



## COUNTY OF WESTCHESTER INDUSTRIAL DEVELOPMENT AGENCY GRANT APPLICATION

Thank you for bringing your request for assistance in purchasing Personal Protective Equipment(PPE) to the **COUNTY OF WESTCHESTER INDUSTRIAL DEVELOPMENT AGENCY ("CWIDA")**. The CWIDA awards grants to small businesses and not-for-profit corporations in an amount not to exceed \$10,000, the proceeds of which must be used for the purpose of acquiring personal protective equipment or installing equipment necessary to prevent the spread of COVID-19. To apply, please complete and submit the application below as well as the Personal Financial Statement (if you are a small business)

We look forward to working with you to evaluate your business/not-for-profit for possible financial assistance.

### **Please note the following:**

- This is NOT a contract. This information is needed to help **CWIDA** and **COMMUNITY CAPITAL NEW YORK ("CCNY")** evaluate your project for possible financial assistance. If **CWIDA** offers assistance, a formal contract will be issued along with other documents memorializing the grant award.
- **CWIDA, CCNY**, staff or counsel may request additional information or clarification, including financial projections.
- **PLEASE NOTE THAT APPLYING FOR A GRANT DOES NOT MEAN YOU WILL RECEIVE ONE AND THAT ALL AWARDS MUST BE APPROVED BY THE BOARD OF DIRECTORS OF THE COUNTY OF WESTCHESTER INDUSTRIAL DEVELOPMENT AGENCY.**

To qualify for a grant an eligible entity must establish that:

1. it was a financially viable entity prior to March 7,2020 (date on which the Hon.Andrew Cuomo signed Executive Order 202 declaring a disaster emergency);
2. it conducts business in the area served by the County of Westchester
3. it has been negatively impacted by COVID-19;
4. has not more than 50 full-time permanent employees; and
5. they generated positive net income, reflected on their most recent Federal business tax return, Form 990, or audited financial statement.

The following businesses are ineligible for a grant:

1. Businesses/not-for-profits that have been operational for less than one year;
2. Real estate holding companies or businesses/not-for-profits that generate revenue from passive real estate;
3. Adult entertainment establishments;
4. Gas Stations;
5. Businesses/not-for-profits that have previously defaulted on Federal debt, including loans from the Small Business Administration; and
6. Businesses/not-for-profits located in the City of Yonkers. The City of Yonkers Industrial Development Agency is sponsoring its own program. The application can be found here. <https://yonkersida.com/covid-grant-loans/>

**A full-time equivalent** is defined as follows: (i) a full-time employee on the Applicant's payroll, who has worked for the Applicant for a minimum of 35 hours per week for not less than four consecutive weeks and who is entitled to receive the usual and customary fringe benefits extended by Applicant to other employees with comparable rank and duties; or (ii) two or more part-time employees on Applicant's payroll, who have worked for Applicant for a combined minimum of 35 hours per week for not less than four consecutive weeks. A full-time equivalent equals any combination of two or more part-time jobs that, when combined, constitute the equivalent of a job of at least 35 hours per week. For example, the applicant is the "The

Main Street Restaurant." The applicant employs Mary, who works 35 hours per week for not less than four consecutive weeks, John, who works 17.5 hours per week for not less than four consecutive weeks, and Will, who works 17.5 hours per week for not less than four consecutive weeks. The applicant has 2 full-time equivalent employees since Mary counts as one full-time equivalent and John and Will count collectively as one full-time equivalent.

**Personal Protective Equipment:** qualifying purchases include but are not limited to:

- Masks (N95 or their equivalent)
- Hand sanitizers
- Sneeze Guards
- Face Guards and Face Shields
- Gloves and Eye Protection
- Safety Footwear
- Other respiratory devices (air purifiers)
- Cleaning materials and disinfectants
- Specialized packaging for shipping
- Signage
- COVID Testing Kits

