



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	G200824090834WHHS
1.	Legal Name of Applicant:	West Harrison Fitness Center, Inc.
2.	Applicant Address:	160 Harrison Street, West Harrison, New York 10604
3.	If a DBA, what is DBA name?	
4.	Applicant Contact Name:	David Franze
5.	Applicant Contact Home Address:	██████████
6.	Applicant Contact Phone Number:	914-275-6171
	Applicant Contact Email Address:	dynafit@aol.com
7.	Type of Business:	Personal Training Studio
8.	Non-Profit Organization:	NO
9.	Year of Establishment:	1979
10.	Ownership: 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. David Franze, President and Owner 100%	
11.	Select the applicant ID type that you normally use to identify your organization on applicant forms and please provide that ID number: 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:	S-Corp

STATEMENT OF NEED	
15.	<p>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:</p> <p>West Harrison Fitness Center, Inc. was shut down by order of the governor of New York on March 16th, 2020. The business has always followed strict safety and cleaning guidelines to provide clients with the best protection while participating on the premises. The facility is not currently equipped with an H.V.A.C. system that would provide the proper air filtration needed to reopen and conform to the standards required at this unprecedented time. This grant is vital for a 40-year-old business to continue operations.</p> <p>These funds shall be used exclusively for installing an air filtration system that meets the standards of the CDCs guidelines for business operations amidst the Covid-19 pandemic. We will also require/purchase PPE - masks, gloves, hand sanitizer, cleaning/disinfecting products and signage.</p> <p>Additional updates and changes will be implemented as the state deems necessary.</p>

16. 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.

West Harrison Fitness Center, Inc. received a PPP loan on May 1, 2020 in the amount of \$11,230.

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

17.	Type of Purchase	Total Amount of Funding Requested
	Air Filtration System	\$10000.00
	Total Funding Requested	\$10000.00

EMPLOYMENT INFORMATION

18.	Existing Jobs - Indicate how many existing full-time equivalent jobs the applicant employs in all Westchester County locations.	
	# Jobs in Westchester County	1

WORKSHEET COMPLETION

Name of Applicant Official Completing Worksheet:	Title:	Date Completed:
David Franze	President	08/24/2020

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

SMALL BUSINESS	
Brief description and history of the business.	UPLOADED
Most recent Business Federal Tax Return including all schedules. If 2019 tax return is not available, provide 2018 Federal Tax Return and 2019 internally prepared year-end financial statements and balance sheets.	UPLOADED
Most recent owners/guarantors tax returns for individuals owning 20% or greater of business.	UPLOADED
If a C-Corp or S-Corp, please provide certificate of incorporation.	UPLOADED
If a C-Corp or S-Corp, please provide bylaws.	UPLOADED
If a C-Corp or S-Corp, please provide grant resolution.	UPLOADED
If you are "doing business as" ("DBA") please provide DBA certificate.	NOT UPLOADED
Voided check.	UPLOADED
Bank signature card (if the voided check does not reference legal name of business).	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.

Authorized Signer	Title	Date
David Franze	President	08/24/2020



**COUNTY OF WESTCHESTER INDUSTRIAL DEVELOPMENT AGENCY
PERSONAL FINANCIAL STATEMENT**

Complete this form for: (1) Each proprietor; or (2) each limited partner who owns 20% or more interest and each general partner; or (3) each stockholder owning 20% or more of voting stock; or (4) any person or entity providing a guaranty on the loan. Duplication of this form for this purpose is permissible.

NAME		DATE	RESIDENCE PHONE	
David P. Franze		08/24/2020	[REDACTED]	
RESIDENCE ADDRESS		CITY	STATE	ZIP
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]
BUSINESS NAME OF APPLICANT/BORROWER				BUSINESS PHONE
West Harrison Fitness Center, Inc.				914-946-3233

Assets		Liabilities	
Cash on hand and in Banks	\$ 0.00	Accounts Payable	\$ 0.00
Savings Accounts	\$ 0.00	Total Notes Payable to Banks and Others.....	\$ 0.00
IRA or other Retirement Account(s)	\$ 0.00	Describe in Section 2	
Accounts and Notes Receivable	\$ 0.00	Loan on Life Insurance.....	\$ 0.00
Life Insurance - cash surrender value only	\$ 0.00	Mortgages on Real Estate Describe in Section 4.....	\$ 0.00
Complete Section 8		Unpaid Taxes Describe in Section 6.....	\$ 0.00
Stocks and Bonds Describe in Section 3	\$ 0.00	Other Liabilities Describe in Section 7.....	\$ 0.00
Real Estate Describe in Section 4	\$ 0.00	TOTAL LIABILITIES	\$ 0.00
Automobile - present value	\$ 0.00		
Other Personal Property Describe in Section 5	\$ 0.00	NET WORTH (Total Assets -Total Liabilities)	\$ 0.00
Other Assets Describe in Section 5	\$ 0.00		
TOTAL ASSETS	\$ 0.00		

Additional Liabilities			
As Endorser or Co-Maker	\$ 0.00	Provision for Federal Income Tax	\$ 0.00
Legal Claims & Judgments	\$ 0.00	Other Special Debt.....	\$ 0.00
Salary	\$ 0.00	Real Estate Income.....	\$ 0.00
Net Investment Income	\$ 0.00	Other Income Describe below.....	\$ 0.00

Description of other income. Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

No other income

Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Item No.	Name of Note Holder	Address	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral
1							
2							
3							

Upload Note Holders attachment here, if needed. NOT UPLOADED

Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Item No.	Number of Shares	Name of Securities	Cost	Market Value Quotation / Exchange	Date of Quotation / Exchange	Total Value
1						
2						
3						

Upload Securities attachment here, if needed. NOT UPLOADED

Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Property A	Type of Property	
	Address	
	Date Purchased	
	Original Cost	
	Present Market Value	
	Name of Mortgage Holder	
	Address of Mortgage Holder	
	Mortgage Account#	
	Mortgage Balance	
	Amount of Payment Per Month/Year	
	Status of Mortgage	

Upload Property attachment here, if needed. NOT UPLOADED

Describe. If any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquency, describe delinquency.

Describe in detail. Specify type, to whom payable, when due, amount and to what property, if any, tax lien is attached.

Describe in detail. Specify type, to whom payable, when due, amount, and whether such amount is in arrears. (E.g. child support obligations, etc.).

List face amount and cash surrender value of policies, name of insurance company(ies) and beneficiaries.

I authorize the County of Westchester Industrial Development Agency and/or Community Capital New York, its employees and agents, to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits.

SIGNATURE	DATE	SOCIAL SECURITY NUMBER
David Franze	08/24/2020	██████████