

CITY OF SYRACUSE INDUSTRIAL DEVELOPMENT AGENCY

COVID-19 DISASTER EMERGENCY LOAN PROGRAM APPLICATION

1. APPLICATION INFORMATION

Legal Name:

Business Address:

Application/Primary Contact:

Email Address:

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

Year Founded:

Federal EIN:

Title:

Phone:

Which best describes your business:

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

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

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

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

Retail Restaurant/Eatery Manufacturing Technology

Personal/Professional Services Healthcare Construction

Education Real Estate Architecture/Design/Engineering

2. EMPLOYMENT/OPERATIONS

Total # of FTEs as of March 7, 2020:

Total # of current FTEs as of date of application:

Total # of FCEs as of March 7, 2020:

Total # of current FCEs as of date of application:

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

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

Is your organization currently open? Yes No

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

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

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

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

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

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

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

4. MISCELLANEOUS

Is the Company or its principals presently the subject of any litigation, or is any litigation threatened, which would have a material adverse effect on the Company's financial condition?

Yes No

Has the Company or its principals ever settled a debt with a lending institution for less than the full amount outstanding?

Yes No

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

Yes No

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

Yes No

Has the Company or its principals ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any charges pending?

Yes No

Has the Company, its affiliates or its principals, been cited for a violation of federal, State or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution or operating practices?

Yes No

Are there any outstanding judgments or lien pending against the Company, its affiliates or its principals other than liens in the normal course of business? Amount:

\$ _____

Has the company or principal(s) ever been issued an injunction, been imposed civil penalties or fines? been accused of false or misleading statements, or been the subject of a proceeding or had any allegations made against them, by any federal, state, local agency or authority including but not limited to the SEC, FCC, FDA, or OSHA?

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

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

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

Credit Union Loan Other

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

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

5. APPLICATION ATTACHMENTS

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

Required attachments:

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

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

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

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

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

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

6. DISCLOSURE

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

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

7. SIGNATURE AND APPLICATION ACKNOWLEDGMENTS

The Applicant understands and agrees with the Agency as follows:

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

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

8. VERIFICATION

STATE OF _____)
COUNTY OF _____) SS:

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

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

_____ Applicant Representative's Signature

Title

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

Notary Public