## GRANT APPLICATION

APPLICANT INFORMATION		
	Application Number	<b>G200825064545BTFT</b>
1.	Legal Name of Applicant:	Thomas H. Slater Center, INC.
2.	Applicant Address:	2 Fisher Court, White Plains, New York 10601
3.	If a DBA, what is DBA name?	
4.	Applicant Contact Name:	Heather Miller
5.	Applicant Contact Home Address:	████████████████████
6.	Applicant Contact Phone Number:	914-948-6211
	Applicant Contact Email Address:	hmiller@slatercenter.org
7.	Type of Business:	Not for profit community center
8.	Non-Profit Organization:	YES
9.	Year of Establishment:	1979
10.	<b>Ownership:</b> If you are a for-profit, Please provide a description of the applicant's ownership structure, including the % of ownership for each individual and entity owning 20% or more of the applicant. Indicate if the applicant is a parent, subsidiary and /or affiliate of another company.  Not applicable for Non-Profit Organization	
11.	<b>Select the applicant ID type that you normally use to identify your organization on applicant forms and please provide that ID number:</b>  N/A	
	Insert ID # Here	██████████
12.	Applicant's Annual Sales or Revenue:	██████████
13.	What share of the company's product or service is sold/provided within the County of Westchester:	100%
14.	Legal Structure:	Not for Profit

STATEMENT OF NEED	
15.	<p><b>Provide a summary of the need for the grant (e.g. how you have been negatively affected by the pandemic) and including all PPE materials and equipment the small business or non-profit entity will be purchasing and how they will be used:</b></p> <p>Our programs were closed during the pandemic and have only partially opened for staff and limited access to a few programs. We have lost rental income and one State grant is at risk. For us to open the after school and head start programs and to allow clients into the building, we will need to have PPE and safety equipment in place.</p>
16.	<p><b>Provide a summary of all grants and/or loans received during the pandemic (e.g. PPP, EIDL, other loans/grants). If you applied for, but were not awarded a grant or loan, please identify which programs you applied for and the reasons you were declined.</b></p> <p>PPP \$56,000</p>

**FUNDING REQUESTED: Please itemize each purchase for which you are requesting funding.**

17.	Type of Purchase	Total Amount of Funding Requested
	PPE (gloves, masks)	\$2000.00
	Plexiglass purchase and installation	\$8000.00
	<b>Total Funding Requested</b>	<b>\$10000.00</b>

**EMPLOYMENT INFORMATION**

18.	<b>Existing Jobs</b> - Indicate how many existing full-time equivalent jobs the applicant employs in all Westchester County locations.	
	# Jobs in Westchester County	5

**WORKSHEET COMPLETION**

Name of Applicant Official Completing Worksheet:	Title:	Date Completed:
Heather Miller	Executive Director	08/25/2020

**IN ORDER FOR YOUR APPLICATION TO BE REVIEWED, YOU MUST SUBMIT ALL OF  
THE FOLLOWING DOCUMENTATION**

<b>SMALL NOT-FOR-PROFIT</b>	
<b>Brief description and history of the not-for-profit.</b>	UPLOADED
<b>Most recent filed Form 990.</b>	UPLOADED
<b>2019 audited financial statement. If 2019 audited financial statement is not available, provide 2018 audited financial statement and 2019 internally prepared year-end financial statements and balance sheets.</b>	UPLOADED
<b>Board resolution authorizing grant application.</b>	UPLOADED
<b>Certificate of Incorporation.</b>	UPLOADED
<b>If Not-For-Profit, please provide a listing of your current Board of Directors.</b>	UPLOADED
<b>If Not-For-Profit, please provide a copy of your 501c3 letter or equivalent.</b>	UPLOADED
<b>Voided check.</b>	UPLOADED

**Acknowledgment:** The Applicant/I acknowledge that the County of Westchester Industrial Development Agency ("CWIDA") is subject to New York State's Freedom of Information Law (FOIL) and the New York Open Meetings Law as codified pursuant to the New York Public Officers Law. Applicant/I understand that all information and records related to this application are potentially subject to disclosure under FOIL subject to limited statutory exclusions and that my grant application, if awarded a grant, shall be posted on the CWIDA website. I also acknowledge that applying for a grant does not mean the Applicant/I will receive one and that the Applicant/I may be asked to provide other financial information by CWIDA, Community Capital New York ("CCNY"), or its agents or vendors for their consideration. I have read the foregoing application and the attachments and know the contents thereof, and hereby represent, including but not limited to, and otherwise agree that I am aware of and will comply with federal, state and local statutory and regulatory requirements that apply to activities carried out with anticipated grant proceeds. The Applicant/I acknowledge that CWIDA and CCNY will rely on the representations made herein when acting on this application and hereby represent that the statements made herein do not contain any untrue statement of a material fact and do not omit to state a material fact necessary to make the statements contained herein not misleading.

<b>Authorized Signer</b>	<b>Title</b>	<b>Date</b>
Heather Miller	Executive Director	08/25/2020