

City of Albany - COVID-19 Small Business Adaptation Program (SBAP)

Contact Name: _____
 Business Name: _____
 Business Address: _____
 EIN Number: _____

Date Submitted: _____

BUDGET					OFFICE USE
BUDGET CATEGORY	LINE ITEM ACTIVITY DESCRIPTION*	PREFERRED/ ANTICIPATED VENDOR	TOTAL ITEM COST	AMOUNT REQUESTED FROM SBAP	ESTIMATE PROVIDED ELIGIBLE ACTIVITY
Reopening					
<i>The purchase of personal protective equipment (PPE) such as face coverings, disposable gloves and protective gowns necessary to minimize the spread of COVID-19.</i>	1.				
	2.				
	3.				
	4.				
Total CAIDA Funds Requested:					
Retraining					
<i>The development and implementation of programs to train new employees, or re-train existing workforce on new business practices.</i>	1.				
	2.				
	3.				
	4.				
Restocking					
<i>The purchase of perishable goods to replace those that were lost due to COVID-19 and those that were used to supply recovery efforts.</i>	1.				
	2.				
	3.				
	4.				
Reorganizing					
<i>The purchase of FFE such as physical barriers b/t workstations/ employees/customers; hand sanitizer stations, or café tables & chairs to adapt a space to minimize the spread of COVID-19.</i>	1.				
	2.				
	3.				
	4.				
Reimagining					
<i>The development and implementation of new programs or product lines to expand/adapt operations to meet new market demands.</i>	1.				
	2.				
	3.				
	4.				
Total CDBG Funds Requested:					
*Please attach additional pages as necessary along with quotes/estimates correlating to each line item					
For Questions Please Contact Capitalize Albany Corporation at: Development@CapitalizeAlbany.com			Total Project Cost:		
			Total SBAP Grant Request:		

FOR INTERNAL USE ONLY					
Date Received:	_____	DBE? Y N	Total Request Equal to App. Q23? Y N		
All Estimates Provided?	Y N _____	CAIDA: _____	CDBG: _____	Total: _____	Reviewer _____
All Uses Eligible?	Y N _____				Reviewer2 _____