Lionheart days!

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

This will help keep my doors open, keep local people employed, as well as keep a neighborhood pub in the center square area.

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

**Q33**

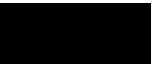
For which CDBG track will your business qualify?

**Microenterprise** (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36**

**No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>2</b> |
|-----------|----------|

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>2</b>  |
| Part-Time                                    | <b>1</b>  |
| Average Hours Worked for Part-Time Employees | <b>10</b> |

---

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

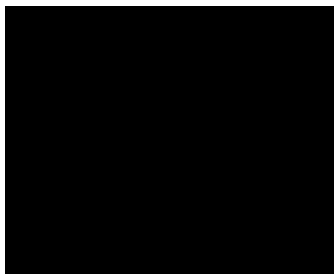
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45****No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46****No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**

**[REDACTED]**

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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Susie carrk**

Title

**President**

Date

**August 26, 2020**

#94

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Thursday, August 13, 2020 3:40:02 PM  
**Last Modified:** Thursday, August 13, 2020 3:44:01 PM  
**Time Spent:** 00:03:59  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |  |
|-------------------------------------|--|
| Name of Business or Not-For-Profit: | United Way of the Greater Capital Region |
| Name of Contact:                    | Amber Schiller                           |
| Address:                            | One United Way                           |
| City/Town:                          | Albany                                   |
| State/Province:                     | NY                                       |
| ZIP/Postal Code:                    | 12205                                    |
| Country:                            | USA                                      |
| Email Address:                      | [REDACTED]                               |
| Phone Number:                       | [REDACTED]                               |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---



**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$10000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We have a large conference room that pre-COVID could seat more than 40 and was open to agencies and non-profits to use free of charge. With the current set up the room can now only hold 6 with social distance observed. A set up using lightweight furniture on wheels would allow us to reconfigure the room and double the current occupancy. In addition to mobile furniture, a portable air purifier is recommended along with additional PPE and cleaning supplies to sanitize the room.

---

#127

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, September 02, 2020 9:33:43 AM  
**Last Modified:** Wednesday, September 02, 2020 10:08:02 AM  
**Time Spent:** 00:34:18  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |  |
|------------------------------------|--|
| Name of Business or Not-For-Profit | United Way of the Greater Capital Region |
| Name of Business Contact           | Amber Schiller                           |
| Business Address                   | One United Way                           |
| City/Town                          | Albany                                   |
| State/Province                     | NY                                       |
| ZIP/Postal Code                    | 12205                                    |
| Country                            | USA                                      |
| Email Address                      | [REDACTED]                               |
| Phone Number                       | [REDACTED]                               |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3**

Own

Do you Lease or Own the Property?

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

## Page 7: Business Information

**Q5** **Not-For-Profit Organization**

Type of Business (Choose One)

---

**Q6** **LLC**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

1924

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation **M-F 8AM-4PM**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner: **N/A**

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

N/A

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/01/2020

**Q15**

**No**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |           |
|------------------------------------|-----------|
| Full Time                          | <b>18</b> |
| Part Time                          | <b>1</b>  |
| Average Hours Worked for Part Time | <b>20</b> |

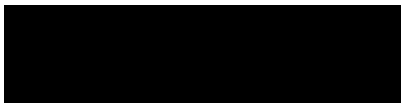
**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |           |
|------------------------------------|-----------|
| Full Time                          | <b>18</b> |
| Part Time                          | <b>1</b>  |
| Average Hours Worked for Part Time | <b>20</b> |

**Q20**

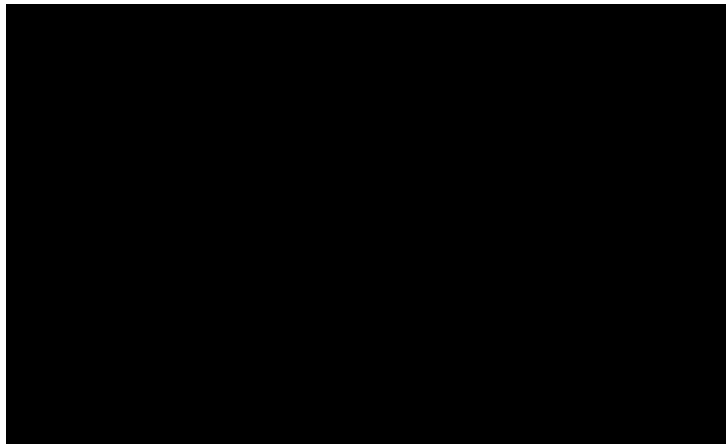
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



Page 9: Adaptation Project Description

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Retraining, Restocking, Reorganizing and Reimagining  
Activities: The purchase of non-PPE products and services  
(These activities are eligible for funding through the Community  
Development Block Grant –CV Program):

**We have a large conference room that pre-COVID could seat 40(?) and was open to agencies and non-profits to use free of charge. With the current set up the room can now only hold 6 with social distance observed. A set up using lightweight furniture on wheels would allow us to reconfigure the room and double the current occupancy. In addition to mobile furniture, a portable air purifier is recommended.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **1280**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **8720**

**Q24****No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

We will be able to go back to opening our building to community based organizations. This will also allow us to continue our work as the convener of non-profits for the area.

**Q26****No**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

**Q27****Respondent skipped this question**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Q28**

Respondent skipped this question

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

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

---

**Q30**

Respondent skipped this question

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

---

**Q31**

No

Does your project description and budget include non-PPE purchases?

---

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

Respondent skipped this question

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

---

**Q33**

Respondent skipped this question

For which CDBG track will your business qualify?

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Page 12: Microenterprise



**Q34**



What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**



How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

Respondent skipped this question

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

Respondent skipped this question

What best describes the owner's ethnicity?Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38**

Respondent skipped this question

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

Respondent skipped this question

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

**Q40**

Respondent skipped this question

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Page 14: Other Financial Assistance

**Q41**



Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

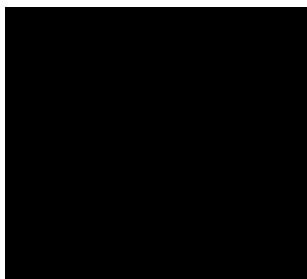
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

**No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

---

**Q44**

**No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**

**[REDACTED]**

If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Amber Schiller**

Title

**Chief Financial Office**

Date

**9/2/20**

#35

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 19, 2020 2:55:58 PM  
**Last Modified:** Wednesday, August 19, 2020 3:14:33 PM  
**Time Spent:** 00:18:35  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |  |
|------------------------------------|--|
| Name of Business or Not-For-Profit | <b>Villa di Como Pizzeria &amp; Ristorante</b> |
| Name of Business Contact           | <b>Ali celik</b>                               |
| Business Address                   | <b>286 Lark Street</b>                         |
| Business Address 2                 | <b>1</b>                                       |
| City/Town                          | <b>ALBANY</b>                                  |
| State/Province                     | <b>NY</b>                                      |
| ZIP/Postal Code                    | <b>12210</b>                                   |
| Country                            | <b>USA</b>                                     |
| Email Address                      | [REDACTED]                                     |
| Phone Number                       | [REDACTED]                                     |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3**

Own

Do you Lease or Own the Property?

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

**LLC**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

---

**Q9**

On what date did the Applicant begin operations?

