

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. 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 or (518) 434-2532 ext. 25.

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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)

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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. 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 to obtain the application checklist and submit the required documents to 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.

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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	<input type="text"/>
Name of Business Contact	<input type="text"/>
Business Address	<input type="text"/>
Business 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"/>
Email Address	<input type="text"/>
Phone Number	<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"/>
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"/>

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Real Estate Information

* 3. Do you Lease or Own the Property?

Lease

Own

* 4. Landlord Contact Information

Name of Landlord

Landlord Email Address

Landlord Phone Number

Length and Expiration of
Lease

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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

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

Name of Business Owner:

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:

* 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)

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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):

* 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:

* 17. What is your most recent monthly revenue?

Please provide approximate dollar amounts of business revenues:

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

Full Time

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

Part Time

Average Hours Worked for
Part Time

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

Full Time

Part Time

* 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

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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):

* 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:

* 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

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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

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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.

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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

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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

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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?

Yes

No

* 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.

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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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?

- No
 Yes (please specify)

* 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?

- No
- Yes (please specify)

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Required Documents

Please visit 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 prior to the 4:00pm deadline on September 18, 2020

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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)

Title

Date