11/19/2019

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Thursday - Saturday 5-7 pm**

---

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Ali Celik**

Percent Ownership of Above-Named Owner:

**99%**

Title of Above-Named Owner:

**Owner**

Name of Additional Business Owner (if applicable):

**Victoria Celik**

Percent Ownership of Above-Named Owner (if applicable):

**1%**

---

**Q12**

Respondent skipped this question

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

---

**Q13**

No

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/15/2020

---

**Q15**

Yes

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time

2

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|           |   |
|-----------|---|
| Full Time | 3 |
| Part Time | 8 |

**Q20**

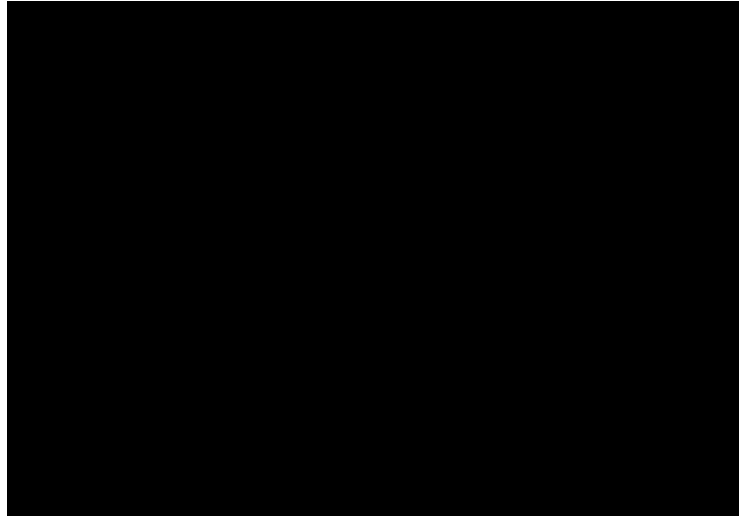
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus





## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We will purchase all necessary equipment and supplies to minimize the spread of Covid-19**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**We will purchase food, supplies and advertise our opening to serve customers eat-in.**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

## Q24

**No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

We will be able to re open our restaurant, hire staff to serve customers eat in.

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Protective gowns or uniforms,**

**Protective eyewear,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

**Specialized packaging for shipping,**

**COVID testing kits**

---

**Q28**

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

We serve authentic Italian food at a beautiful setting and professional staff. We have been highly sought after restaurant. We served the local community and everyone loved our food and drinks.

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

By opening the restaurant and hiring employees back will help serve the community. We pay sales tax, property and school tax. People will come to our restaurant to eat and celebrate their special dates.

---

**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Microenterprise (A microenterprise is a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application)**

,

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

,

**Both**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

██████████

**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

### Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Part-Time

**2****Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

Part-Time

**2**

Average Hours Worked for Part-Time Employees

**15**


---

### Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

## Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

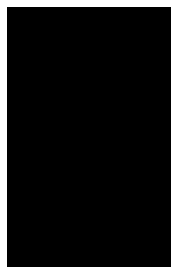
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



## Page 16: Disclosures

**Q43****No**

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44****No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**ali celik**

Title

**owner**

Date

**8/19/2020**

#3

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 12:18:53 PM  
**Last Modified:** Monday, August 10, 2020 12:27:19 PM  
**Time Spent:** 00:08:25  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

Applicant Business Contact Information

**Name of Business or Not-For-Profit:** Tre Friends LLC  
**Name of Contact:** Donald Keeler  
**Address:** 21 Rotterdam Drive  
**City/Town:** Glenmont  
**State/Province:** NY  
**ZIP/Postal Code:** 12077  
**Country:** USA  
**Email Address:** [REDACTED]  
**Phone Number:** [REDACTED]

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

---

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---



**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

10000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We had to retrain, social distance. We had to add sanitation specialist. We also needed to purchase new equipment to adapt to the sales volume

---

#17

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Tuesday, August 18, 2020 6:45:02 PM  
**Last Modified:** Tuesday, August 18, 2020 8:02:11 PM  
**Time Spent:** 01:17:08  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                              |
|------------------------------------|------------------------------|
| Name of Business or Not-For-Profit | <b>The Washington Tavern</b> |
| Name of Business Contact           | <b>Donald Keeler</b>         |
| Business Address                   | <b>250 Western Ave</b>       |
| City/Town                          | <b>Albany</b>                |
| State/Province                     | <b>New York</b>              |
| ZIP/Postal Code                    | <b>12203</b>                 |
| Country                            | <b>United States</b>         |
| Email Address                      | [REDACTED]                   |
| Phone Number                       | [REDACTED]                   |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                              |
|------------------|------------------------------|
| Name of Business | <b>The Washington Tavern</b> |
| Address          | <b>21 Rotterdam Drive</b>    |
| City/Town        | <b>Glenmont</b>              |
| State/Province   | <b>New York</b>              |
| ZIP/Postal Code  | <b>12077</b>                 |
| Country          | <b>United States</b>         |

---

## Page 5: Real Estate Information

**Q3****Own**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information



---

Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

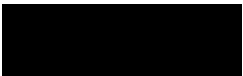
**Q6**

**Partnership**

Business Structure

**Q7**

Business Federal Employer Identification Number (EIN):



**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.



**Q9**

On what date did the Applicant begin operations?

April 14, 2018

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**yes Monday Thru Saturday 11:30-11:30**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                          |
|---|--------------------------|
| Name of Business Owner:                                 | <b>Donald Keeler</b>     |
| Percent Ownership of Above-Named Owner:                 | <b>50%</b>               |
| Title of Above-Named Owner:                             | <b>Operating Partner</b> |
| Name of Additional Business Owner (if applicable):      | <b>Joseph Salin</b>      |
| Percent Ownership of Above-Named Owner (if applicable): | <b>50%</b>               |
| Title of Above-Named Owner (if applicable):             | <b>Silent Partner</b>    |

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

none

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/15/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 6  |
| Part Time                          | 5  |
| Average Hours Worked for Part Time | 25 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 12 |
| Part Time                          | 6  |
| Average Hours Worked for Part Time | 15 |

**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

[REDACTED]

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus

[REDACTED]

**Q22**

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**We sent up a temp check, 6 sanitize stations, social distancing signage, bought mask, set up bathroom and silverware sanitize stations, distancing floor sticker, gloves, disposable menus**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**retrained employees to different positions, restocked the kitchen, bought new equipment to revamp concept, revamped menu, reimagined as a tavern with dinner specials to draw adults and not a college dive bar, Painted, remodeled**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

**Q24**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::  
the equipment, remodel, training, PPE

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

This will allow us to replace cash spent on retraining, equipment, supplies, labor, PPE, and future PPE and Labor expenses to keep the doors open and people employed

**Q26**

**Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

---

Page 10: Reopening Projects

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

Other forms of PPE, please identify:

signage and temp logs. wears due to cleaning around them

---

**Q28**

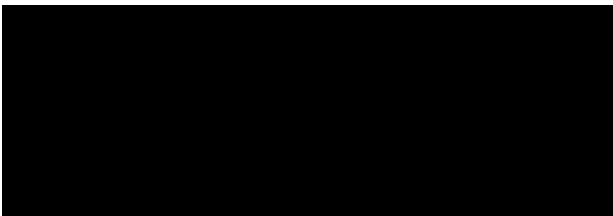
Please describe in detail the history and nature of your business or organization and its ties to the City of Albany (the "City") community and the impact of your business/organization's work in the City community.

It is one of the longest surviving taverns in the city

---

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.



**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

strict distancing guidelines will allow a safe restaurant for local people to dine  
workforce will remain intact so minimizes unemployment

---



**Q31**

**Yes**

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.



**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.



**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****White**

What best describes the owner's race?

---

### Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |          |
|-----------|----------|
| Full-Time | <b>2</b> |
| Part-Time | <b>2</b> |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |           |
|--|-----------|
| Full-Time                                    | <b>1</b>  |
| Part-Time                                    | <b>3</b>  |
| Average Hours Worked for Part-Time Employees | <b>15</b> |

---

### Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?



Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

**No**

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

---

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

---

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

---

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

---

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

---

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

---

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

---

**Q51**



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?

---

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Donald E Keeler II**

Title

**Operating Owner**

Date

**8/18/2018**

#30

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 5:14:31 PM  
**Last Modified:** Monday, August 10, 2020 5:23:09 PM  
**Time Spent:** 00:08:38  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

Applicant Business Contact Information

|                                     |   |
|-------------------------------------|---|
| Name of Business or Not-For-Profit: | <b>Welcome Chapel Missionary Baptist Church</b> |
| Name of Contact:                    | <b>Alice Roberson</b>                           |
| Address:                            | <b>124 Chestnut Street</b>                      |
| City/Town:                          | <b>Albany</b>                                   |
| State/Province:                     | <b>New York</b>                                 |
| ZIP/Postal Code:                    | <b>12210</b>                                    |
| Country:                            | <b>United States</b>                            |
| Email Address:                      | [REDACTED]                                      |
| Phone Number:                       | [REDACTED]                                      |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**None of the Above**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

\$5,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

The Welcome Chapel Missionary Baptist Church Trustee Board will be responsible for ensuring that the appropriate PPE, cleaning, sneeze guard, tables, and resources to conduct restricted Sunday Worsship and to continue the monthly LunchBox and PantryBox program can be hosted in compliance within CDC guidelines to retain the safety of attendees and the public at large whom are accessing the resources being made available through the food program.

---



#66

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Saturday, September 12, 2020 3:15:55 PM  
**Last Modified:** Saturday, September 12, 2020 7:26:02 PM  
**Time Spent:** 04:10:07  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |   |
|------------------------------------|---|
| Name of Business or Not-For-Profit | <b>Welcome Chapel Missionary Baptist Church</b> |
| Name of Business Contact           | <b>Alice M. Roberson</b>                        |
| Business Address                   | <b>124 Chestnut Street</b>                      |
| City/Town                          | <b>Albany</b>                                   |
| State/Province                     | <b>New York</b>                                 |
| ZIP/Postal Code                    | <b>12210</b>                                    |
| Country                            | <b>United States</b>                            |
| Email Address                      | [REDACTED]                                      |
| Phone Number                       | [REDACTED]                                      |

---

**Q2****Respondent skipped this question**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

---

## Page 5: Real Estate Information

**Q3****Own**

Do you Lease or Own the Property?

---

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

---

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## Page 7: Business Information

**Q5** **Not-For-Profit Organization**

Type of Business (Choose One)

**Q6** Other (please specify):  
Business Structure Incorporated (Corporation)

**Q7** Business Federal Employer Identification Number (EIN):

[REDACTED]

**Q8** DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

[REDACTED]

**Q9** On what date did the Applicant begin operations?

12/23/1957

**Q10** Are you currently open?

If Yes, please provide your days and hours of operation **Yes, Sundays 10:30 - 2:00pm, Wednesdays, 5-6 pm (operations limited due to COVID and in compliance with CDC Guidance for Houses of Worship)**

**Q11** Identify all owners of the business with a 20% ownership share or greater below

|   |                                |
|---|--------------------------------|
| Name of Business Owner:                                 | <b>Alice M. Roberson</b>       |
| Percent Ownership of Above-Named Owner:                 | <b>0%</b>                      |
| Title of Above-Named Owner:                             | <b>Board of Trustee Member</b> |
| Name of Additional Business Owner (if applicable):      | <b>Tabitha L. Travis</b>       |
| Percent Ownership of Above-Named Owner (if applicable): | <b>0%</b>                      |
| Title of Above-Named Owner (if applicable):             | <b>Board of Trustee Member</b> |

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

Kyle B. Harris, 0%; Robert Canady, 0%; Tommy Johnson, 0%; Willie Arrington, 0%, Berdia Pulliam, 0%

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/08/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

---

**Q18**

How many employees does your business currently employ (including any owners)?

Full Time

**1**

---

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

Full Time 1

---

**Q20**

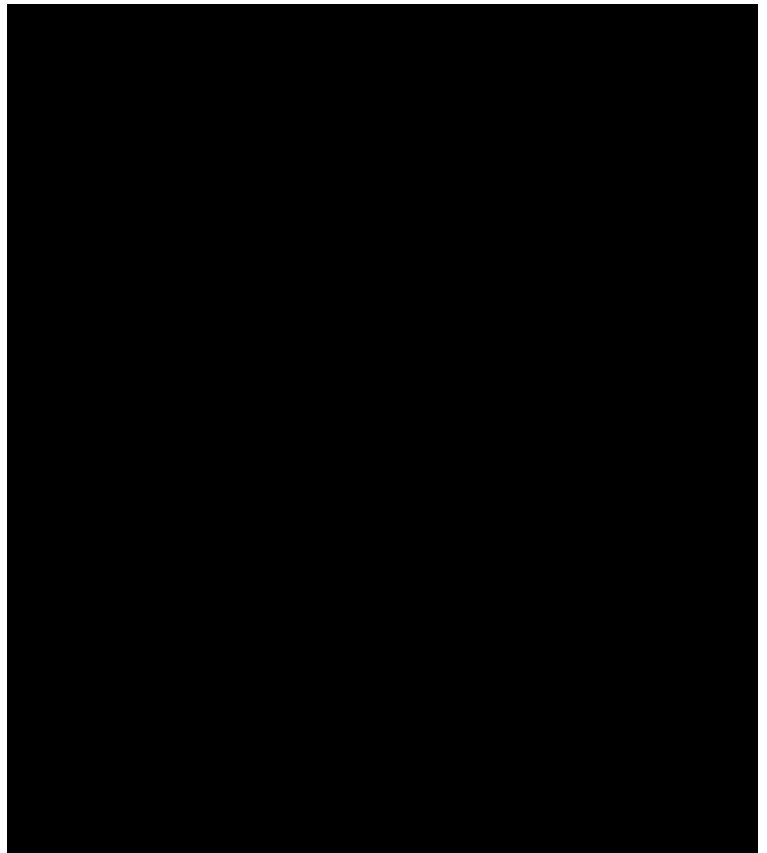
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

**Reopening Activities:** The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**The purchase of 200 disposable protective gloves and 150 disposable face masks for membership and volunteers who will be participating in one service per month and the LunchBox Program (free hot meals, groceries, clothing, etc) one Saturday per month. This funding will also help to purchase 256 oz. of disinfectant cleaner to sanitize the tables, equipment, the facilities for seating maintenance. The items will be purchased from Amazon or Lowe's. Though the LunchBox currently serving folks outside of the church, we will be preparing to transition into the church building as the weather dictates which will require the additional PPE being available.**

**Retraining, Restocking, Reorganizing and Reimagining Activities:** The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Food insecurity has grown within the Capital Region and to meet community demands of the at-risk population, we need to launch a web-based social media marketing campaign (Constant Contact \$456, annual subscription)and online presence for community partnership support. Our online presence has increased and requires onsite PPE to accommodate preacher protections such as a sneezeguard for the pulpit (\$39, Amazon), streaming video camera (Amazon, \$383), and lavalier-cordless microphone (Amazon \$78). The dining hall is currently being renovated to include a commercial kitchen with new appliances and repairing of the historical stove; all to accommodate inside dining with socially-distancing accommodations. The new kitchen will require \$8,282 (historical contractor, Dimitris Masonry) to ensure it meets the needs of the volunteers and workers who will serve the public. We currently provide take-out only (curbside). In order to open indoor seating with existing guidelines, we need to complete the kitchen area, the protective gloves, face masks, disinfectant cleaners, and signage to maximize social distancing. As we prepare to move inside, we need to store the prepackaged groceries from community partners (freezer donated); we will need shelving units (\$630) to stock supplies (grocery bags, unperishable items, individual packaged condiments, carry-out containers, etc).**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **1000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **9000**

**Q24****No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

In the challenging days and months ahead, the church is preparing to move from its comfort zone of the four walls to the outside to serve the greater Capital Region with free grocery deliveries, clothing, and hot meals. Initially, the program which began over a year ago, increased from a few to over 30-45 consistent deliveries; in addition to those who are in the neighborhood who have grown accustomed to dropping by for an encouraging word and a meal.

The PPE and cleaning resources will allow us to maintain the cleanliness and secure the area and keep people safe; including the church membership and volunteers. Further, the growth of our online presence will introduce us to new constituency that may not know who we are, what we do, and that is all entirely free of charge.

**Q26****Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

Face coverings (including N95 masks, cloth, disposable, face shields)

Disposable gloves,

Cleaning materials and disinfecting supplies

**Q28**

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

Set in a historical edifice (1850) which has been the site of a benefit concert featuring the likes of Ms. Leontyne Price and a contributing member of the Historic Foundation of Albany, Welcome Chapel Missionary Baptist Church has been a part of the Center Square Neighborhood since 1957. Under the new pastoral leadership of Rev. Constance D. Knight (5 years), the church has been engaging the surrounding community through outreach programs (The LunchBox, free groceries, and Clothes closet) for the past 3 years and it is growing.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

The church will be able to return to offering a sit-down hot meal and provide an additional Saturday of service to meet the increasing demands of the community. Furthermore, the annual Mother Wallace "Nana" Thanksgiving Day Meal of Love will be able to increase to our desired 80 or more (100) dinners to the senior housing and disadvantaged families in the area.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.



**Q38****Black / African American**

What best describes the owner's race?

Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |   |
|-----------|---|
| Full-Time | 0 |
| Part-Time | 0 |

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |   |
|--|---|
| Full-Time                                    | 0 |
| Part-Time                                    | 0 |
| Average Hours Worked for Part-Time Employees | 0 |

Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

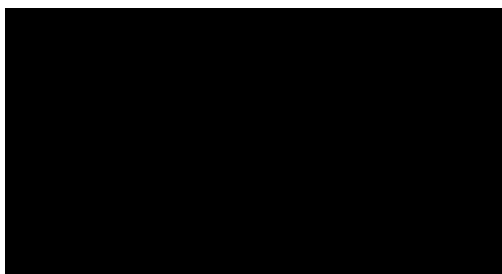
Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

No

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

No

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

**No**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

**Q51**



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?

Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Alice M. Roberson**

Title

**Board of Trustee Member, Financial Secretary**

Date

**September 12, 2020**

#1

COMPLETE

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 11:20:14 AM  
**Last Modified:** Monday, August 10, 2020 11:35:45 AM  
**Time Spent:** 00:15:31  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

Q1

## Applicant Business Contact Information

|                                     |   |
|-------------------------------------|---|
| Name of Business or Not-For-Profit: | Moxie Owl, Inc., d/b/a The Yard - Hatchet House & Bar |
| Name of Contact:                    | Leyla Kiosse  |
| Address:                            | 1971 Western Avenue                                   |
| Address 2:                          | Box 262   |
| City/Town:                          | Albany  |
| State/Province:                     | NY  |
| ZIP/Postal Code:                    | 12203   |
| Country:                            | USA   |
| Email Address:                      | [REDACTED]  |
| Phone Number:                       | [REDACTED]  |

---

Q2

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

Q3

Yes

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---

### Q9

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Retrain:** Develop and implement new programs to train new employees, or re-train existing workforce on new business practices

,

**Restock:** Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts

,

**Reorganize:** Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19

,

**Reimagine:** Develop and implement new programs or product lines to expand/adapt operations to meet new market demands

---

### Q10

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

As part of the reimagine process, and Governor Cuomo's mandate that bars serve food, I will need to upgrade my kitchen with new equipment and electrical system to accommodate that equipment. I also need funds to re-hire and re-train staff, restock supplies, and to purchase some additional equipment (e.g. plexiglass barriers between tables/cages).

---

#88

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, September 16, 2020 10:23:51 AM  
**Last Modified:** Friday, September 18, 2020 10:51:13 AM  
**Time Spent:** Over a day  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |  |
|------------------------------------|--|
| Name of Business or Not-For-Profit | <b>Moxie Owl, Inc., d/b/a The Yard - Hatchet House &amp; Bar</b> |
| Name of Business Contact           | <b>Leyla A. Kiosse</b>   |
| Business Address                   | <b>16 Sheridan Avenue</b>  |
| City/Town                          | <b>Albany</b>  |
| State/Province                     | <b>New York</b>  |
| ZIP/Postal Code                    | <b>12210</b>   |
| Country                            | <b>USA</b>   |
| Email Address                      | [REDACTED]   |
| Phone Number                       | [REDACTED]   |

---

**Q2**

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

|                  |                            |
|------------------|----------------------------|
| Name of Business | <b>Moxie Owl, Inc.</b>     |
| Address          | <b>1971 Western Avenue</b> |
| Address 2        | <b>Box 262</b>             |
| City/Town        | <b>Albany</b>              |
| State/Province   | <b>New York</b>            |
| ZIP/Postal Code  | <b>12203</b>               |
| Country          | <b>United States</b>       |

---

## Page 5: Real Estate Information

**Q3**

**Lease**

Do you Lease or Own the Property?

---

Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**16 Sheridan LLC (Redburn Development Partners)**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease

---

Page 7: Business Information

**Q5**

Type of Business (Choose One)

Other (please specify):

My Certificate of Occupancy classifies me as bar/entertainment.

---

**Q6**

**Sole-Proprietorship**

Business Structure

---

**Q7**

Business Federal Employer Identification Number (EIN):

[REDACTED]

---

**Q8**

**Respondent skipped this question**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

---

**Q9**

On what date did the Applicant begin operations?

1/10/2020

---



**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**Monday to Thursday, 4 p.m. to 8 p.m., Friday and Saturday 4 p.m. to 10 p.m. I am also open on Sunday from 2 p.m. to 4 p.m. but only for the Women's Axe Throwing League.**

**Q11**

Identify all owners of the business with a 20% ownership share or greater below

Name of Business Owner:

**Leyla A. Kiosse**

Percent Ownership of Above-Named Owner:

**100%**

Title of Above-Named Owner:

**President/Owner**

**Q12**

**Respondent skipped this question**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/17/2020

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:

[REDACTED]

**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 3  |
| Average Hours Worked for Part Time | 25 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 1  |
| Part Time                          | 7  |
| Average Hours Worked for Part Time | 25 |

**Q20**

How many future layoffs do you anticipate as a result of COVID-19, if any?

[REDACTED]

**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

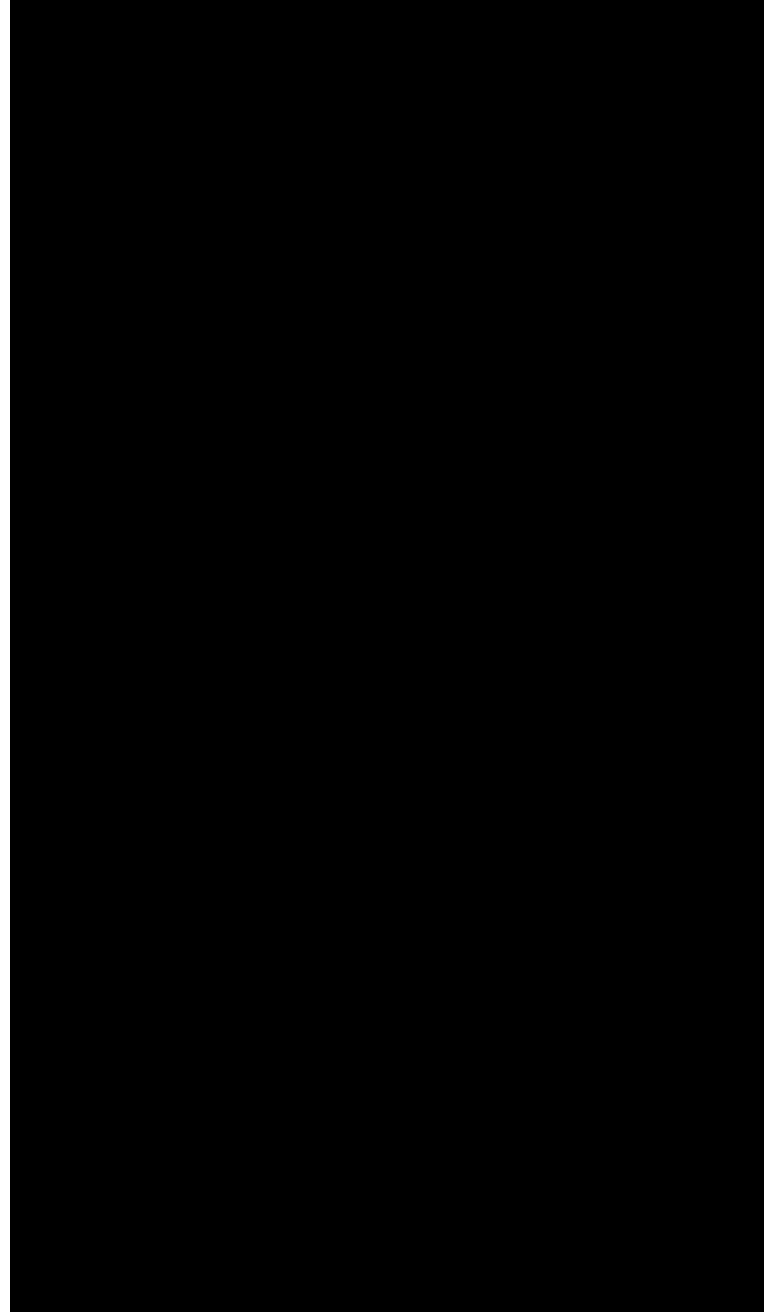
1) Actual revenue loss over the last several weeks

2) Any reduction in the volume of customers/consumers and transactions

3) The number of canceled events resulting in direct or indirect loss

4) Details on how your business has been disproportionately affected by travel or logistics

5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**I estimate the need for masks and gloves through 2021. Based on my current supply and usage, I am seeking to maintain a six month supply of masks/gloves. The estimate set forth on the budget form is a rough estimate of what is needed for a 6 month supply.**

**The Yard was designed to be a gathering space for communal activities. The "new normal" has completely upended my business model. In order to continue providing a unique experience to our customers within the current operating guidelines, I need to maximize the availability of outdoor seating through the winter. I am looking to install four greenhouses on our deck. The greenhouses have ceiling vents and will be heated with patio heaters. Four greenhouses will provide seating for an additional 24 people that could not otherwise be accommodated indoors. To operate all four of our axe throwing cages safely, plexiglass barriers will be installed between each cage. This will enable us to offer reservations for all four cages at the same time (rather than our current practice of 2 at a time). We have expanded our services with the introduction of alcohol-infused ice cream (Boozy Moo!) and other frozen desserts that are all manufactured on premises. Sales of Boozy Moo! represent 30% of our overall sales on average. Demand for our ice cream is increasing. To fulfill ongoing demand, and expand ice cream production for "grab and go" customers or those who want delivery on demand (especially in colder months), a much more powerful machine must be purchased. The purchase of a batch freezer will enable us to make 7 quarts of ice cream at a time (we are currently limited to 2 quarts at a time). The batch freezer chosen is below cost of most other models and is a size that our limited kitchen footprint can accommodate.**

**Q23**

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,.). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00) **1894**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00) **9999**

**Q24****No**

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

**Q25**

Please describe how the anticipated use of the grant funds will benefit your business:

The grant will enable me to expand operations in a variety of ways. First, I can provide all four cages for axe-throwing, which will double my current capability. Second, I will be able to offer covered outdoor seating year-round, which will cater to customers who feel safest in an outdoor setting with their own seating area. Extending my patio season will also allow me to operate closer to the 50% maximum because I will have more seats for patrons that would not otherwise have a place to sit inside. Third, I will be able to expand Boozy Moo! services by increasing production and the availability of my most popular flavors. I currently struggle to keep up with demand, especially from those that want the convenience of "grab and go" ice cream or online ordering for pick-up and/or delivery. Boozy Moo! demand is growing, and should another shutdown occur, I will be able to meet that increasing demand and continue operations with takeout/delivery services.

**Q26****Yes**

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

**Q27**

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

Face coverings (including N95 masks, cloth, disposable, face shields)

Disposable gloves

**Q28**

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

Beginning with The Yard's very inception, my focus has always been on bringing new recreational opportunities to the City and participating in its Downtown revitalization efforts. I never considered locating The Yard elsewhere, and was fortunate to find an able partner in Redburn Development and be a small piece in their transformational Downtown project. The Yard has also benefited from the Downtown Albany Retail Grant Program, in recognition of my business's strategic location within Albany's Central Business District and its ability to help serve the growing residential population downtown.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

As noted, any grant proceeds will permit me, in the short term, to both expand the availability of safe recreational opportunities for Albany residents and increase the production of my Boozy Moo! ice cream, both of which are unique in Downtown Albany. In the long term, the grant will help my business survive the economic consequences of the pandemic and be a recreational resource for Downtown residents when the pandemic is behind us.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

**Both**

For which CDBG track will your business qualify?

Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36**

**No**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37**

**Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38**

**White**

What best describes the owner's race?

## Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

|           |                                      |
|-----------|--------------------------------------|
| Full-Time | NA - no planned layoffs at this time |
| Part-Time | NA - no planned layoffs at this time |

---

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Full-Time                                    | 1  |
| Part-Time                                    | 3  |
| Average Hours Worked for Part-Time Employees | 25 |

---

## Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---

## Page 15: Other Financial Assistance



**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award

Page 16: Disclosures

**Q43**

No

Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?

**Q44**

No

Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?

**Q45**

**No**

Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?

**Q46**

**No**

Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?

**Q47**



If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?

**Q48**

**No**

If you are the owner of the property, are there any violations against the building?

**Q49**

**No**

If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property?

**Q50**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

Yes (indicate the type and amount of abatement and when it expires. Describe any recent (i.e. past ten years) improvements which have been made to the building, indicating item, year, completed, and approximate cost below)::  
485-A; please see Exhibit G (Owner Consent Form) that was signed by the owner of the building.

**Q51**



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?

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Leyla A. Kiosse**

Title

**President/Owner**

Date

**September 18, 2020**

#22

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Monday, August 10, 2020 4:37:42 PM  
**Last Modified:** Monday, August 10, 2020 4:40:14 PM  
**Time Spent:** 00:02:32  
**IP Address:** [REDACTED]

---

Page 2: Interested in Applying?

**Q1**

## Applicant Business Contact Information

|                                     |                                  |
|-------------------------------------|----------------------------------|
| Name of Business or Not-For-Profit: | <b>Wine &amp; Dine Group LLC</b> |
| Name of Contact:                    | <b>Dominick Purnomo</b>          |
| Address:                            | <b>25 Chapel St</b>              |
| City/Town:                          | <b>Albany</b>                    |
| State/Province:                     | <b>NY</b>                        |
| ZIP/Postal Code:                    | <b>12210</b>                     |
| Country:                            | <b>USA</b>                       |
| Email Address:                      | [REDACTED]                       |
| Phone Number:                       | [REDACTED]                       |

---

**Q2**

Business Employer Identification Number (EIN): Note: An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. An EIN is a nine-digit number assigned by the IRS. A valid EIN will be required to apply for this program.

[REDACTED]

**Q3****Yes**

Does the Applicant have a physical location and conduct business in the City of Albany, New York? Note: The Applicant business or not-for-profit must have a physical commercial presence and also conduct business in the City of Albany, New York. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q4**

**Yes**

Was the Applicant in business and open as of March 7, 2020? Note: All applicants are required to have been in operation prior to March 7, 2020 when the state disaster emergency was declared. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q5**

**Yes**

Does the Applicant have 50 full-time equivalent employees (FTEs) or less? Note: All applicants must have 50 full-time employees (or part-time employees totaling 50 full-time equivalent employees) or less. If the answer to this question is no, the Applicant is ineligible and the application window will close.

---

**Q6**

**Yes**

Has the Applicant been negatively affected by the COVID-19 state disaster emergency? Note: All applicants must have been negatively affected by the COVID-19 state disaster emergency and will be required to provide further explanation in the full application. If the answer to the question is no, the Applicant is ineligible and the application window will close.

---

**Q7**

**Minority,  
Woman**

Is the Applicant at least 51% owned by one (or more) of the following? (select all that apply)

---

**Q8**

How much funding in total do you anticipate requesting from this grant program for your business? Note: Requests must be between \$1,000 and \$10,000. Disadvantaged business enterprises (minority, woman and veteran-owned businesses) may be eligible for up to \$20,000.

20,000

---

**Q9**

Which of the following are included in your Adaptation Project? (select all that apply) Please note that construction, working capital and personal expenses are not eligible expenses as part of this program.

**Reopen: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19**

,

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

---

**Q10**

Please provide a brief overview of the Adaptation Project/expenses for which you are applying (100 word limit).

We anticipate using these grant funds to continue to help our business and staff maintain the highest level of public safety and to allow us to help weather the financial storm that Covid19 has caused us in and around Downtown Albany

---

#96

**COMPLETE**

**Collector:** Web Link 1 (Web Link)  
**Started:** Wednesday, August 26, 2020 8:12:44 AM  
**Last Modified:** Wednesday, August 26, 2020 4:23:47 PM  
**Time Spent:** 08:11:03  
**IP Address:** [REDACTED]

---

## Page 4: Contact Information

**Q1**

Applicant Business Contact Information Please provide the address of the physical commercial location of the Applicant Business below:

|                                    |                         |
|------------------------------------|-------------------------|
| Name of Business or Not-For-Profit | WINE AND DINE GROUP LLC |
| Name of Business Contact           | Donna J Purnomo         |
| Business Address                   | 25 CHAPEL STREET        |
| Business Address 2                 | Yono's/dp Brasserie     |
| City/Town                          | ALBANY                  |
| State/Province                     | NEW YORK                |
| ZIP/Postal Code                    | 12210                   |
| Country                            | United States           |
| Email Address                      | [REDACTED]              |
| Phone Number                       | [REDACTED]              |

---

**Q2**

Respondent skipped this question

If the mailing address of the Applicant differs from the above, please provide the mailing address below:

---

## Page 5: Real Estate Information

**Q3**

Lease

Do you Lease or Own the Property?

---

## Page 6: Real Estate Information

**Q4**

Landlord Contact Information

Name of Landlord

**Mohamed Hemmid**

Landlord Email Address

Landlord Phone Number

Length and Expiration of Lease



---

Page 7: Business Information

**Q5**

**Restaurant/Tavern**

Type of Business (Choose One)

---

**Q6**

Business Structure

Other (please specify):

LLC S-Corp

---

**Q7**

Business Federal Employer Identification Number (EIN):



---

**Q8**

DUNS Number (if known): Obtain a DUNS # here or look yours up: <https://www.dnb.com/duns-number.html> Funding may require grant recipients to obtain a DUNS number.

applied for

---

**Q9**

On what date did the Applicant begin operations?

9/30/86. Present location 3/17/2006

---

**Q10**

Are you currently open?

If Yes, please provide your days and hours of operation

**M-Saturday from 5PM**



**Q11**

Identify all owners of the business with a 20% ownership share or greater below

|   |                         |
|---|-------------------------|
| Name of Business Owner:                                 | <b>Donna J Purnomo</b>  |
| Percent Ownership of Above-Named Owner:                 | <b>40</b>               |
| Title of Above-Named Owner:                             | <b>Member</b>           |
| Name of Additional Business Owner (if applicable):      | <b>Widjiono Purnomo</b> |
| Percent Ownership of Above-Named Owner (if applicable): | <b>40</b>               |
| Title of Above-Named Owner (if applicable):             | <b>Member</b>           |

---

**Q12**

If there are additional business owners not previously identified, please indicate their names, ownership percentage and title below:

Dominick Purnomo 20%

---

**Q13**

**No**

Are you personally yourself, or are you an immediate relative of, an employee, agent, consultant, or officer of any official of the City of Albany or Capitalize Albany Corporation (either elected or appointed)?

---

Page 8: COVID-19 Impacts

**Q14**

When did your business start declining as a result of COVID-19? Please provide the date (MM/DD/YYYY):

03/01/2020

---

**Q15**

**Yes**

Has your decline resulted in more than a 25% decrease in revenue?

---

**Q16**

What was your average monthly revenue pre-COVID-19? Please provide approximate dollar amounts of business revenues:



**Q17**

What is your most recent monthly revenue? Please provide approximate dollar amounts of business revenues:



**Q18**

How many employees does your business currently employ (including any owners)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 20 |
| Part Time                          | 18 |
| Average Hours Worked for Part Time | 16 |

**Q19**

Prior to the COVID-19 restrictions, how many people did your business employ (including yourself)?

|                                    |    |
|------------------------------------|----|
| Full Time                          | 20 |
| Part Time                          | 28 |
| Average Hours Worked for Part Time | 20 |

**Q20**

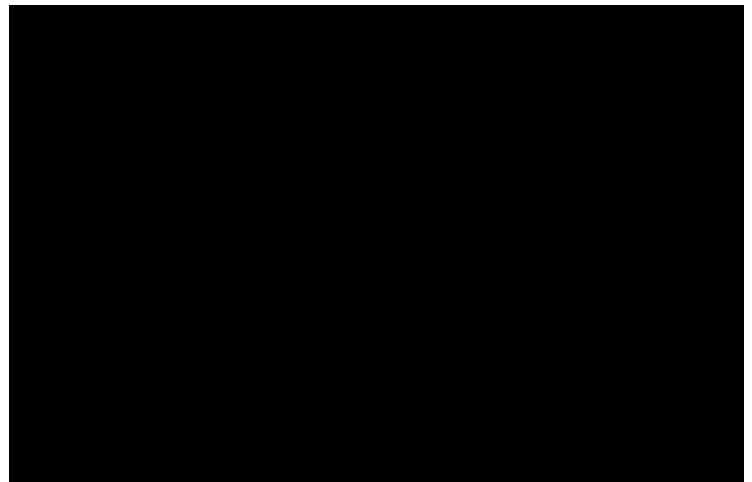
How many future layoffs do you anticipate as a result of COVID-19, if any?



**Q21**

Please provide a brief explanation of the adverse economic impacts COVID-19 has had on your business. 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. Note: Applicants may be asked to provide evidence to further demonstrate these impacts. Quantify and/or explain the following (if not applicable, please type N/A):

- 1) Actual revenue loss over the last several weeks
- 2) Any reduction in the volume of customers/consumers and transactions
- 3) The number of canceled events resulting in direct or indirect loss
- 4) Details on how your business has been disproportionately affected by travel or logistics
- 5) Details on how your supply chain has been substantially disrupted by the coronavirus



## Page 9: Adaptation Project Description

## Q22

Please provide a description of the proposed project to be completed with the requested grant assistance below. In the description, please identify as much information as you can about the proposed project and the desired results. At a minimum, the project description should provide details on the entire scope of any purchases to be made with the grant and other available funds (if applicable), and identify the specific aspects of the work for which grant assistance is being requested. This description should match the detailed budget attachment to be submitted along with the application. (350 word limit in each box)

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency):

**PPE needs are ongoing and expensive in a restaurant. Every facet of food production has changed as of March 2020**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant –CV Program):

**Outdoor seating which will require heaters, entire food inventory was replaced, printing needs have skyrocketed as all single use. Training new hires to replace those who declined "back to work" letter, supporting local farmers so they can rebuild, product to continue to serve the community NFP's as we have for decades**

## Q23

How much funding in total do you require from this grant program for your business? Note: This grant program can provide up to \$10,000.00 between both funding sources for eligible, documented expenses. This grant program can also provide up to \$20,000.00 for qualifying disadvantaged business enterprises (DBE) such those owned by minorities, women, and veterans who are requesting \$10,000.00 from each funding source for eligible, documented expenses. Please enter whole numbers without symbols (i.e. \$/,./). A complete project budget will be required to be submitted as an attachment to this application.

Reopening Activities: The purchase of personal protective equipment (PPE) necessary to minimize the spread of COVID-19 (These activities are eligible for funding through the City of Albany Industrial Development Agency and may not exceed \$10,000.00)

**10000**

Retraining, Restocking, Reorganizing and Reimagining Activities: The purchase of non-PPE products and services (These activities are eligible for funding through the Community Development Block Grant–CV Program, and may not exceed \$10,000.00)

**10000**

## Q24

Have you included any project costs in the grant request above that have already been incurred prior to your application submission?

Yes (please explain)::

We Had to go ahead with PPE, Inventory, outdoor seating to stay alive. Closure was the other option. The prolonged, profound uncertainty of COVID necessitates doing what you must to support your employees, their families, our community and OUR family. We have worked for nearly 40 years to build our business and through no fault of our own, we have no idea what our future holds.

## Q25

Please describe how the anticipated use of the grant funds will benefit your business:

Honestly, the grant will allow us to keep our doors open. It will be impossible to bear the burden of the extra expenses heaped upon us on 12-14K revenue per week! This is not just us. Once PPP is expended you will see many, many more restaurants closing. Everywhere. We are the second largest employer in the USA (after Gov't) with 17M employees lives, families and futures at stake. This is our reality.

## Q26

Yes

Does your project description and budget include the purchase of personal protective equipment (PPE) to minimize the spread of COVID-19?

Page 10: Reopening Projects

## Q27

If purchase of PPE is required, which of the following do you need to purchase? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program.

**Face coverings (including N95 masks, cloth, disposable, face shields)**

,

**Disposable gloves,**

**Hand sanitizer,**

**Cleaning materials and disinfecting supplies,**

**No-contact thermometers for employees and customers,**

**Specialized packaging for shipping,**

Other forms of PPE, please identify:

Printing cost of daily health forms, additional uniforms to encourage frequent changes in kitchen

## Q28

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

We moved to Albany in 1978 when Yono concluded his job with Holland America Cruises. Yono started his career at what was the Ramanda Inn on Western Avenue, then worked with Jim Rua at Casa Verde, when that closed Yono worked at the 21 on Elk St in ALb. We leased that restaurant in 1983. When the building was sold, we began Yono's on 289 Hamilton Street. We have operated Yono's since then (64 Colvin and for 14 years at 25 Chapel) and added dp Brasserie in 2006 when we relocated to 25 Chapel. It is not like me to toot my own horn but since you have asked, I don't think we have ever said no in all of these years when it came to supporting our community. We have created events that have gone on for 25+ years (Culinary Cornucopia to Benefit Living Resources) and Wine and Dine for the Arts (more than 1M to the arts in 11 years), Dominick Purnomo created FeedAlbany as a means to feed children when the schools closed and that has grown to support many agencies. Board members past and present of too many NFP's to list. I imagine that those going over this application are familiar with our philanthropy though our time, talent and the universal connector: great food. We have been honored to serve our community for nearly 4 decades and hope to be able to continue to serve. We need to stay open to do this.

**Q29**

Describe in detail the efforts made by the business/organization to retain jobs since the declaration of the state disaster emergency (March 7, 2020) 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.

**Q30**

The City of Albany Industrial Development Agency ("CAIDA" 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 Albany and Capital Region community in the short term and long term.

We can only focus on the short term right now in our industry. Keeping the doors open and our employees employed is the dire need. Hopefully the stars will align. Guest confidence will increase. Congress will get the RESTAURANT ACT passed. There will be a vaccine and Yono's/dp Brasserie can live to put our 3 GrandGirls, Gemma 7, Halle 6 and Blair 3 and all the children of our employees through college and we can continue to serve our community for years to come.

**Q31**

Yes

Does your project description and budget include non-PPE purchases?

Page 11: Retraining, Restocking, Reorganizing, and Reimagining Projects

**Q32**

If non-PPE expenditures are required to sustain your business, which of the following do you need the grant to assist with? Note: construction, working capital and personal expenses are among the ineligible expenditures for this program. Each item selected should be detailed in your project description and budget.

**Retrain: Develop and implement new programs to train new employees, or re-train existing workforce on new business practices**

,

**Restock: Purchase perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts**

,

**Reorganize: Purchase furniture, fixtures, and equipment (FFE) necessary to adapt a business' space to minimize the spread of COVID -19**

,

**Reimagine: Develop and implement new programs or product lines to expand/adapt operations to meet new market demands**

**Q33**

For which CDBG track will your business qualify?

**Low and Moderate Income Job Creation and Retention (Applicant will retain or employ low-moderate income employees)**

## Page 12: Microenterprise

**Q34**

What is your estimated total annual family income? Use the Adjusted Gross Income from your most recent tax return. You need to include the income of all family members living in the same household. For the purposes of this program, family is defined as all persons living in the same household related by birth, marriage or adoption. The application will require you to provide documentation of your income via your most recent annual tax return or quarterly tax.

**Q35**

How many people live in your (business owner's) household? A household consists of one or more persons living in the same house, condominium or apartment. They may or may not be related.

**Q36****Yes**

Based on your responses above, are you a low- or moderate-income business owner? Moderate Income is defined as a household income of less than or equal to 80% of the Area Median Income (AMI), based on the number of persons in the household. See chart above for reference.

**Q37****Not Hispanic / Latino**

What best describes the owner's ethnicity? Note: HUD has designated hispanic as an ethnic group. A person should select both a racial group and a ethnic group when this ethnic group is selected.

**Q38****Asian**

What best describes the owner's race?

## Page 13: Low and Moderate Income Job Creation and Retention

**Q39**

How many full-time equivalent jobs for low-to moderate-income individuals planned for layoff will this grant assistance enable you to retain, if any? Note: grant approval may be conditioned on your commitment to retain at least one full-time equivalent job held by a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job retention agreement.

Full-Time

**9**

Part-Time

**14**

**Q40**

How many new positions for low-to moderate-income individuals will this grant assistance enable you to create, if any? Identify the number of full-time equivalent jobs. Note: grant approval may be conditioned on your commitment to create at least one full-time equivalent job available to a low- to moderate-income person. Only commit to those jobs for which you would agree to sign a job creation agreement.

|  |    |
|--|----|
| Full-Time                                    | 2  |
| Part-Time                                    | 4  |
| Average Hours Worked for Part-Time Employees | 18 |

---

## Page 14: Other Financial Assistance

**Q41**

Has the business or its owner applied for and/or received assistance related to the impacts of COVID-19 or any expenses applied for in this application's budget through the Small Business Administration, Federal Emergency Management Program, or any other federal, state, local or private entity?

---



## Page 15: Other Financial Assistance

**Q42**

If yes, list the entities that the business has applied to and/or received funding from below. If you have applied to and/or received funding from more than three funding sources, please submit information on the additional assistance to Capitalize Albany at [development@capitalizealbany.com](mailto:development@capitalizealbany.com). Note: if the business or its owner applies for such assistance or receives an award after the date of its application or award from the COVID-19 Small Business Adaptation Program (SBAP), it must immediately disclose such application and/or award to Capitalize Albany Corporation. An applicant may not request funding for expenses covered by previous assistance received. Applicants must disclose other assistance applied for or received for the expenses detailed in this application. If the funding is deemed by Capitalize Albany Corporation to be duplicative to the use of SBAP grant funds, grant funds may be recaptured up to the full amount of the grant request.

Program/Agency 1

Date of Application

Amount of Application

Purpose of Application

Amount of Award

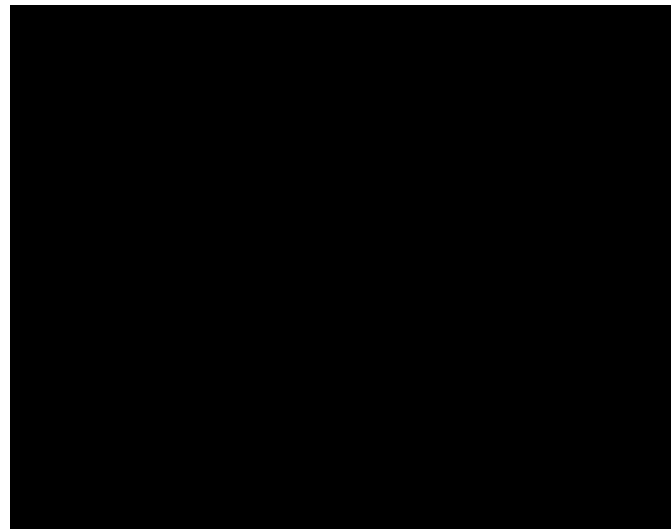
Program/Agency 2

Date of Application

Amount of Application

Purpose of Application

Amount of Award



Page 16: Disclosures

|   |   |
|---|---|
| <b>Q43</b>  | <b>No</b>   |
| Are there any outstanding liens or judgments filed against you, your business, any principals, subsidiaries or affiliates of any of those entities, any other owner in your business, or guarantor?               |   |
| <b>Q44</b>  | <b>No</b>   |
| Have you, your business, any other owner in your business, or guarantor been involved in default, bankruptcy or insolvency proceedings within the last ten (10) years?  |   |
| <b>Q45</b>  | <b>No</b>   |
| Have you, your business, any other owner in your business, or guarantor had property foreclosed upon or given title or deed in lieu?  |   |
| <b>Q46</b>  | <b>No</b>   |
| Are you, your business, any other owner in your business, or guarantor involved in any pending lawsuits?  |   |
| <b>Q47</b>  |    |
| If you are a lessee for the property, have you failed to pay rent on time during the last 36 months?  |   |
| <b>Q48</b>  | Yes (indicate Building, Fire Department, or other please explain):<br>UNKNOWN N/A We do NOT own the building. NONE that we as lessees are aware of. Flaw in application we do NOT own prop. |
| If you are the owner of the property, are there any violations against the building?  |   |
| <b>Q49</b>  | Yes (please specify):<br>UNKNOWN N/A We do NOT own the building. NONE that we as lessees are aware of. Flaw in application we do NOT own prop.  |
| If you are the owner of the property, are there mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property? |   |



**Q50**

If you are the owner of the property, are there any current real estate property tax abatements on the property?

Yes (indicate the type and amount of abatement and when it expires. Describe any recent (i.e. past ten years) improvements which have been made to the building, indicating item, year, completed, and approximate cost below):

UNKNOWN N/A We do NOT own the building. NONE that we as lessees are aware of. Flaw in application we do NOT own prop.

**Q51**

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?



Page 18: Certifications

**Q52**

Additionally, the applicant certifies that he/she understands that the following will be conditions of the grant, upon award: Grantees will be required to execute a grant agreement and other security documents, as determined by Capitalize Albany Corporation in its discretion. Grantee must commit to remain in the location and create/retain any required positions for at least one (1) year, at the sole discretion of Capitalize Albany Corporation. The approved project must be in compliance with all federal, state, and local laws. The undersigned hereby waives any claim against Capitalize Albany Corporation, City of Albany Industrial Development Agency (CAIDA), and Albany Community Development Agency (ACDA) arising out of the use of said grant funds for the purposes set forth in the Application. Additionally, the undersigned agrees to indemnify, defend, and hold Capitalize Albany Corporation, CAIDA, and ACDA, and their officers, directors, employees, and agents harmless from any charges, damages, claims or liens related in any way to or arising out of the applicant's participation in the grant program. Capitalize Albany Corporation has the unrestricted right to use, for any lawful purpose, any photographs or video footage taken of the property at the approved project location, and the grantee owns and/or for which the grantee has the authority to grant such permission, and to use the grantee's name in connection therewith if it so chooses. The applicant will notify Capitalize Albany Corporation of any public announcements or events in relation to the approved small business adaptation project, and Capitalize Albany Corporation will have the right to participate in and/or publicize the event in coordination with the grantee, if Capitalize Albany Corporation so chooses. The grantee will consent to display signage at the project location indicating participation in the City of Albany COVID-19 Small Business Adaptation Program if requested (Capitalize Albany Corporation to provide sign specifications).

Signature (Please Type)

**Donna J Purnomo**

Title

**Member**

Date

**8/27/2020**